Technical report on the National Child Development Study biomedical survey 2002-2004

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Abbreviations used in the text

ALSPAC	Avon Longitudinal Study of Parents and Children
ARF	Address Record Form
AUDIT	Alcohol Use Disorders Identification Test
BNF	British National Formulary
CAPI	Computer-assisted Personal Interviewing
CASI	Computer-assisted Self-interviewing
CIDI	Composite International Diagnostic Interview
CIS-R	Clinical Interview Schedule (Revised)
CLS	Centre for Longitudinal Studies, Institute of Education
CM	Cohort member
ESRC	Economic and Social Research Council
ICH	Institute of Child Health
MRC	Medical Research Council
NatCen	National Centre for Social Research
NCDS	National Child Development Study (1958 birth cohort)
PMS	Perinatal Mortality Study
SGHMS	St George's Hospital Medical School (now St George's, University of London)

1 INTRODUCTION

1.1 The National Child Development Study

The National Child Development Study (NCDS), also known as the 1958 birth cohort, has collected data on more than 17,000 individuals for over forty years. The study began as the Perinatal Mortality Study (PMS), which collected data on all babies born in one week in March 1958 in England, Scotland and Wales. The National Child Development Study was initiated as a follow-up to the PMS, and the first three follow-up waves, NCDS1 to NCDS3, took place when cohort members were aged 7 (in 1965), aged 11 (in 1969) and aged 16 (in 1974) respectively. Contact was made through schools, and 920 children who had been born in the survey week but outside Great Britain were added to the sample. In 1981, when they were 23, cohort members were contacted directly for the first time. Two waves of the survey have taken place since, when cohort members were 33 (in 1992) and 42 (in 2000). The NCDS is one of Britain's four national longitudinal birth cohort studies, a unique research resource.[1]

The Perinatal Mortality Survey, as its name suggests, was concerned with the social and obstetric factors associated with stillbirth and infant mortality. NCDS1 to NCDS3 collected a range of data from parents, teachers and the children themselves concerning family circumstances, educational progress, and behaviour. Information about cohort members' health was collected by interview and a medical examination. The three surveys in adulthood have covered a broad range of topics including health as well as partnerships, parenthood, housing, education, employment and attitudes. The cohort members have been the principal informants, and the 1992 survey also included partners and children.

Since 1998 the NCDS has been housed at the Centre for Longitudinal Studies (CLS) at the Institute of Education, London, along with the 1970 Birth Cohort Study and the Millennium Cohort. CLS has a dedicated Tracing Unit which keeps a continuous record of the cohort members' contact details and other relevant information.

1.2 The biomedical survey

In 1999, the Medical Research Council awarded funding for the first biomedical study of NCDS cohort members in adulthood as part of its 'Health of the Public' initiative. The grant is held jointly by the Institute of Child Health, St George's Hospital Medical School (now St George's, University of London), the Centre for Longitudinal Studies and the National Centre for Social Research.

The survey was designed to obtain objective measures of ill-health and biomedical risk factors. The broad aims were to explore the impact of developmental,

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[1] For further information about the NCDS, see Ferri E, Bynner J and Wadsworth M *Changing Britain, Changing Lives: three generations at the turn of the century.* Institute of Education, London, 2003; Power C and Elliott J *Cohort profile: the 1958 British birth cohort (National Child Development Study)*. International Journal of Epidemiology 2006; **35**:34-41; and the NCDS website http://www.cls.ioe.ac.uk/ncds .

environmental and lifestyle factors on ill-health, and physiological and psychological function among adults in early middle age; to investigate the effect of such factors on geographical and socioeconomic health inequalities; and to make possible comparisons between these adults in early middle age and members of the MRC-funded 1946 birth cohort at the same age. The research was also intended to address a wide range of specific hypotheses relating to anthropometry, cardiovascular, respiratory and allergic diseases, visual and hearing impairment, and mental ill-health.

The key biological markers of health obtained from the cohort members in their early 40s were designed to serve as outcomes for analyses of the environmental, psychosocial, biological and behavioural factors in different stages in life from birth onwards. They are also intended to supply baseline measures for future studies of the health of these adults from early middle age through to later life.

An independent committee, chaired by Professor Alan Silman, was appointed at the outset of the project to oversee the conduct of the project. Ethical approval for the NCDS biomedical survey was obtained from the South-east Multi-centre Research Ethics Committee.

2 DEVELOPMENT

2.1 Introduction

The survey content was proposed in detail in the MRC grant application. Practical development began in October 2001. Between then and the first pilot in March 2002 the project management team and the collaborators met on a regular basis. The content and order of the interview was determined, including the time allocated to each module, the exact measurements and questions to be included, the equipment that would be used, nurse protocols, and the way information would be recorded in CAPI (computer-assisted personal interviewing) and on paper. The issued sample was defined, and sample management procedures outlined. The CAPI was programmed and the documents were designed. Associated procedures were agreed, such as sample management, the packing and transport of equipment, the mailing of blood and saliva samples, and the exchange of information between the nurses, NatCen's Operations Department and the participating laboratories.

Three field pilots were carried out, two using convenience samples recruited from the general public, and the third using a sample of cohort members. These are described in full in the remainder of this chapter.

2.2 Pilot 1

2.2.1 Objectives

The first pilot was designed to assess the following:

- whether the briefing and nurse instructions were clear and complete;
- whether the measurement protocols could be followed easily, accurately and consistently by nurses in a range of domestic settings;
- whether the measurements, samples and other interview components were acceptable to respondents;
- whether each survey instrument (CAPI, CASI, paper self-completion) was appropriate and error-free;
- whether survey procedures – including gaining consent, packing and dispatching blood samples, and the handover of the saliva sample kits – were efficient and effective;
- the time taken by each element and for the interview as a whole.

2.2.2 The interview

The pilot interview included the following elements administered in CAPI:

- household composition;
- personal circumstances, including partnerships, pregnancies and employment;
- overall health, long-standing illness and hospital visits;
- coding of prescribed medicines and dietary supplements;
- blood pressure measurement;
- measures of near vision;

- eye measurements using autorefractor;
- measures of hearing;
- measures of bioimpedance, standing and sitting height, weight, waist and hip circumference;
- measures of lung function;
- measures of distance vision;
- blood samples.

Nurses administered the CIDI[2] psychological health interview from a paper questionnaire (due to time constraints this was not programmed into CAPI). Respondents completed a CASI (computer-assisted self-administered interview) section, covering smoking and drinking habits, and – for female respondents – contraception and HRT. They also filled in a paper self-completion questionnaire with supplementary questions about vision, hearing, diet, sun exposure, physical activity, working conditions, social support, life events and pain. Finally, nurses left behind instructions and kits for collecting and returning saliva samples.

The interview included the collection of written consent for all measurements and samples, for feedback of results to the respondent's GP, for archiving of the data in the ESRC Data Archive and for access to NHS administrative records. The nurses packed the blood samples and posted them to the laboratories.

A record of blood pressure, pulse, hearing thresholds, height, weight, waist and hip circumference and lung function (FVC, FEV_1 and peak flow) was given to each respondent during the interview. Feedback letters, based on interview and laboratory data, were generated manually and sent to respondents and their GPs.

2.2.3 Fieldwork

The first pilot took place in March 2002. Five NatCen research nurses were briefed by the survey team over three days from 27th February to 1st March 2002. Interviewing took place between 2nd and 18th March. Nurses were debriefed by the survey team on 19th March.

Respondents were recruited by NatCen interviewers. Each nurse was asked to interview three men and three women between the ages of 35 and 55. The achieved pilot sample included 22 complete interviews with 10 male and 12 female respondents.

2.2.4 Outcomes

As a result of this pilot, the content of the CAPI interview was significantly reduced. This was because the pilot interviews exceeded the planned length of 90 minutes, ranging from 105 to 200 minutes, with a mean of 140 minutes. Additionally, nurses reported that respondents reacted negatively to the time taken to perform some measurements and to the length and flow of the interview as a whole. The interview questions from the household grid through to hospital visits were dropped or moved to CASI or paper self-completion. Measurements of colour vision, distance vision without optical correction (where worn) and bioimpedance were cut. Fewer measurements of pure tone audiometry and waist and hip circumference were made,

[2] The Composite International Diagnostic Interview, Version 2.1. See http://www3.who.int/cidi/ .

and the number of blood samples taken reduced from five to four. The CASI questions on smoking and drinking levels were dropped.

Additionally, the order of the interview was re-arranged to improve the flow, specifically to avoid periods where the nurse was busy with equipment, while the respondent had nothing to do. Changes were also made to the briefing, documents, order of the measurements, and to the wording of some questions on paper and in CAPI.

2.3 Pilot 2

2.3.1 Objectives

The objectives for the second pilot were the same as for the first, reflecting the response to Pilot 1 as well as other changes and developments outlined below.

2.3.2 The interview

The interview incorporated the amendments agreed as a result of the first pilot, as well as additional changes reflecting indirect consequences of the pilot outcomes, or work not completed in time for Pilot 1 (e.g. some parts of the CAPI program). The main differences were:

- consent procedures were amended;
- the listings of prescribed medicines were programmed as a 'parallel block', which enabled the nurses to enter BNF[3] codes at any time during the interview;
- the CIDI questionnaire was administered in CAPI;
- new questions on alcohol were added to the CASI questionnaire;
- new questions were added to the paper self-completion questionnaire, replacing sections on general health, household circumstances and work in the CAPI;
- the paper self-completion questionnaire was divided into two booklets, the first to be completed during the interview, the second to be left behind with respondents to complete and return after the interview;
- laboratory samples and documents were labelled with machine-readable bar codes instead of hand-written labels.

The briefing and nurse instructions were revised to reflect these changes.

The second pilot interview therefore included the following items administered in CAPI:

- measures of near and distance vision;
- blood pressure measurement;
- measures of hearing;
- measures of standing and sitting height, weight, waist and hip circumference;
- measures of lung function;
- eye measurements using autorefractor;
- blood samples;
- the CIDI;

[3] *British National Formulary, 44*. British Medical Association/Royal Pharmaceutical Society of Great Britain, September 2002.

- record of prescribed medicines and dietary supplements.

The CASI contained questions on contraception and HRT (women only), partnerships, parenthood and drinking alcohol (the AUDIT[4] plus some follow-up questions on reasons why current drinking habits had been adopted), and was completed by respondents after the blood samples and before the CIDI.

The respondents also completed a paper self-completion questionnaire during the interview, specifically at times when the nurse was packing or unpacking equipment. This included questions on general health, smoking habits, salt consumption, work-related physical activity, household circumstances, work, eyesight and hearing. A second paper self-completion questionnaire was left behind with a post-paid envelope for the respondent to complete and return. This contained questions on diet, sun exposure, leisure exercise, working conditions, social support, life events, and pain. Nurses also left behind instructions and kits for collecting and returning saliva samples.

The interview included the collection of written consents as described in Section 2.2.2 above, and the nurses packed the blood samples and posted them to the laboratories. As before, respondents were given a record of most measurements during the interview and manually-generated feedback letters were sent to respondents and their GPs.

2.3.3 Fieldwork

The second pilot took place in May 2002. Five NatCen research nurses[5] were briefed by the survey team over three days from 1st to 3rd May 2002; the briefing for the CIDI was carried out by an experienced CIDI trainer. Interviewing took place between 4th and 18th May. Nurses were debriefed by the survey team on 19th May.

As with Pilot 1, respondents were recruited by NatCen interviewers. Again, each nurse was asked to interview three men and three women, this time in the narrower age band of 40 to 50 years old. The achieved pilot sample included 30 complete interviews with 16 male and 14 female respondents.

2.3.4 Outcomes

Content, order and flow were significantly improved, and the interview was reported to be interesting and not too burdensome for nurse and respondent. The mean time for the interview was reduced to 106 minutes, with a minimum of 69 minutes and a maximum of 146 minutes.

The CIDI interview raised a number of concerns.[6] The wording of many questions was felt to be long and complex, so that many respondents did not immediately understand them. In particular, stem questions tended to be understood in an overly inclusive way, so that a majority of respondents were routed into one or more follow-up modules. These modules were long and repetitive. Consequently, the time taken for the CIDI was longer than expected and varied unpredictably, from three to 40

[4] The Alcohol Use Disorders Identification Test. See Saunders JB et al. *Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption*, Addiction, 1993: 88:791-804.
[5] Including two who had worked on Pilot 1.
[6] Some of these concerns had been raised in response to Pilot 1.

minutes. The nurses expressed concern about some questions covering sensitive topics (e.g. suicidal intentions and sexual behaviour) which were uncomfortable for nurse and respondent and inappropriate for a domestic setting where sufficient privacy could not be guaranteed. Finally the training was considered to be insufficiently precise.

In response to these concerns, alternative instruments were considered and it was decided that the CIDI should be replaced by the CIS-R,[7] which had been successfully used by interviewers in recent surveys of psychiatric health among the general population.[8]

Dividing self-completion questions between two booklets was effective, but there were concerns about leaving a questionnaire after the interview for return by post. In order to maximise response it was felt that a reminder system would be needed which would impose an extra administrative burden. (In the pilot some nurses made a second visit to collect the booklet from respondents to ensure its return.) It was decided that one questionnaire could be sent in advance with the appointment card when the interview was arranged. Respondents who had lost the questionnaire or forgotten to complete it could fill it in during the nurse's visit.

2.4 Pilot 3

2.4.1 Objectives

The third pilot was intended as a final assessment of the interview content, instruments, protocols, documents and nurse instructions, incorporating the changes made as a result of the preceding pilots. With the exception of the CIS-R, no significantly new elements were introduced at this stage.[9]

The survey procedures included in this pilot included substantive differences. The sample was drawn from cohort members, and the pilot was also intended to test cohort-specific elements, including contact procedures, the use of CLS sample data in the documents and CAPI, and the wording of advance letters and other documents.

2.4.2 The sample

The sample for Pilot 3 comprised 153 eligible cohort members (80 men, 73 women) in five areas local to the nurses who were to carry out the interviews (Bedfordshire, west Sussex, north-west London, east Yorkshire and Leicester). All addresses had been confirmed since 1998.

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[7] The Revised Clinical Interview Schedule, covering common mental disorders, see Lewis G, et al *Measuring Psychiatric Disorder in the Community: The development of a standardised assessment for use by lay interviewers*, Psychological Medicine: 1992: 22, 465-486

[8] See Singleton N et al. *Psychiatric Morbidity among Adults Living in Private Households.* The Stationery Office, 2001; Eds Sproston K and Nazroo J. *Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC).* The Stationery Office, 2002.

[9] Given its previous use in general population surveys, the CIS-R did not need substantive piloting. It had been programmed for CAPI use by NatCen in the EMPIRIC study.

2.4.3 The interview

As noted above, the CIDI mental health interview was replaced by an amended version of the CIS-R. The two self-completion booklets were redesigned to improve clarity and accessibility, and questions on smoking, life attitudes and employment were cut. The content of the CAPI, CASI and the two self-completion booklets was re-arranged in the following ways:

- questions on dietary supplements were moved from CAPI to the interview self-completion booklet;
- questions on partnerships, children and (for women only) contraception and HRT were moved from the CASI to the interview self-completion booklet;
- questions on childhood experiences were moved from the left-behind self-completion questionnaire to the CASI.

The third pilot interview included the following elements administered in CAPI:

- measures of near and distance vision;
- blood pressure measurement;
- measures of hearing;
- measures of standing and sitting height, weight, waist and hip circumference;
- measures of lung function;
- eye measurements using autorefractor;
- blood samples;
- the CIS-R;
- coding of prescribed medicines.

As before the CASI was completed after the blood samples (before the CIS-R). This contained questions on drinking alcohol and childhood experiences.

Cohort members completed two paper questionnaires. The first questionnaire, which they were asked to complete before the interview, covered work-related physical activity, sun exposure, hearing, eyesight, pain, working conditions and social support. The questionnaire completed during the interview contained questions on general health, diet (including salt consumption), food supplements, leisure exercise, partnership status and children, life events and (women only) contraception and HRT. Nurses left behind instructions and kits for collecting and returning saliva samples.

The interview included the collection of written consents as described in Section 2.3.2 above, and additionally for a follow-up telephone interview to collect social data.[10] The nurses packed the blood samples and posted them to the laboratories. As before, respondents were given a record of most measurements during the interview and manually-generated feedback letters were sent to respondents and their GPs.

2.4.4 Fieldwork

The third pilot took place in June and July 2002. Advance letters were sent to the 153 cohort members in the sample on 10th June 2002, and a week later interviewers in NatCen's Telephone Unit began to ring cohort members to arrange nurse visits.

[10] These interviews were not carried out, and this consent was omitted from the final version of the interview.

Five NatCen nurses were briefed on 20th June. All had taken part in one or both of the previous pilots and the briefing focused on updating them about the contact procedures and changes to the interview, protocols and documents. Interviewing took place between 12th June and 10th July and the nurses were debriefed on 11th July.

2.4.5 Response

Twenty nine cohort members were interviewed, 13 men and 16 women. For the majority of the remainder either no contact attempt was made (51) or none was successful (59). Ten cohort members were unwilling or unable to be interviewed during the fieldwork period and three were found to be ineligible (see Table 2.1).[11]

Table 2.1 Contact and response achieved during Pilot 3

	no. of CMs
No contact attempted by telephone unit	
No telephone number provided	6
No valid telephone number	7
Not called	38
Contact attempted by telephone unit, no contact with cohort member	
No contact with anyone in household (including no reply, engaged, answering machines and 'call barred')	33
No contact with cohort member*	19
Cohort member's address/telephone number changed	7
Unproductive (out of scope)**	
Living abroad	2
Refusal to study	1
Unproductive (dress rehearsal only)	
Refusal	5
Not available during fieldwork period	6
Productive**	29
TOTAL	**153**

*One of these cohort members did not meet the selection criteria for the main survey fieldwork, having not taken part in any NCDS survey since NCDS2.
**These cases were not issued in the main survey fieldwork.

2.4.6 Outcomes

In parallel with the pilot fieldwork, all collaborators reviewed the CAPI and documentation associated with their subject areas. Amendments suggested by this process were implemented at the same time as the outputs from the pilot.

[11] The 29 productive cases were not issued as part of the main stage sample. The cohort members who were recorded as ineligible were coded appropriately and excluded from the sample issued by CLS to NatCen in August 2002 (see Section 4.3).

The mean time for the interview was 102 minutes, slightly less than in Pilot 2. Interview times ranged from a minimum of 65 minutes to a maximum of 151 minutes.

Some additional questions were included in the CIS-R interview and some changes made to the piloted questions. The questions about childhood experiences in the CASI were also revised slightly. Response codes were changed for some questions in the vision module and the CASI questions on alcohol consumption. Otherwise the data collected during this pilot was comparable with the main data set.

The content of the advance self-completion booklet was slightly re-ordered and changes were made to some questions or response categories in sections on work, household circumstances and social support.

Finally, amendments were made to the CAPI and to survey documents and procedures, for example, improved layout of CAPI screens, revisions of protocols and correction of typographical errors.

3 SURVEY INTERVIEW CONTENT

The CAPI interview used in the main survey included the following elements.

- **Vision:** measures of near vision in right and left eyes (using appropriate visual correction), with and without pinhole viewer; stereo vision; distance vision (using appropriate visual correction).
- **Blood pressure and pulse:** three measures of systolic and diastolic blood pressure and resting pulse.
- **Prescription drugs:** all prescribed drugs taken, by name and BNF code.
- **Hearing:** thresholds of hearing in right and left ears at 1kHz and 4kHz.
- **Standing height, sitting height, weight, waist circumference, hip circumference.**
- **Lung function:** three measures (from up to five attempts) of forced vital capacity (FVC), forced expiratory volume (FEV_1) and peak flow (PF).
- **Eye measurements using autorefractor:** sphere, cylinder and axis of right and left eyes.[12]
- **Non-fasting blood sample:** four tubes filled and sent by nurses to laboratories in London, Newcastle and Bristol. For details of the laboratory analyses carried out, see Section 8.1 below.
- **(CASI):** AUDIT and supplementary questions about drinking alcohol; adverse childhood experiences.
- **CIS-R interview:** modules covering appetite, fatigue, concentration and forgetfulness, sleep problems, irritability, depression, depressive ideas, anxiety, phobias, and panic.

Two paper self-completion questionnaires covered the following topics.

Questionnaire 1 ('yellow questionnaire', completed in advance): sun exposure, physical activity connected with work, hearing, eyesight, pain, working conditions, household circumstances, social support.

Questionnaire 2 ('lilac questionnaire', completed during the interview): general health and diet, leisure exercise, employment, partnership status and children, life events and (women only) contraception and HRT.

Appendix A includes the CAPI and self-completion questionnaires.

Written consents were collected for:

- all measurements;
- questions about psychological health;
- collection, testing, storage and future use of blood (see section 5.6 below);
- feedback of blood test results to the cohort member;
- feedback of measurements and results to the cohort member's GP;
- analysis, storage and future use of saliva;
- deposit of data in the ESRC data archive;
- use of NHS administrative data.

Cohort members were asked to collect and return two samples of saliva, accompanied by a short self-completion questionnaire (see Section 8.2 below).

[12] The number of autorefractors available was limited, and these measurements were carried out on a subsample of cohort members. See Section 6.3.1 below.

Appendix B includes information about the equipment used and nurse protocols. Consent booklets and saliva forms can be found with other survey documents in Appendix C.

4 SAMPLE DESIGN

4.1 Background

In 1981, when cohort members were 23, a database was compiled, including all known contact information for all cohort members who had taken part at least once in NCDS1-3, excluding cohort members who had died or emigrated. This database was compiled through an extensive tracing exercise, using known contact details, administrative sources (e.g. NHS records, local authority housing departments and National Insurance records), media appeals and interviewer enquiries.[13] It comprises 16,455 cohort members, and has provided the samples for all NCDS surveys since NCDS4.

4.2 The target sample

As in previous waves of the NCDS, the target sample for the biomedical survey was all cohort members currently living in England, Scotland or Wales,[14] excluding permanent refusals – 14,737 cohort members in August 2002. The sample definition was subsequently refined, and some cohort members excluded for various reasons, so that the sample issued to field (i.e. cohort members invited to take part in the study) comprised 12,037 cohort members.[15]

Table 4.1 shows the status of cohort members as recorded in August 2002. The sample database included a number of cases where the contact information held was believed to be out-of-date or inaccurate, shown under the heading 'not traced'. Ineligible cases include cohort members who had died, those living outside Great Britain, permanent refusals and cases whose date of birth had been discovered to be outside the survey week.

[13] See *National Child Development Study (1958 cohort) fourth follow-up: final report to sponsors.* National Children's Bureau, 1984.
[14] Including the Channel Islands, Isle of Man and other offshore islands.
[15] The issued sample excluded 29 cohort members who took part in Pilot 3, whose data will be added to the main survey data set, as well as three other cohort members who were included in the Pilot 3 sample.

Table 4.1 Status of NCDS cohort members, August 2002

	no. of CMs
Eligible – traced	
Confirmed addresses	12,472
Forces (confirmed)	1
Parental address	43
Temporary address	5
Proxy permanent refusals	48
Refusals (unconfirmed)	4
Difficult cases	5
Total eligible – traced	**12,578**
Eligible – not traced	
Untraced or unconfirmed	245
Address demolished	35
Gone away, empty property	1,855
Forces (unconfirmed)	24
Total eligible – not traced	**2,159**
Ineligible	
Emigrated	316
Emigrated (unconfirmed)	166
Died	320
Permanent refusal	911
Birthday not in survey week	5
Total ineligible	**1,718**
TOTAL	**16,455**

4.3 Exclusions from the sample

The thorough tracing procedures that were a part of NCDS6[16] before and during fieldwork provided recent and reliable contact data for most cohort members. Based on that information, and the continuing work of the CLS Tracing Unit, certain groups of cohort members were excluded from the sample issued to NatCen.

Cohort members who had not taken part in any surveys since NCDS3 (when they were 16), and those whose addresses were coded in one of the 'untraced' categories – demolished, gone away or unconfirmed – and who had not taken part in NCDS6 were excluded on the grounds that attempts to contact them would be an inefficient and probably unproductive use of resources.

Additionally, permanent refusals by proxy, unconfirmed permanent refusals and 'difficult cases' – cohort members whose behaviour during one or more previous

[16] See Collins D et al. *Technical Report on the National Child Development Study and 1970 British Cohort Study: 1999-2000 surveys. Stability, Change and Development in the British Population.* National Centre for Social Research, 2002.

interviews was felt to pose an unacceptable threat to interviewers – were also dropped from the sample, as were cohort members currently in the forces. Cohort members who had been interviewed by proxy in NCDS6 were excluded, since they would be unable to give informed consent. Finally, the 29 cohort members interviewed in the third pilot of the survey (see Section 2.4 above) were withdrawn.[17]

Table 4.2 Cases excluded from the target sample before issue to NatCen

	no. of CMs
No participation after NCDS3	1,084
Untraced address and no participation in NCDS6	1,064
Armed forces	25
Refusals by proxy, unconfirmed refusals	52
Difficult cases*	4
NCDS6 proxy respondents*	31
Productive Pilot 3 cases	29
TOTAL	**2,289**

*One 'difficult case' was doubly excluded by virtue of having been interviewed by proxy in NCDS6 and is shown in the latter category.

4.4 The issued sample

4.4.1 The sample issued to NatCen

The sample issued by CLS to NatCen on 22nd August 2002 included 12,448 cases (see Table 4.3).

[17] Cohort members who were identified as ineligible during Pilot 3 were also excluded from the sample: they are included in the appropriate categories in Table 4.1.

Table 4.3 Status of cohort members in the sample issued by CLS to NatCen, 22nd August 2002

	no. of CMs
Eligible – traced	
Confirmed addresses	11,727
Parental address	23
Temporary address	4
Total eligible – traced	**11,754**
Eligible – not traced	
Untraced or unconfirmed address	6
Address demolished	22
Gone away, empty property	249
Total eligible – not traced	**277**
Temporary – do not issue (NCDS6 refusals)	**417**
TOTAL	**12,448**

417 cohort members who had refused to take part in NCDS6 were coded 'Temporary – do not issue'. These cohort members were sent a letter asking them if they wished to take part in the biomedical study, and were issued to field if they 'opted in', i.e. indicated that they would be willing to be contacted.

All 12,448 cases were grouped into 'points' (nurse assignments) and each case was allocated a unique, survey-specific serial number.

4.4.2 The sample issued to the field

The sample was issued in fifteen monthly waves, starting in September 2002 and finishing in December 2003. It was divided in to 667 points, each a month's workload for a nurse, grouped by postcode into geographically convenient allocations, with an average size of 18 addresses.[18] Postcode sectors were uniquely allocated to specific points. All but the final wave included approximately 50 points, or around 840 addresses per wave (see Section 5.2 below).

As far as possible within this design, the sample distribution was randomised over the survey period, to offset any seasonal effects. This was achieved by scheduling survey points randomly to months of issue. Any swaps of points between months necessary for fieldwork efficiency were kept within survey quarters. Consequently survey quarters were approximately random sub-sets of the sample.

Given the length of the fieldwork period, it was inevitable that some cohort members' contact details and status would change after the initial allocation to points. To allow for this, the sample was selected each month in the following way. CLS updated the sample file before the month's sample was issued to include the most recent contact information – address, telephone number and so on. The cohort members to be interviewed were selected by postcode. Each month's sample consequently included

[18] The smallest point included 4 cases, the largest 37 cases. Most were between 15 and 25 cases.

every cohort member known to be currently living in the relevant postcodes, and excluded all those who were not, regardless of their address in August 2002 when individuals were initially allocated to a sample point. Additionally, the updates reflected changes of status, so that ineligible cohort members (e.g. those who had recently died or moved abroad) would not be issued.[19] As a result of these sample updates, the sample eventually issued to the field included 12,037 cohort members. Table 4.4 summarises the status at the end of fieldwork of the 411 cases not included in the final issued sample.

Table 4.4 Status of cohort members in the sample issued by CLS to NatCen (August 2002) but not issued to field

	no. of CMs
Eligible but not selected	33
Emigrated	9
Died	3
Permanent refusals	109
NCDS6 refusals – did not opt in	257
TOTAL	**411**

The 33 eligible cohort members who were not selected had notified CLS of new addresses after August 2002. In each case, the new postcode was selected for issue before the date when the contact details were changed in the sample file.

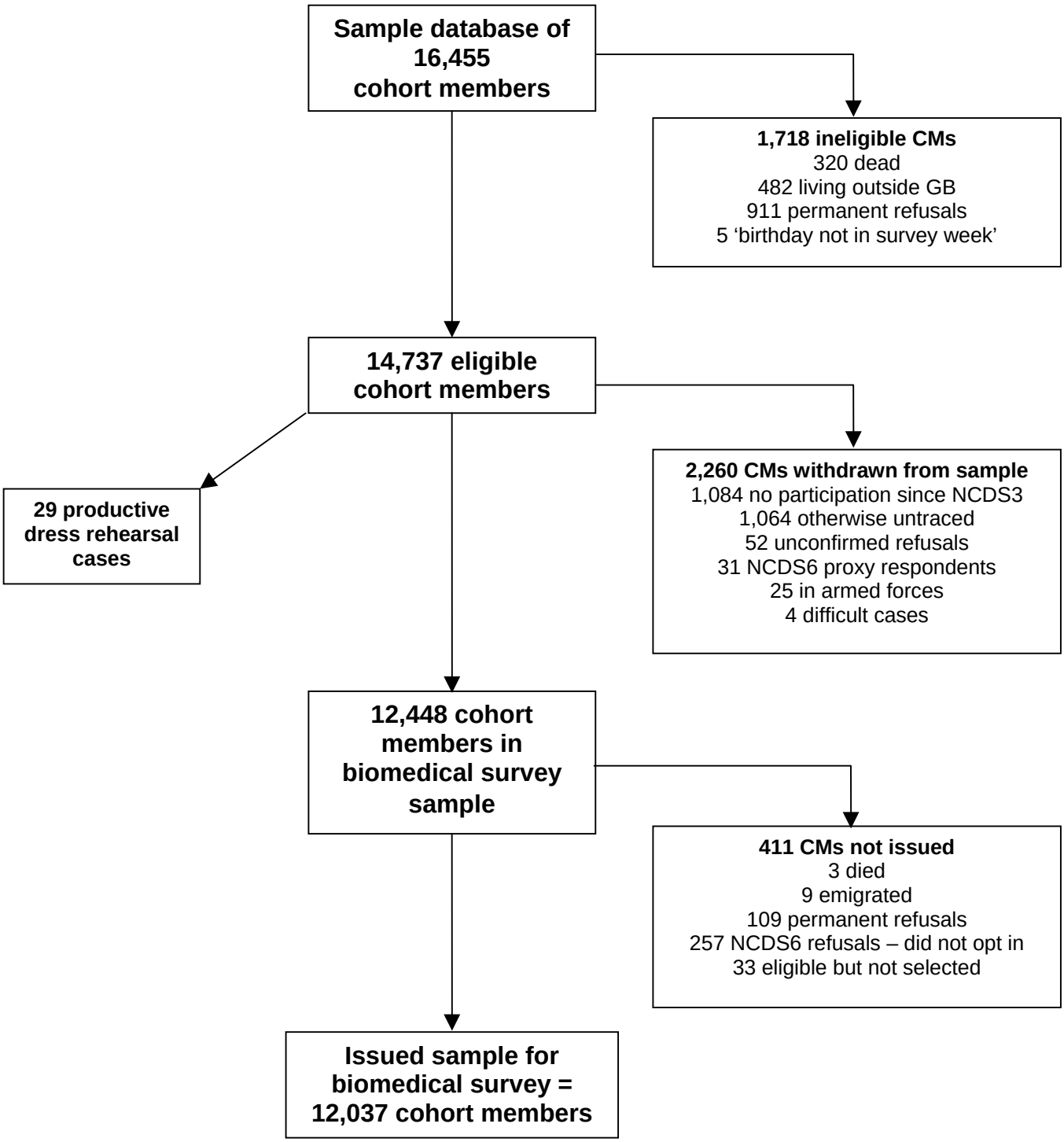
Of the original 16,455 cohort members included in the database, 4,418 cohort members were not included in the sample issued to nurses for fieldwork. These included:

- 814 cohort members ineligible through death or emigration;
- 1,329 cohort members known or assumed in advance to have refused to take part (including NCDS6 refusals who did not opt in to the biomedical study);
- 2,148 cohort members considered to be out of contact with the study, either because they had not participated in any of the adult studies or because no contact had been made with them since before NCDS6; and
- 127 cohort members withheld from the sample for other reasons.

The differences between the original sample database and the sample finally issued are summarised in Figure 4.1.

[19] This also allowed cohort members coded 'Temporary – do not issue' to be reclassified to one of the eligible status codes.

Figure 4.1 The NCDS biomedical survey sample



4.5 Serial numbers

NCDS members each have a unique cohort serial number allocated by CLS. To facilitate fieldwork and management and data processing, and to increase confidentiality, each cohort member in the sample issued by CLS to NatCen was allocated a unique survey-specific serial number, consisting of five digits and a check letter. The first three digits indicated the point number, the last two the individual case within that point. Serial numbers were allocated at the start of fieldwork and did not change.

5 FIELDWORK PROCEDURES

5.1 Nurse briefings

Briefings for nurses began on 30th July 2002. Each briefing lasted three days and was attended by an average of seven nurses. Day 1 was led by researchers from NatCen and CLS, and covered the background to the project; contact procedures; survey documents, including the ARF, consent booklets and self-completion questionnaires; and the CAPI programme, including the CASI and the CIS-R interview. Days 2 and 3 covered the measurement protocols in detail, including practical sessions, and were led by one of the principal investigators and the survey doctor, supported by NatCen nurse supervisors, and, on occasions, other survey collaborators. Before leaving the briefing, each nurse carried out a dummy interview, including measurements, observed by members of the survey team and nurse supervisors. If there was any doubt about a nurse's ability to carry out the interview satisfactorily, additional training and supervision was arranged. All nurses who were new to NatCen were supervised on their first interviews.

Nineteen briefings were held, in London and six regional centres. The first briefing, of nurse supervisors, took place at the end of July 2002. Six briefings were held in August, five in September and two in October 2002, to enable fieldwork to begin promptly. Subsequent briefings were held by demand in order to ensure coverage throughout the fieldwork period, in November and December of 2002, and February, May and July of 2003. In total, 122 nurses were briefed to work on the project during its lifetime.

5.2 Issue of work

Fieldwork took place between 9th September 2002 and 26th March 2004. The sample was issued in fifteen monthly waves, starting in September 2002 and finishing in December 2003.[20] It was divided in to 667 assignments or 'points', each a month's workload for a nurse, clustered into geographically convenient groupings, with an average size of 18 addresses (see Chapter 2 for further details).

Table 5.1 shows the schedule of fieldwork and the number of cases in each wave.

[20] There was no issue in December 2002, since the closure of laboratories over the Christmas period reduced the period when fieldwork could be carried out.

Table 5.1 Schedule of fieldwork issue

Month of issue		no. of points	no. of CMs
2002	September	50	832
	October	50	847
	November	50	873
2003	January	50	848
	February	50	840
	March	49	841
	April	50	833
	May	50	837
	June	52	874
	July	50	848
	August	50	833
	September	50	838
	October	48	796
	November	52	833
	December	16	264
TOTAL		**667**	**12,037**

5.2.1 The Address Record Form (ARF)

The Address Record Form (ARF) was the key fieldwork document. An ARF was generated for each case issued to the field, labelled with useful contact information, including the survey serial number, and the cohort member's name, address and any known telephone numbers. The ARF was then used to record the progress of that case, including all attempts to make contact, any change of address, and the final outcome, whether productive or not. An example ARF is included in Appendix C.

5.3 Advance letters

Initial contact was made with cohort members by letter three weeks before the start of each month's fieldwork. These letters were printed on CLS letterhead, and signed by Professor John Bynner, a familiar name to cohort members. They introduced the biomedical survey, and included a CLS freephone number for cohort members to ring if they had any questions or if they wanted to pass on new contact information, for example a new address or telephone number. This number could also be used if cohort members did not want to take part in the biomedical follow-up; these cohort members ('office refusals') were not approached by NatCen.

Cohort members were also sent two leaflets informing them about the study. One gave general background to the survey, and outlined the measurements and samples that would be asked for. The second focused on the role of genetic studies within the survey.

Copies of the advance letter and leaflets can be found in Appendix C.

5.4 Making contact

Two weeks after the advance letters had been sent, interviewers from NatCen's Telephone Unit began to contact cohort members to arrange the nurse visit. In most cases, this involved calling the cohort member and making an appointment at a convenient time. If no suitable time could be arranged within a reasonable period, the case was deferred and the cohort member contacted at a later stage in the fieldwork. Similarly, where a cohort member had moved to a new area, their address was re-assigned to another nurse. The steps in the contact process, whether successful or not, were recorded on the ARF.

Once an appointment had been arranged, the ARF was sent to the nurse and the cohort member was sent a copy of the advance (yellow) self-completion questionnaire and an appointment card, giving the time and date of the appointment, the nurse's name and some advice on how to prepare for the interview. Copies of the self-completion questionnaire can be found in Appendix A, and other documents in Appendix C.

Telephone Unit interviewers made at least eight calls to each available telephone number (and often many more) at different times of day and on different days of the week. All calls were recorded on the ARF.

5.4.1 Tracing procedures

In cases where no telephone number was available or the Telephone Unit had been unable to make contact with the cohort member, addresses were passed to a NatCen interviewer ('ground tracer') who made attempts to contact the cohort member in person. Ground tracers called at the cohort member's last known address at least four times at different times of day and on different days of the week.

If the ground tracer made contact with the cohort member, they attempted to arrange an appointment for a nurse visit. If they could not make contact directly with the cohort member, they attempted to trace his or her address by asking the current occupant of the address or neighbours, and by following up any leads, for example friends or relatives known to live locally. The ground tracing process was recorded on the ARF by the ground tracer.

If the cohort member could not be located by the ground tracer, the case was referred to CLS's Tracing Unit, who undertook more extensive tracing.

5.5 Fieldwork progress

The number of interviews achieved during each of the eighteen months of fieldwork is shown in Table 5.2.

Table 5.2 Interviews achieved by month*

		no. of CMs interviewed	% of CMs interviewed by month
2002	September	452	*4.8%*
	October	591	*6.3%*
	November	609	*6.5%*
	December	101	*1.1%*
2003	January	528	*5.6%*
	February	534	*5.7%*
	March	611	*6.5%*
	April	563	*6.0%*
	May	674	*7.2%*
	June	778	*8.3%*
	July	696	*7.4%*
	August	595	*6.4%*
	September	668	*7.1%*
	October	601	*6.4%*
	November	613	*6.6%*
	December	273	*2.9%*
2004	January	243	*2.6%*
	February	158	*1.7%*
	March	52	*0.6%*
Lost productives		9	*0.1%*
TOTAL		**9,349**	***100.0%***

*Interview dates are as recorded in the CAPI, except in 11 cases, where the computer's date setting was obviously wrong. In these cases, the date of data transmission has been used instead. 'Lost productives' are cases where an interview was completed but the data lost in transmission.

The final three months of fieldwork was designated a 'mop-up'. After the sample had been issued and all cohort members contacted, unproductive cases were reviewed. Cases which were re-issued included those who had originally been difficult to contact; had limited availability for an interview; had broken appointments; or who had refused an interview when first contacted, but indicated that they might be available later. This contributed 453 additional cases to the achieved sample.

Table 5.3 shows the number of interviews achieved by quarter, individually and cumulatively.

Table 5.3 Interviews achieved by quarter

		no. of CMs interviewed	% of CMs interviewed (n=9,340)	cumulative %
2002	September - December	1,753	*18.8%*	*18.8%*
2003	January – March	1,673	*17.9%*	*36.7%*
	April – June	2,015	*21.6%*	*58.3%*
	July – September	1,959	*21.0%*	*79.2%*
	October – December	1,487	*15.9%*	*95.1%*
2004	January – March	453	*4.9%*	*100.0%*
TOTAL (excluding lost productives)		**9,340**	***100.0%***	

5.6 Informed consent

Informed consent was both implicit and explicit. Implicit consent to the interview was gained when the cohort member, after receiving the advance letter and the accompanying leaflets, agreed to take part. Explicit consent was gained in writing by the nurses during the interview, using the printed consent booklet.

At the start of the interview the nurse checked that the cohort member had read the information leaflet, answered any questions and asked the cohort member for signed consent to each measurement (near and distance vision, blood pressure and pulse rate, hearing thresholds, standing and sitting height, body weight, waist and hip circumference, lung function) as well as an interview about mental health. The cohort member was informed that he or she could stop the interview at any point. A copy of the consent booklet was filled in and signed by the nurse and given to the cohort member. If a cohort member had refused consent for any measurement, the nurse confirmed this at the start of that section; if the cohort member had changed his or her mind, the nurse altered both consent forms accordingly and the change was signed by both nurse and cohort member.

Before she attempted to collect blood samples, the nurse went through a similar procedure, checking that the cohort member had read the general advance leaflet and the leaflet specifically about genetic studies. Individual consents were collected for the collection and testing of blood for cholesterol, glycosylated haemoglobin, fibrinogen, total and allergen-specific IgE; for the storage of blood for further relevant analysis; for the extraction and storage of DNA for research purposes; and for the storage of white blood cells to provide a renewable source of DNA.

At the end of the interview the cohort member was asked for further signed consents: for saliva samples to be tested for cortisol and other research purposes; for individual results to be fed back to the cohort member's GP; for the deposit of anonymised data at the ESRC Data Archive; and for permission for the use of information from his or her National Health Service records.

Copies of the office and cohort member's consent booklets, including the full texts of each of these consents are included in Appendix C.

Consent procedures were agreed with the South-east Multi-Centre Research Ethics Committee (MREC) and the independent oversight committee (see section 1.2).

5.7 Saliva reminders

The saliva sample was collected and returned by cohort members after the interview had been completed. The response was reviewed after a month of fieldwork and it was decided to send reminders to cohort members who had agreed to return a saliva sample but who had not done so.

In October, NatCen carried out a pilot, sending reminders to 170 cohort members who had not returned saliva samples at least two weeks after the interview. To test whether a letter would be sufficient, or whether response would be improved if the reminder included replacement salivettes, cohort members were randomly allocated to one of two groups, and on 21st October sent either a letter only or a letter and replacement salivettes. By 12th November, the response was 21 from 82 (26%) from the letter-only group, and 25 out of 88 (28%) from the group which was sent salivettes.

From December 2002, the laboratory at St George's Hospital Medical School, where saliva samples were booked in, sent NatCen a list of serial numbers corresponding to saliva samples received. NatCen generated reminder letters for all cases who had been interviewed between two and four weeks before the reminder date and who had consented to saliva but who had not returned a sample. The letter did not include replacement salivettes, but gave a telephone number for cohort members to request these if necessary.

Details of the saliva sample response, including numbers of reminders sent, are given in Section 6.3.3 below.

5.8 Feedback

At the time of the interview, each participant was given a Measurement Record Card including systolic and diastolic blood pressure and pulse reading; hearing thresholds at 1kHz and 4 kHz; measures of height, weight, waist and hip circumference; and spirometry readings for forced vital capacity (FVC), forced expiratory volume in one second (FEV_1) and peak flow (PF). No interpretation was given of these values, except in the case of blood pressure, where nurses followed prescribed guidelines (see Appendix B).

All cohort members were sent a letter thanking them for taking part in the survey. Where a blood sample had been taken and the cohort member had requested feedback, the letter included a summary of the blood results for cholesterol and glycosylated haemoglobin, and, where these were above recommended levels, advice to see their GP. A full summary of measurements was sent to GPs where cohort members had given consent.

Examples of these letters are included in Appendix C.

5.9 Fieldwork quality control

As noted in Section 5.1 above, nurses were observed carrying out a dummy interview before starting work. Nurses new to NatCen work were supervised on their first home visits. In addition, standard NatCen checking procedures applied: 10% of cohort members interviewed were recontacted by telephone or letter, and nurses were supervised every six months.

The nurse's route through the CAPI questionnaire was programmed, so that all relevant questions were always asked. Checks of values and measurements were also built into the CAPI; these could be hard checks, which did not allow entries outside a given range, or soft checks, which produced a screen asking the nurse to confirm what she had entered, usually where values were implausible but not impossible. These checks were reviewed when the data was edited. In addition, various indicators were monitored, in particular, consents to blood samples and the number of samples achieved. Nurses whose performance was below expectation were contacted and offered further briefing and support.

6 RESPONSE

6.1 Summary

9,349 cohort members were successfully interviewed between September 2002 and March 2004, a response rate of 78.3% of the eligible sample.[21]

The response to the main stage of the survey is summarised in Table 6.1.

Table 6.1 Summary of the response to NCDS biomedical survey

	no. of CMs	% of issued sample	% of eligible sample
Issued sample	12,037	*100.0%*	-
Ineligible	91	*0.8%*	-
Eligible sample	11,946	*99.2%*	*100.0%*
Response	9,349	-	*78.3%*

The issued sample, the 12,037 cohort members who were invited to take part in the survey, was selected with the aim of including only cohort members who would be eligible and available for interview (see Chapter 4). In the course of fieldwork, 91 of these were found to be no longer eligible, either because they were living outside Great Britain or because they had died, and these have been taken into account when calculating the survey response.

Response is a product of two elements: contact and co-operation. The contact rate for the survey – the percentage of eligible cohort members who were contacted by a telephone interviewer, ground tracer or nurse – was 94.2%. The co-operation rate – the percentage of cohort members contacted who were successfully interviewed by a nurse – was 83.1%.

6.2 Details of survey response

Table 6.2 provides a detailed breakdown of the response to the survey.

[21] This includes nine 'lost productive' cases, where the interview was completed but the data lost on transmission to NatCen. Additionally, one cohort member subsequently requested the deletion of her data.

Table 6.2 Details of the response to NCDS biomedical survey

	no. of CMs	% of eligible sample (n=11,946)	% of CMs contacted (n=11,249)
Ineligible			
Moved outside GB	63	-	-
Died	28	-	-
Total ineligible	**91**	**-**	**-**
Not contacted			
No contact after 8+ telephone calls	104	*0.9%*	-
No contact after 4+ visits by ground tracer	85	*0.7%*	-
Mover: new address not known	486	*4.1%*	-
Mover: new address refused	8	*0.1%*	-
Other	14	*0.1%*	-
Total not contacted	**697**	***5.8%***	-
Refusals			
Refusal to office after advance letter	88	*0.7%*	*0.8%*
Refusal to Telephone Unit	1,195	*10.0%*	*10.6%*
Refusal to ground tracer	111	*0.9%*	*1.0%*
Refusal to office after appointment made	60	*0.5%*	*0.5%*
Refusal to nurse	81	*0.7%*	*0.7%*
Broken appointment, could not be re-contacted	189	*1.6%*	*1.7%*
Proxy refusal	78	*0.7%*	*0.7%*
Total refusals	**1,802**	***15.1%***	***16.0%***
Other unproductive			
Ill/away during survey period	86	*0.7%*	*0.8%*
Other unproductive	12	*0.1%*	*0.1%*
Total of other unproductives	**98**	***0.8%***	***0.9%***
Productive interviews*			
Fully productive interview	9,338	*78.2%*	*83.0%*
Partial productive interview	11	*0.1%*	*0.1%*
Total productive interviews	**9,349**	***78.3%***	***83.1%***

* Includes nine lost productives, plus one cohort member who asked for her data to be deleted after the interview.

6.2.1 Non-contact

In the majority of cases where the cohort member was not contacted, the cohort member had moved and their new address could not be found. In almost all other cases, either no contact was made with anyone at the address, or it was otherwise not possible for interviewers, calling by telephone or in person, to discover whether the cohort member was still living at that address.

6.2.2 Refusals

The majority of refusals to take part were given to Telephone Unit interviewers or ground tracers when they called to make an appointment.[22] Proxy refusals were those given on behalf of the cohort member, usually by a partner or relative. A significant minority of cohort members delayed their refusals: about one in six of these cohort members either cancelled or broke the appointment[23] or refused to the nurse when she arrived to carry out the interview.

6.2.3 Other unproductives

A number of cohort members were either ill or away from home during the survey period. Since fieldwork extended over eighteen months, there was more than one attempt to contact most of these cohort members.

6.3 Response to survey elements

This section is based on the 9,339 cases included in the final data set for the main stage of fieldwork. Ten cohort members who were interviewed are not included: nine cohort members whose data was lost in transmission and one cohort member who asked for her data to be deleted. 29 cohort members interviewed during the dress rehearsal are also excluded.

6.3.1 Biometric measures

Table 6.3 summarises the consents for each type of measurement, and the number of cohort members for whom these measures were achieved (at least one measurement successfully taken). So, for example, the achieved total for vision measures is based on the number of cohort members for whom at least one measure was achieved from the tests of near vision, stereoscopy and distance vision.

Table 6.3 Biometric consents and measurements achieved

Measurement	no. consented	% consented (n=9,339)	no. achieved	% achieved (n=9,339)
Near and distance vision	9,307	*99.7%*	9,307	*99.7%*
Blood pressure and pulse	9,314	*99.7%*	9,269	*99.3%*
Hearing thresholds	9,297	*99.6%*	9,225	*98.8%*
Height/sitting height	9,295	*99.5%*	9,248	*99.0%*
Weight	9,286	*99.4%*	9,218	*98.7%*
Waist/hip circumference	9,287	*99.4%*	9,272	*99.3%*
Lung function	9,254	*99.1%*	9,062	*98.0%*

[22] Reasons for refusal were not analysed throughout fieldwork, but a sample of 52 refusals to the Telephone Unit during August 2003 indicated that the main reasons were that the cohort member was too busy (14 cases) and the medical nature of the interview (8 cases).

[23] Broken appointments were taken to be disguised refusals, that is, the cohort member expressed willingness to take part when spoken to, but was consistently unavailable after several attempts at re-arrangement by the nurse and/or follow-up contact.

Autorefractors

The number of autorefractors available was limited, so not all nurses carried one. They were allocated on a non-probability basis to nurses who were expected to achieve relatively high numbers of interviews. Autorefractor measurements were attempted for 2,859 cohort members (30.6%).

6.3.2 CASI and CIS-R

A computer-assisted self-completion interview (CASI) covered drinking alcohol and childhood adversity. Cohort members read the questions and entered the data themselves into the laptop. If they had reading difficulties or were reluctant to use the computer, the nurse could offer help, though only if this could be done in conditions of sufficient confidentiality (e.g. not within hearing of a family member).

8,906 cohort members (95.4%) attempted the CASI, and a further 380 (4.1%) completed it with the help of the nurse.

An interview, based on the CIS-R, covering symptoms of common mental disorders, was carried out with 9,297 cohort members (99.6%).

6.3.3 Saliva and blood samples

Four separate consents for blood samples were collected, covering different uses. Table 6.4 shows the level of consent to each.

Table 6.4 Consents for the taking of blood samples and different uses

	no. consented	% consented (n=9,339)
Blood sample collection and specified analysis	8,753	*93.7%*
Storage of blood and further analysis	8,509	*91.1%*
Extraction, storage and analysis of DNA	8,404	*90.0%*
Creation of immortalised cell lines	8,337	*89.3%*

Four samples per cohort member were attempted: 8,207 cohort members (87.9%) provided at least one sample.[24]

Cohort members were asked to provide samples of saliva. Since these had to be taken at specified times of day, collection tubes were left with cohort members, along with post-paid packaging for their return. 9,122 cohort members consented to provide a saliva sample (97.7%).

Saliva samples were eventually received from 6,568 cohort members, or 70.3% of cohort members interviewed. 4,801 reminders (see section 5.7 above) were sent, so that 52.6% of those who had consented to return a saliva sample were sent reminders.

[24] Not all these samples could be analysed.

6.3.4 Self-completion questionnaires

Additional data was collected in writing using two self-completion questionnaires: one (yellow) sent in advance, the other (lilac) completed during the interview. 8,667 cohort members (92.8%) completed yellow questionnaires; 9,182 (98.3%) completed lilac questionnaires.

7 CODING AND EDITING

7.1 CAPI data

Data entered into CAPI was automatically subject to checks (see Section 5.9 above), and post-interview editing of the CAPI data was limited. The NatCen Operations team coded open-ended responses to questions, resolved outstanding queries and provided further checking of the data entered by nurses. In some cases the edit program included expanded code frames for open-ended questions where the original categories had been insufficient; these were agreed between the researcher, in consultation with the relevant collaborator.

Editing was an iterative process, carried out electronically. A paper factsheet was generated for each case, which included indications of responses which had triggered a soft check during the interview, remarks entered by the nurse and open-ended answers for coding.

Examples of actions taken by editors include:

- back-coding responses that nurses (or cohort members in the CASI modules) had been unable to allocate to a pre-coded category, e.g. reasons why consent for a measurement had been refused;
- reviewing entries which had triggered a soft check, e.g. extremes of height and weight, where nurses usually provided a confirmatory note;
- checking nurse queries, e.g. whether the coding of an open response was appropriate;
- in the prescribed medicines block, confirmatory checks on one in ten cases.

Editors noted their actions on the paper factsheets as well as any outstanding queries. These were reviewed by the Operations team leader, and, if necessary referred back to the researcher (and the relevant collaborator) for guidance.

7.2 Self-completion questionnaire data

The self-completion data was keyed externally and then edited in a similar way to the CAPI, though cohort members' own responses written in the self-completion booklets needed some different types of editing. Editors needed to resolve contradictions, for example where cohort members had ignored routing instructions or ticked more than one response in a question for which only one response was required. Questions asking for written responses (as opposed to the choice of a pre-coded categories) were not subject to automatic range checks; in general editors were instructed to be permissive about implausible answers – for example extreme combinations of frequency and distance for journeys to work, or frequency and duration for exercise – which could be corrected in analysis. But clearly impossible answers were coded as missing values (the equivalent of a CAPI 'hard check').

See Appendix D for the instructions given to coders and editors.

8 COLLECTION, PROCESSING AND ANALYSIS OF BLOOD AND SALIVA SAMPLES

8.1 Blood samples

8.1.1 Collection

Venous blood samples were obtained without prior fasting. Four Sarstedt polypropylene tubes were filled in the following order:

i. 7.5ml EDTA anticoagulant (posted to St George's Hospital Medical School);
ii. 5.0ml citrate anticoagulant (posted to Royal Victoria Infirmary, Newcastle);
iii. 5.5ml no anticoagulant (posted to Royal Victoria Infirmary, Newcastle);
iv. 8.5ml CPDA anticoagulant (posted to ALSPAC Laboratory, Bristol).

Before posting, the nurse labelled each tube with a barcode for secure identification, and the nurse number, date and time of blood collection. Full details of the blood collection protocols are given in Appendix B.

8.1.2 Processing

i. The EDTA tube was centrifuged and supernatant plasma stored in 0.5ml individually barcoded aliquots at -80^{o}C. The cell residues were also frozen and transported frozen to Bristol for DNA extraction.
ii. 0.5ml of whole blood was removed from the citrate tube for analysis of glycosylated haemoglobin. The remainder was centrifuged and aliquots of citrated plasma were frozen at -70^{o}C and transported frozen to Glasgow Royal Infirmary for analysis of fibrinogen, tissue plasminogen activator, von Willebrand factor, and C-reactive protein.
iii. The no anticoagulant tube was centrifuged and the supernatant serum was used for analysis of triglycerides, total and HDL cholesterol, total and allergen-specific immunoglobulin E, and insulin-like growth factor 1 at Newcastle.
iv. The CPDA tube was processed on a Ficoll gradient to separate peripheral blood lymphocytes. These were cryopreserved at Bristol for subsequent transformation into immortalised cell cultures. The supernatant plasma was sent to St George's Hospital Medical School (SGHMS) for aliquoting into 0.5ml individually barcoded tubes which were frozen at -80^{o}C for long-term storage.

8.1.3 Biochemical analyses of blood samples

Glycosylated haemoglobin (HbA1c) was measured on whole citrated blood by ion exchange high performance liquid chromatography, using the Tosoh A1c 2.2 Glycohemoglobin Analyser HLC-723GHb.

Triglycerides, total and HDL cholesterol were measured on non-fasting serum by Olympus model AU640 autoanalyser. LDL cholesterol was derived by the following formula:

LDL = [Total chol] – (HDL + (Trig/2.2)).

Insulin-like growth factor (IGF-1) was measured on serum by chemiluminescence immunoassay.[25]

Immunoglobulin E was measured on serum by the HYTEC enzyme immunoassay, with positive and negative controls. Total IgE was assayed on all specimens, and allergen-specific IgE to house dust mite, mixed grasses, and cat fur, were measured on specimens with a total IgE concentration above the median (30kU/L).

Fibrinogen was measured on citrated plasma by the Clauss method using a MDA 180 coagulometer.[26]

Tissue plasminogen activator antigen (t-PA) and von Willebrand factor antigen (vWF*)* were measured on citrated plasma by enzyme-linked immunosorbent assays employing a double sandwich technique.[27]

C-reactive protein was measured on citrated plasma by high-sensitivity nephelometric analysis of latex particles coated with CRP-monoclonal antibodies.[28]

Full standard operating protocols for these laboratory procedures can be found on www.cls.ioe.ac.uk/ncds and www.b58cgene.sgul.ac.uk.

8.1.4 Cell line transformation

Cryopreserved peripheral blood lymphocytes (PBLs) were transformed into immortalised cultures by infection with Epstein-Barr virus (EBV), using standard techniques. The first phase of cell line transformation work was completed under subcontract by the European Centre for Animal Cell Cultures (ECACC), in parallel with the fieldwork. After an initial pilot period to ascertain the likely transformation success rate, the 2350 PBLs sent to ECACC were selected to ensure that the geographical distribution of the resulting cell lines matched closely that of the cohort as a whole. Established cell cultures were expanded to 100 million cells at ECACC and frozen cell pellets were sent to Bristol for DNA extraction. Additionally, four pellets of EBV-transformed cells were 'banked' for each successful transformation and split across sites (2 pellets at ECACC, 2 at Bristol) for long-term storage.

The remaining PBLs were transformed at Bristol, using standard methods modified for robotic implementation. Briefly, cells were suspended at a concentration of c.1 million cells per ml in RPMI containing 20% foetal calf serum and 20% Epstein-Barr virus supernatant. The culture was plated into one, two or four wells of a 24-well plate, depending upon the initial cell count. Cells were examined twice a week and either fed or wells divided when the cells become confluent. These feeding and splitting steps were carried out using a robotic tissue culture system, reducing the amount of staff time needed for culturing cells. Once a plate contained 24 wells of confluent growth, the cells were transferred to a flask and grown until confluent. Five aliquots were cryopreserved, four aliquots becoming long-term stocks and the fifth is used for quality control purposes. Established cultures were expanded to 100 million

[25] Nichols Advantage IGF-1 assay.
[26] Biomerieux, Cambridge, UK.
[27] from Biopool, Umea, Sweden for t-PA, and from DAKO, Copenhagen, Denmark, for vWF.
[28] BN ProSpec protein analyzer, Dade Behring, Marburg, Germany.

cells for DNA extraction. These cells were resuspended in phosphate buffered saline and frozen as two pellets, each to be extracted separately.

8.1.5 DNA extraction and distribution

DNA was extracted from both whole blood and cell lines using a manual guanidine hydrochloride method. All sample tubes were barcoded and the barcodes of all tube transfers were checked to minimise errors. The extracted DNA was resuspended in 2mM Tris HCl pH8.0 and stored in 1.4ml Trackmate tubes, each with a unique 2D barcode, which enables easy and accurate sample tracking.

The DNA samples were quantified robotically using a Tecan Genesis Freedom 200 liquid handling robot. The programmes have been optimised to provide reliable and consistent results for quantification of DNA extracted from a range of sources. Each sample was assayed in duplicate using a Pico Green fluorescence based assay. The resulting duplicate DNA concentrations were compared, as well as the values obtained for standards included in every quantification run. Plates were then generated with a fixed volume and concentration for each sample and sent to collaborators.

The standard issue is 1µg per well, at 50ng/µl, but larger quantities and concentrations are available on request. A fixed plate layout was developed for the cell line DNAs, including blind replicates, as follows. Each 96-well plate has one column unfilled for users to insert their own controls. Among the remaining 88 wells, there are 86 DNAs from the series of 2064 nationally representative cell lines, and 2 wells filled with (different) replicate samples whose duplicates appear on another plate. Thus, across the 24 plates comprising the 2064 nationally representative DNAs, there are 24 pairs of replicates. These replicates are derived from ECACC cell lines which had high yields of DNA, were not required for the nationally representative series, and are of the same sex as other DNAs on the plate.

8.2 Collection and processing of saliva samples

Cohort members collected two saliva samples using Sarstedt salivettes and posted the salivettes to St George's Hospital Medical School (SGHMS). Each salivette was barcoded for secure identification; participants recorded the date and time of saliva collection. Full instructions for collecting and sending the saliva samples were given in the saliva collection form (see Appendix C).

On receipt at SGHMS the samples were put in a -80^{o}C freezer pending shipment to Germany for analysis of cortisol. Saliva samples were shipped at ambient temperature and refrozen on arrival in Germany. Salivary cortisol is stable at room temperature for up to 30 days but the samples were frozen after reaching the laboratory to reduce microbial growth.

Cortisol levels were measured under the direction of Professor Kirschbaum[29] using a commercial immunoassay kit with chemiluminescence detection.[30] The lower sensitivity of this assay is 0.16 ng/ml, with intraassay and interassay precision of <10% for a wide range of cortisol concentrations. High cortisol levels (>50 nmol/l) were rerun in a second assay for confirmation.

[29] Biological Psychology, Department of Psychology, University of Dresden, Germany
[30] CLIA, IBL-Hamburg, Hamburg Germany

APPENDIX A THE QUESTIONNAIRES

- **CAPI questionnaire documentation**
- **CIS-R showcards**
- **Self-completion questionnaire 1 (completed by cohort members in advance of the interview)**
- **Self-completion questionnaire 2 (completed by cohort members during the interview)**

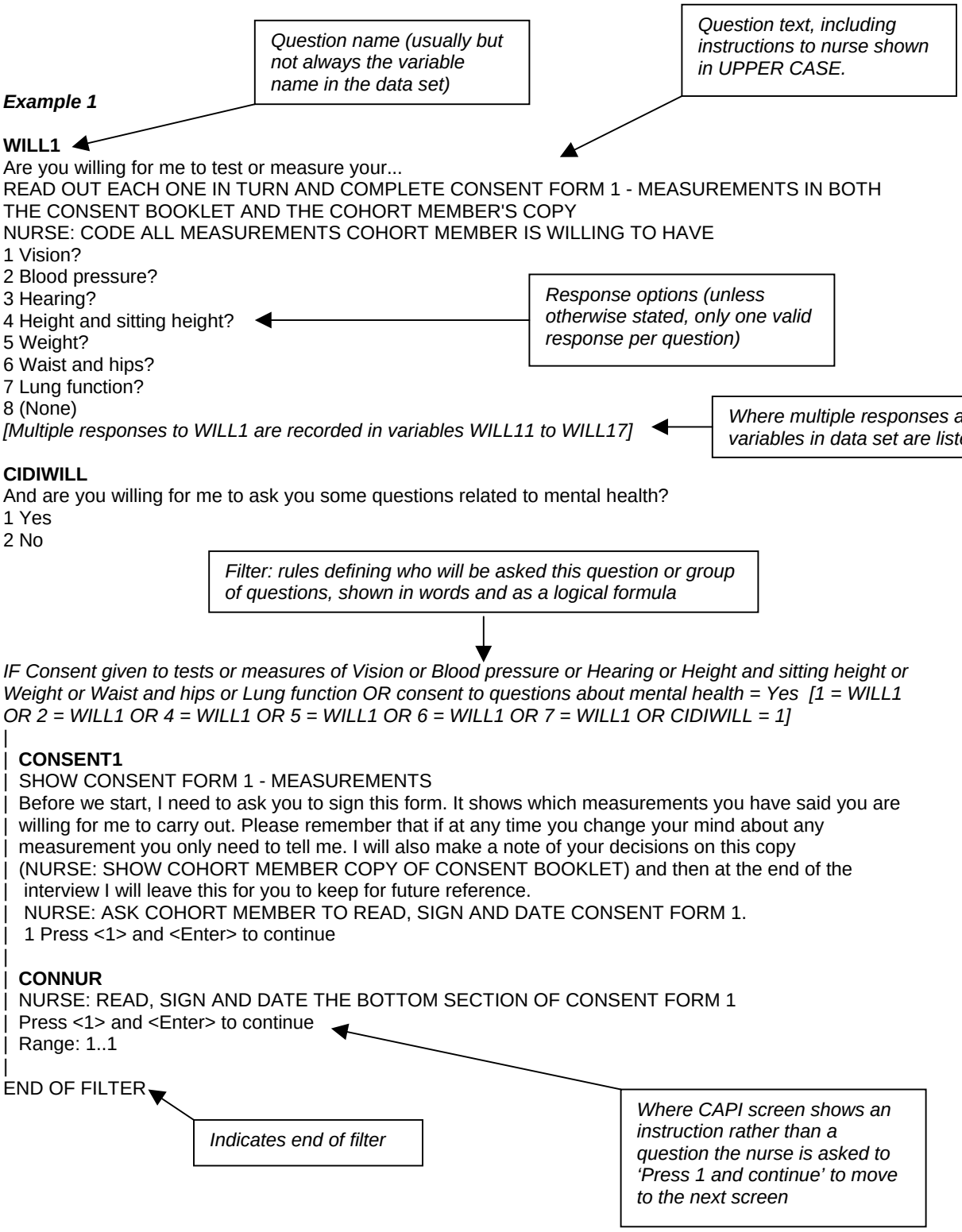
NCDS BIOMEDICAL SURVEY: CAPI QUESTIONNAIRE

Foreword

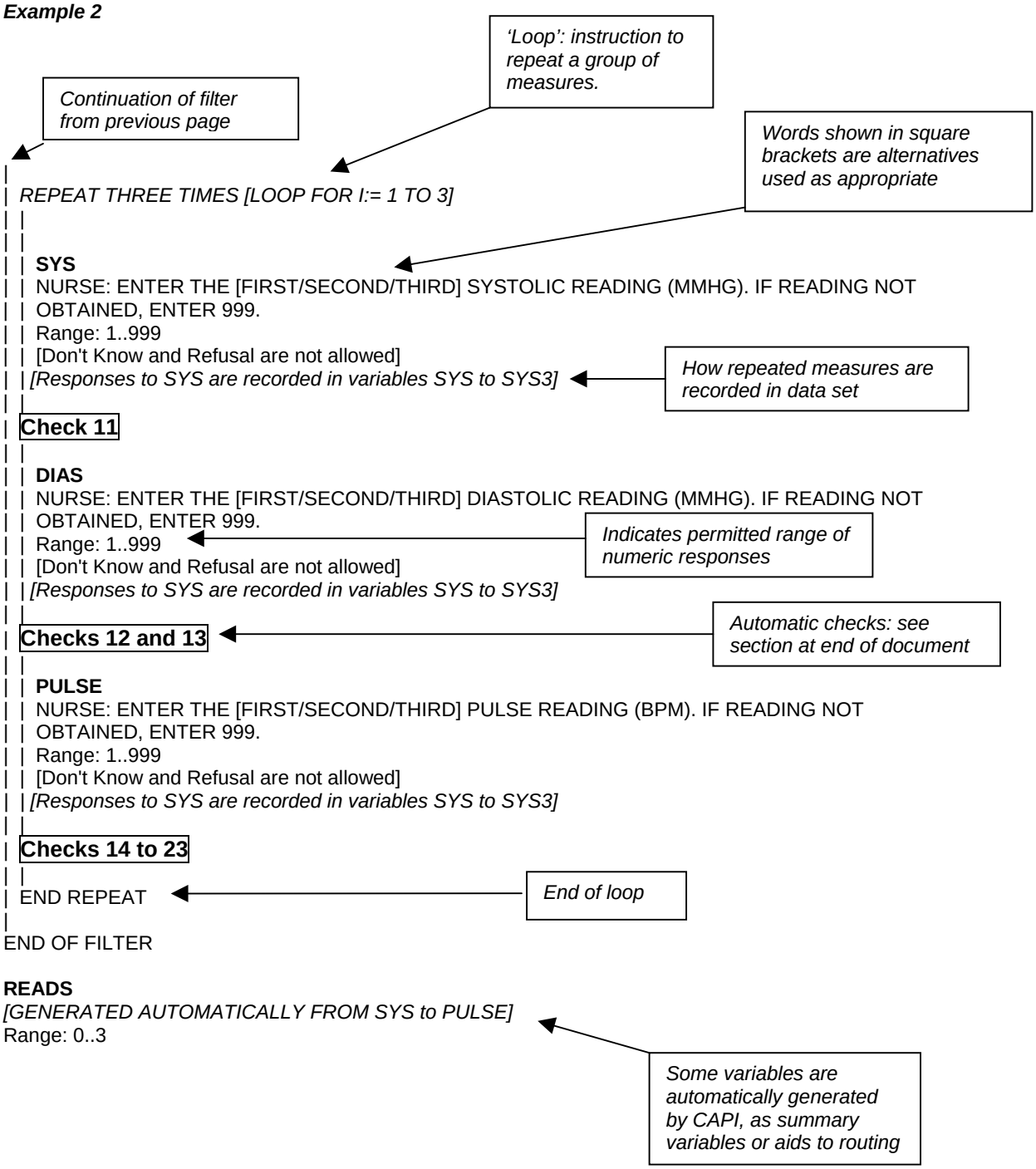
The interview was carried out by the research nurse as a computer-assisted personal interview (CAPI). The survey instrument was written as a computer program using BLAISE software. This is the documentation of the program. It shows the wording of questions, instructions to the nurse, routing (i.e. the 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 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]
How repeated measures are recorded in data set
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]
Indicates permitted range of numeric responses
Checks 12 and 13
Automatic checks: see section at end of document
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 loop
END OF FILTER
READS
[GENERATED AUTOMATICALLY FROM SYS to PULSE]
Range: 0..3
Some variables are automatically generated by CAPI, as summary variables or aids to routing

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

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
| |

| |
| 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
| |

| |
| | **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
| |

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

END OF FILTER

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

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]

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

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

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

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]

|
| *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**

P2107 WorryC,WorryD

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**

P2107 PhobB,PhobC

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**

P2107 AnxG,PhobE

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**

ATTACH LABEL

NCDS
National Child
Development Study
A study of everyone in Britain
born in one week in 1958

National Centre *for*
Social Research

P2107 SC1
+

SN 1-5
Card 6-7
Batch 8-12

National Child Development Study: 2002-3

Self-completion Booklet

In Confidence

We would like to ask you some questions before the nurse comes to see you.

Your answers to these questions will give us a better idea about your health and how it is influenced by your lifestyle and current circumstances.

Please do complete this booklet before the nurse comes to see you and give it to her when she visits.

How to fill in this questionnaire

A. Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

Example:

Do you feel you lead a … **Tick one box**

Very healthy life ☐

Fairly healthy life ☑

Not very healthy life ☐

An unhealthy life ☐

B. On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question.

By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick one box

Yes ☑1 → **Answer A2**

No ☐2 → **Go to A7**

A. SUN EXPOSURE

EVERYONE PLEASE ANSWER

A1 How long **per day** do/did you usually spend outdoors during the daylight hours …

*PLEASE TICK **ONE** BOX ON EACH LINE*	**No time**	**Less than 15 mins**	**15 to 30 mins**	**30 mins to 1 hour**	**1 to 2 hours**	**3 to 4 hours**	**More than 4 hours**	
a. … last month?	1	2	3	4	5	6	7	113
b. … in Summer?	1	2	3	4	5	6	7	114
c. … in Winter?	1	2	3	4	5	6	7	115

A2 In sunny weather, both in the UK and in other countries do you …

*PLEASE TICK **ONE** BOX ON EACH LINE*	**Often**	**Sometimes**	**Rarely**	**Never**	
a. … protect your skin from the sun, for example with clothing or suncream?	1	2	3	4	116
b. … get blistering after being burned in the sun?	1	2	3	4	117
c. … actively seek a suntan?	1	2	3	4	118

A3 What is the natural colour of your hair (or the original colour if now grey)?

Tick one box

Light blonde 1

Red 2

Dark blonde/light brown 3

Dark brown/black 4

119

A4 Would you say your natural skin colour (on your inner arm) is …

Tick one box

… light (white, fair, or ruddy) 1

… medium (olive, light/medium brown) 2

… dark (dark brown, black) 3

120

B. PHYSICAL ACTIVITY

First we would like to ask you about activities connected with your main (or only) job.

B1 In the past year have you been in paid employment or have you done regular, organised voluntary work?

Tick one box

Yes [1] → **Answer B2**

No [2] → **Go to B7**

121

For the job you have spent most time doing in the year …

B2 Roughly how many miles is it from home to work? **Write in** [ ] **miles** 122-4

B3 How many times a week do you travel between home and work? (To work and from work counts as two journeys.) **Write in** [ ] **times a week** 125-6

B4 How do you usually travel to work?
*PLEASE TICK **ONE** BOX ON EACH LINE*

	Always	**Usually**	**Occasionally**	**Never/ rarely**	
a. By motorised transport (car, motorbike, train etc.)	[1]	[2]	[3]	[4]	127
b. By bicycle	[1]	[2]	[3]	[4]	128
c. Walking	[1]	[2]	[3]	[4]	129

Now we would like to know about your activity at work.

Please answer questions B5 and B6 for your current, main job.

B5 Read through each of the following categories and tick either Yes or No. Then go back through the list and, for each of the activities for which you have ticked yes, record the number of hours per week that you spent on that activity.

	Have you done each activity at work in the last year? **No**	**Yes**	**If yes, how many hours per week?**	
a. Sitting – light work e.g. desk work, or driving a car or truck	[1]	[2] →	[ ]	130, 131-2
b. Sitting – moderate work e.g. working heavy levers or riding a mower or forklift truck	[1]	[2] →	[ ]	133, 134-5
c. Standing – light work e.g. lab technician work or working at a shop counter	[1]	[2] →	[ ]	136, 137-8
d. Standing – light/moderate work e.g. light welding or stocking shelves	[1]	[2] →	[ ]	139, 140-1
e. Standing – moderate work e.g. fast rate assembly line work or lifting up to 50 lbs every 5 minutes for a few seconds at a time	[1]	[2] →	[ ]	142, 143-4
f. Standing – moderate/heavy work e.g. masonry/painting or lifting more than 50 lbs every 5 minutes for a few seconds at a time	[1]	[2] →	[ ]	145, 146-7
g. Walking at work – carrying nothing heavier than a briefcase e.g. moving about a shop	[1]	[2] →	[ ]	148, 149-50
h. Walking – carrying something heavy	[1]	[2] →	[ ]	151, 152-3
i. Moving, pushing heavy objects weighing over 75 lbs	[1]	[2] →	[ ]	154, 155-6

157-80
Spare
SN 1-5
Card 6-7

If you do any other activities at work which we have not included, please list them in the space below:

How many hours per week?

j. ☐ → ☐ 208-37 238-9

k. ☐ → ☐ 240-69 270-271

B6 At work, how many times a day do you normally …

Number of times each day

a. … climb up a flight of stairs (10 steps) ☐ 272-4

b. … climb up a ladder ☐ 275-8

279-80
Spare
SN 1-5
Card 6-7

EVERYONE PLEASE ANSWER

B7 Now we would like to ask you how you generally get about.

Would you say that …

*PLEASE TICK **ONE** BOX ON EACH LINE*	**Agree**	**Disagree**	
a … **apart from journeys to work**, I travel by car most or all of the time	☐ 1	☐ 2	308
b … **apart from journeys to work**, I travel by public transport most or all of the time	☐ 1	☐ 2	309

B8 Apart from journeys to work, how many journeys do you make **by bicycle** and **on foot** in an average week?
(To and from somewhere counts as two journeys.)

Write in the total number of journeys and the number of journeys of each distance (which should add up to the total.)

	TOTAL NUMBER of journeys each week		**Number** of journeys of less than 0.5 miles		**Number** of journeys of 0.5 to 1.5 miles		**Number** of journeys of 1.5 to 2.5 miles		**Number** of journeys of 2.5 to 3.5 miles		**Number** of journeys of 3.5 to 5.5 miles		**Number** of journeys of more than 5.5 miles
By bicycle	☐	=	☐	+	☐	+	☐	+	☐	+	☐	+	☐
													310-1, 312-3, 314-5, 316-7, 318-9, 320-1, 322-3
Walking=	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐
													324-5, 326-7, 328-9, 330-1, 332-3, 334-5, 336-7

C. HEARING

These questions are about your ears and your hearing. If you normally use a hearing aid, answer questions C1 to C6 as if you were NOT using it.

C1 Do you have any difficulty with your hearing?

Tick one box

- Yes [1]
- No [2]

338

C2 Do you find it very difficult to follow a conversation if there is background noise (such as TV, radio, children playing)?

Tick one box

- Yes [1]
- No [2]

339

C3 How well do you hear someone talking to you when that person is sitting …

*PLEASE TICK **ONE** BOX ON EACH LINE*	**With no difficulty**	**With slight difficulty**	**With moderate difficulty**	**With great difficulty**	**Cannot hear them at all**	
a. … on your **RIGHT SIDE** in a quiet room?	1	2	3	4	5	340
b. … on your **LEFT SIDE** in a quiet room?	1	2	3	4	5	341

C4 Do you have difficulty …

*PLEASE TICK **ONE** BOX ON EACH LINE*	**No**	**Yes, slight difficulty**	**Yes, moderate difficulty**	**Yes, great difficulty**	
a. … following TV programmes at a volume others find acceptable, without any aid to hearing?	1	2	3	4	342
b. … having a conversation with several people in a group?	1	2	3	4	343

C5 Do very loud noises annoy you?

Tick one box

- Not at all [1]
- Slightly [2]
- Moderately [3]
- Severely [4]

344

C6 Nowadays, how much does any difficulty in hearing worry, annoy or upset you?

Tick one box

- Do not have hearing difficulty [1]
- Not at all annoying [2]
- Slightly annoying [3]
- Moderately annoying [4]
- Severely annoying [5]

345

C7 Have you ever had an ear operation?

Tick one box

- No, never [1]
- Yes, as a child (under 16 years) [2]
- Yes, as an adult (16 years or older) [3]

346

C8 Did any of your parents, children, brothers or sisters have **great difficulty in hearing** before the age of 55 years?

Tick one box

- Yes [1]
- No/don't know [2]

347

C9 Have you **ever** worked in a place with a lot of dust?

Tick one box

- No, never [1]
- Yes, in last 2 years [2]
- Yes, more than 2 years ago [3]

348

C10 Have you **ever** worked in a place that was so noisy that you had to shout to be heard?

Tick one box

- No, never [1]
- Yes, for less than 1 year [2]
- Yes, for 1-5 years [3]
- Yes, for over 5 years [4]

349

350-80
Spare
SN 1-5
Card 6-7

D. EYESIGHT

These questions are about your eyesight. Please think about your **eyesight** in the **past month**.

If you use **glasses, contact lenses** or **magnifiers** for some activities, please answer according to how you can see **when using them**.

If you have had an eye infection, eye operation, an eyesight test, a change of glasses or a sudden change in your eyesight **in the past month** please write details below.

Please read each question carefully and tick the answer that best applies to you. 408-457

D1 Think about how your **eyesight** has made you **feel** in the **past month**.

*PLEASE TICK **ONE** BOX ON EACH LINE* In the past month …	**Not at all**	**Very rarely**	**A little of the time**	**A fair amount of the time**	**A lot of the time**	**All the time**	
a … have you felt embarrassed because of your eyesight?	1	2	3	4	5	6	458
b … have you felt frustrated or annoyed because of your eyesight?	1	2	3	4	5	6	459
c … have you felt lonely or isolated because of your eyesight?	1	2	3	4	5	6	460
d … have you felt sad or low because of your eyesight?	1	2	3	4	5	6	461
e … how often have you worried about your eyesight?	1	2	3	4	5	6	462

D2 In the **past month, how often** has your **eyesight** made you **concerned or worried** about the following …

*PLEASE TICK **ONE** BOX ON EACH LINE*	**Not at all**	**Very rarely**	**A little of the time**	**A fair amount of the time**	**A lot of the time**	**All the time**	
a … your general safety at home?	1	2	3	4	5	6	463
b … your general safety when out of your home?	1	2	3	4	5	6	464
c … coping with everyday life?	1	2	3	4	5	6	465

D3 In the **past month, how often** has your **eyesight** …

*PLEASE TICK **ONE** BOX ON EACH LINE*	**Not at all**	**Very rarely**	**A little of the time**	**A fair amount of the time**	**A lot of the time**	**All the time**	
a … stopped you doing the things you want to do?	1	2	3	4	5	6	466
b … interfered with your life in general?	1	2	3	4	5	6	467

E. PAIN

E1 During the past month, have you had any ache or pain which has lasted for one day or longer? (Please do not include pain occurring only during menstrual periods or during the course of a feverish illness such as 'flu.)

468-80
Spare
SN 1-5
Card 6-7

Tick one box

Yes ☐ 1 → **Answer E2**

No ☐ 2 → **Go to F1**

508

E2 Thinking about this pain, have you been aware of it for **more than 3 months**?

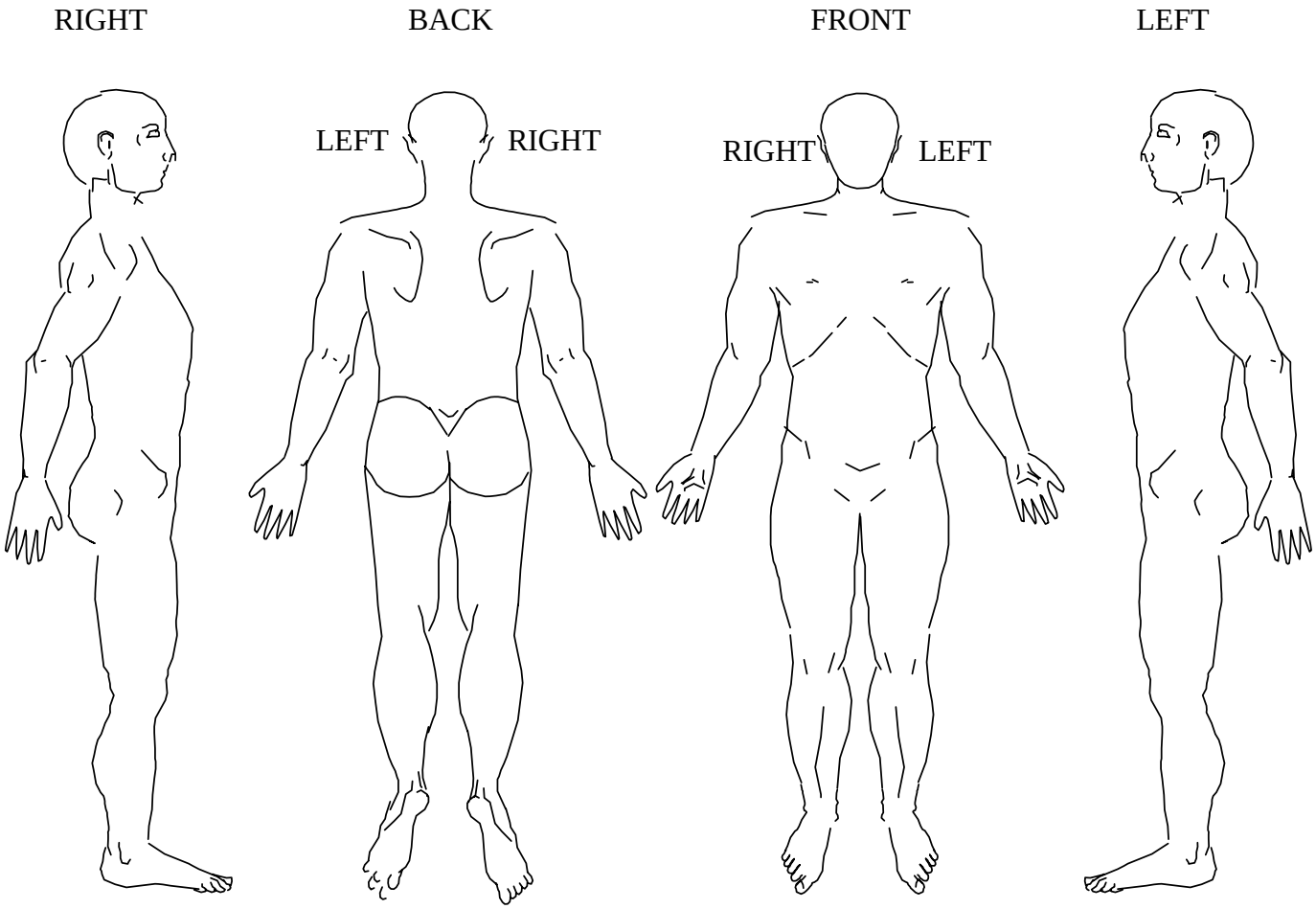
Tick one box

Yes ☐ 1

No ☐ 2

509

E3 Below you will find four diagrams of the body.
Please shade in all the places where you felt or feel the aches and pains.



510-549

F. WORK

EVERYONE PLEASE ANSWER

If you have a paid job, please apply these questions to your main job. Otherwise please apply these questions to your main activity (eg housework, caring for family members, voluntary work etc.).

*PLEASE TICK **ONE** BOX ON EACH LINE*	**Often**	**Sometimes**	**Seldom**	**Never/Almost Never**	
F1 Do you have to work very fast?	1	2	3	4	550
F2 Do you have to work very intensively?	1	2	3	4	551
F3 Do you have enough time to do everything?	1	2	3	4	552
F4 Do you have a possibility of learning new things through your work?	1	2	3	4	553
F5 Does your work demand a high level of skill or expertise?	1	2	3	4	554
F6 Do you have a choice in deciding HOW you do your work?	1	2	3	4	555
F7 Do you have a choice in deciding WHAT you do at work?	1	2	3	4	556
F8 Does your job provide you with a variety of interesting things?	1	2	3	4	557

Job Characteristics:

F9 Are you in paid work either full time or part time?

Tick one box

Yes 1 → **Answer F10**

No 2 → **Go to G1** 558

F10 How many hours do you work per average week in your main job, including work brought home?

☐ **Hours** 559-60

F11 Do you have any other paid employment in addition to your main job?

Tick one box

Yes 1

No 2 561

F12 How secure do you feel your present job is?

Tick one box

Very secure 1
Secure 2
Not very secure 3
Very insecure 4

562

F13 About your position at work, whether you are working at home or in a workplace away from home, how often does the following statement apply?

I have a good deal of say in decisions about work.

Tick one box

Often 1
Sometimes 2
Seldom 3
Never/Almost Never 4

563

F14 About consistency and clarity regarding your job.

Do different groups at work demand things from you that you think are hard to combine?

Tick one box

Often 1
Sometimes 2
Seldom 3
Never 4

564

F15 When you are having difficulties at work:

*PLEASE TICK **ONE** BOX ON EACH LINE*	**Often**	**Sometimes**	**Seldom**	**Never**	
a. How often do you get help and support from your colleagues?	1	2	3	4	565
b. How often are your colleagues willing to listen to your work-related problems?	1	2	3	4	566
c. How often is your immediate superior willing to listen to your problems?	1	2	3	4	567

G. HOUSEHOLD CIRCUMSTANCES

EVERYONE PLEASE ANSWER

G1 Do you own or rent your home or is there some other arrangement?

Tick one box

Own - outright	01
Own – buying with help of a mortgage/loan	02
Pay part rent and part mortgage (shared/equity ownership)	03
Rent from local authority or housing association	04
Rent from private landlord, relative or other	05
Live here rent-free, including rent-free in relatives'/friends' property	06
Squatting	07
Other arrangement	08

568-9

G2 How many cars or vans are normally available for private use by you or any members of your household? (Include company vehicles if available for private use, but exclude vehicles solely for carriage of goods.)

Tick one box

None	1	→ **Go to G4**
One	2	→ **Answer G3**
Two	3	
3 or more	4	

570

G3 Do (any of) you own this/these vehicle(s) or is it a company vehicle? (Include vehicles being bought on hire purchase.)

Tick one box

Owned by household	1
Company vehicle(s)	2
Both owned and company vehicles	3

571

EVERYONE PLEASE ANSWER

G4 How often does it happen that you do not have enough money to afford the kind of food or clothing you/your family should have?

Tick one box

Always	1
Often	2
Sometimes	3
Seldom	4
Never	5

572

G5 How much difficulty do you have in meeting the payment of bills?

Tick one box

Very great difficulty	1
Great difficulty	2
Some difficulty	3
Slight difficulty	4
Very little difficulty	5

573

574-80
Spare
SN 1-5
Card 6-7

H. SOCIAL LIFE

This section concerns people in your life who you feel close to and from whom you can obtain support (either emotional or practical) including close relatives and good friends.

H1 How many people do you feel very close to? (It does not matter where they live or whether you have seen them recently.)

Please write in how many people ☐ → **Answer H2** 608-9

OR TICK: No-one ☐ 0 → **GO TO H6** 610

H2 Thinking about the person you have felt closest to in the last 12 months please answer the following questions:

	Tick one box	
Is this person your …	husband/wife/partner	☐ 01
	boyfriend/girlfriend	☐ 02
	parent	☐ 03
	brother/sister	☐ 04 611-2
	son/daughter	☐ 05
	other relative	☐ 06
	neighbour	☐ 07
	friend from work	☐ 08
	other friend	☐ 09
	other (please describe)	☐ 10

_____ 613-32

H3 How much in the last 12 months …

*PLEASE TICK **ONE** BOX ON EACH LINE*	**Not at all**	**A little**	**Quite a lot**	**A great deal**	
a. … did this person give you information, suggestions and guidance that you found helpful?	☐ 1	☐ 2	☐ 3	☐ 4	633
b. … could you rely on this person (was this person there when you needed him/her?)	☐ 1	☐ 2	☐ 3	☐ 4	634
c. … did this person make you feel good about yourself?	☐ 1	☐ 2	☐ 3	☐ 4	635
d. … would you have liked more practical help with major things from this person?	☐ 1	☐ 2	☐ 3	☐ 4	636
e. … did you share interests, hobbies and fun with this person?	☐ 1	☐ 2	☐ 3	☐ 4	637
f. … did this person give you worries, problems and stress?	☐ 1	☐ 2	☐ 3	☐ 4	638

H4 Still thinking about the person you have felt closest to, how much in the last 12 months …

*PLEASE TICK **ONE** BOX ON EACH LINE*	**Not at all**	**A little**	**Quite a lot**	**A great deal**	
a. … did you want to confide in (talk frankly, share feelings with) this person?	1	2	3	4	639
b. … did you confide in this person?	1	2	3	4	640
c. … did you trust this person with your most personal worries and problems?	1	2	3	4	641
d. … would you have liked to confide more in this person?	1	2	3	4	642
e. … did talking to this person make things worse?	1	2	3	4	643

H5 How much in the last 12 months …

*PLEASE TICK **ONE** BOX ON EACH LINE*	**Not at all**	**A little**	**Quite a lot**	**A great deal**	
a. … did he/she talk about his/her personal worries with you?	1	2	3	4	644
b. … did you need practical help from this person with major things (e.g. look after you when ill, help with finances, children)?	1	2	3	4	645
c. …. did this person give you practical help with major things?	1	2	3	4	646
d. … did this person give you practical help with small things when you needed it? (e.g. chores, shopping, watering plants, etc.)	1	2	3	4	647

EVERYONE PLEASE ANSWER

H6 These questions are about relatives who live outside your household.

How often do you have regular contact with relatives outside your household, by visits, telephone, letters or emails? In total, is it …

Tick one box

Almost daily	1	**Answer H7**
About once a week	2	
About once a month	3	
Once every few months	4	
Never or almost never	5	

648

OR TICK: I have no relatives outside my household 0 → **GO TO H9**

H7 How often do you **visit** or are you **visited by** relatives who live outside your household? In total, is it …

Tick one box

Almost daily	1	**Answer H8**
About once a week	2	
About once a month	3	
Once every few months	4	**GO TO H9**
Never or almost never	5	

649

H8 How many relatives do you see once a month or more?

Tick one box

None	1
One or two	2
Three to five	3
Six to ten	4
More than ten	5

650

EVERYONE PLEASE ANSWER

H9 How often do you have regular contact with friends or acquaintances outside your household, by visits, telephone, letters or emails? In total, is it …

Tick one box

Almost daily	1	→ **Answer H10**
About once a week	2	
About once a month	3	
Once every few months	4	
Never or almost never	5	

651

OR TICK: I have no friends or acquaintances outside my household 0 → **GO TO H12**

H10 How often do you visit or are you visited by friends or acquaintances who live outside your household? In total, is it …

Tick one box

Almost daily	1	→ **Answer H11**
About once a week	2	
About once a month	3	
Once every few months	4	→ **GO TO H12**
Never or almost never	5	

652

H11 How many friends or acquaintances do you see once a month or more?

Tick one box

None	1
One or two	2
Three to five	3
Six to ten	4
More than ten	5

653

EVERYONE PLEASE ANSWER

H12 Are you an active member of: social or recreational groups, trade unions, commercial groups, professional organisations, political parties, sports clubs, cultural groups, pressure groups etc.?

Tick one box

Yes [1] → **Answer H13**

No [2] → **Go to End**

654

H13 Taking all the above organisations together, how many hours in an average month do you devote to activities of these organisations?

Please write in number of hours [ ]

655-7

658-80
Spare
SN 1-5
Card 6-7

Thank you for your help with answering these questions. Please keep this booklet and give it to the nurse when she visits.

NCDS
National Child
Development Study
A study of everyone in Britain
born in one week in 1958

National Centre *for*
Social Research

SN 1-5
Card 6-7
Batch 8-12

P2107

National Child Development Study: 2002-3

Self-completion Booklet 2

In Confidence

How to fill in this questionnaire

A. Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

Example:

Do you feel you lead a … **Tick one box**

Very healthy life ☐ 1

Fairly healthy life ☐ 2

Not very healthy life ☐ 3

An unhealthy life ☐ 4

B. On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question.

By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick one box

Yes ☐ 1 → **Answer Q4**

No ☐ 2 → **Go to Q5**

A. GENERAL HEALTH AND DIET

A1 First, how would you describe your health generally? Would you say it is …

Tick one box

Excellent ☐ 1
Good ☐ 2
Fair ☐ 3
Poor ☐ 4 113

Please think about what you normally eat and drink.

A2 What type of **milk** do you **usually** use?
PLEASE TICK ONE BOX

Whole	Semi-skimmed	Skimmed	Soya	Goats'	Sheep's	Other	None
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8

114

A3 Do you usually have milk with your coffee or coffee substitute(not including non-dairy whiteners and creamers, such as Coffee Mate)?
PLEASE TICK ONE BOX

No, or don't drink coffee	Yes, a little	Yes, an average amount	Yes, a large amount
☐ 1	☐ 2	☐ 3	☐ 4

115

A4 Do you usually have milk with your tea (not including non-dairy whiteners and creamers, such as Coffee Mate)?
PLEASE TICK ONE BOX

No, or don't drink tea	Yes, a little	Yes, an average amount	Yes, a large amount
☐ 1	☐ 2	☐ 3	☐ 4

116

A5 How often do you drink (or eat) …

*PLEASE TICK **ONE** BOX ON EACH LINE*	More than 4 times a day	2-4 times a day	Once a day	3-6 days a week	1 or 2 days a week	Less than 1 day a week	Occa-sionally	Never	
a. …tea	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	117
b. …coffee	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	118
c. …milk alone or in milky drinks such as hot choco-late, Horlicks, Complan	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	119
d. …milk on cereal (including porridge made with milk)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	120

A6 How often do you eat…

*PLEASE TICK **ONE** BOX ON EACH LINE*	**More than 4 times a day**	**2-4 times a day**	**Once a day**	**3-6 days a week**	**1 or 2 days a week**	**Less than 1 day a week**	**Occa-sionally**	**Never**	
a. … milk-based savoury dishes, such as quiche, cheese or white sauce	1	2	3	4	5	6	7	8	121
b. .. milk-based desserts, such as custard, ice cream, rice pudding or mousse	1	2	3	4	5	6	7	8	122
c. … hard cheeses, such as Edam or Cheddar	1	2	3	4	5	6	7	8	123
d. … soft cheese, such as cottage cheese or Brie	1	2	3	4	5	6	7	8	124

A7 And how often do you eat …

*PLEASE TICK **ONE** BOX ON EACH LINE*	**More than 4 times a day**	**2-4 times a day**	**Once a day**	**3-6 days a week**	**1 or 2 days a week**	**Less than 1 day a week**	**Occa-sionally**	**Never**	
a. … <u>margarine</u> on bread or equivalents, such as crackers or crumpets	1	2	3	4	5	6	7	8	125
b. … <u>butter</u> on bread or equivalents, such as crackers or crumpets	1	2	3	4	5	6	7	8	126
c. … white fish, for example cod, plaice, halibut	1	2	3	4	5	6	7	8	127
d. … other fish (oily fish) such as salmon, trout, mackerel, sardines, fresh tuna	1	2	3	4	5	6	7	8	128
e. … canned tuna fish	1	2	3	4	5	6	7	8	129

A8 Do you or does anyone else add salt or salt alternative to your food during cooking? (sea salt = salt)

Tick one box

Yes, add salt 1

Add salt alternative 2

No, don't add salt 3

Can't say 8

130

A9 At the table, do you ever add salt to your food? **Tick one box**

- Yes, usually ☐ 1
- Yes, occasionally ☐ 2
- Rarely ☐ 3
- Yes, add salt alternative ☐ 4
- No, don't add salt ☐ 5

131

A10 **In the last month**, have you taken any tablets, pills, powders or drops to supplement your diet? **Tick one box**

- Yes ☐ 1 → **Answer A11**
- No ☐ 2 → **Go to B1**

132

A11 How often have you taken supplements of …

*PLEASE TICK **ONE** BOX ON EACH LINE*	**Once a day or more**	**3 to 6 times a week**	**Twice a week or less**	**Not in the last month**	
a. … combinations of vitamins or minerals (such as multi-vitamins)?	☐ 1	☐ 2	☐ 3	☐ 4	133
b. … single vitamins or minerals?	☐ 1	☐ 2	☐ 3	☐ 4	134
c. … cod liver oil or fish oil?	☐ 1	☐ 2	☐ 3	☐ 4	135
d. … evening primrose type?	☐ 1	☐ 2	☐ 3	☐ 4	136
e. … other type of supplement? PLEASE WRITE IN WHAT	☐ 1	☐ 2	☐ 3	☐ 4	137

_____ 138-57

Spare 158-80
SN 1-5
Card 6-7

A12 What do these supplements contain? **Tick all that apply**

- Vitamin A (retinol, beta carotene) ☐ 01
- Folate (folic acid) ☐ 02
- Vitamin C (ascorbic acid) ☐ 03
- Vitamin D (calciferol) ☐ 04
- Vitamin E (α-tocopherol) ☐ 05
- Fluoride ☐ 06
- Iron ☐ 07
- Calcium ☐ 08
- Zinc ☐ 09
- Ginseng ☐ 10
- Other vitamins or minerals ☐ 11
- None of these/not sure ☐ 98

208-29

B. LEISURE ACTIVITIES

EVERYONE PLEASE ANSWER

B1 Here is a list of activities you may have done in the past year.

Please say how often **on average** you did that activity (in season, if applicable).

For each activity, please write in the **average time** you spent on that activity each time you did it.

	How often on average, did you do this last year?								**Average time per episode**		
	Not done in last year	Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Mins	
Swimming – Leisurely not laps	1	2	3	4	5	5	7	8			230 231-234
Swimming – Competitive or laps	1	2	3	4	5	5	7	8			235 236-9
Walking for pleasure - do not include walking as a means of transport	1	2	3	4	5	5	7	8			240 241-4
Backpacking, hill walking or mountain climbing	1	2	3	4	5	5	7	8			245 246-9
Cycling for pleasure - do not include cycling as a means of transport	1	2	3	4	5	5	7	8			250 251-4
Racing or rough terrain cycling	1	2	3	4	5	5	7	8			255 256-9

B2. How often on average, did you do this last year?

									Average time per episode		
	Not done in last year	Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Mins	
Mowing the lawn – during the grass cutting season	1	2	3	4	5	6	7	8			260 261-264
Watering the lawn or garden in the summer	1	2	3	4	5	6	7	8			265 67-270
Digging, shovelling or chopping wood	1	2	3	4	5	6	7	8			271 272-5
Weeding, pruning	1	2	3	4	5	6	7	8			276 277-80
DIY e.g. carpentry, home or car maintenance	1	2	3	4	5	6	7	8			281 282-5

B3. How often on average, did you do this last year?

	Not done in last year	Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Average time per episode: Hours	Mins	
High impact aerobics, step aerobics	1	2	3	4	5	6	7	8			308 309-12
Other aerobics	1	2	3	4	5	6	7	8			313 314-7
Exercises with weights	1	2	3	4	5	6	7	8			318 319-22
Conditioning exercises e.g. using an exercise bike or rowing machine	1	2	3	4	5	6	7	8			323 324-7
Floor exercises e.g. stretching, bending, keep fit	1	2	3	4	5	6	7	8			328 329-32

B4. How often on average, did you do this last year?

	Not done in last year	Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Average time per episode: Hours	Mins	
Dancing e.g. ballroom, disco	1	2	3	4	5	6	7	8			333 334-7
Competitive running	1	2	3	4	5	6	7	8			338 339-42
Jogging	1	2	3	4	5	6	7	8			343 344-7
Bowling – indoor lawn or ten pin	1	2	3	4	5	6	7	8			348 349-52
Tennis or badminton	1	2	3	4	5	6	7	8			353 354-7
Squash	1	2	3	4	5	6	7	8			358 359-62
Table tennis	1	2	3	4	5	6	7	8			363 364-7
Golf	1	2	3	4	5	6	7	8			368 369-72
Football, rugby or hockey (during the season	1	2	3	4	5	6	7	8			373 374 -7
Cricket (during the season)	1	2	3	4	5	6	7	8			Spare 378-80

SN 1-5
Card 7-8

408
409-12

B5 How often on average, did you do this last year?

	Not done in last year	Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Average time per episode: Hours	Average time per episode: Mins	
Rowing	1	2	3	4	5	6	7	8			413 414-7
Netball, volleyball basketball	1	2	3	4	5	6	7	8			418 419-22
Fishing	1	2	3	4	5	6	7	8			423 424-7
Horse-riding	1	2	3	4	5	6	7	8			428 429-32
Snooker, billiards, darts	1	2	3	4	5	6	7	8			433 434-7
Musical instrument playing, singing	1	2	3	4	5	6	7	8			438 439-42
Ice-skating	1	2	3	4	5	6	7	8			443 444-7
Sailing, windsurfing, boating	1	2	3	4	5	6	7	8			448 449-52
Winter sports e.g. skiing	1	2	3	4	5	6	7	8			453 454-7
Martial arts, boxing, wrestling	1	2	3	4	5	6	7	8			458 459-62
Other exercises (please specify) _____	1	2	3	4	5	6	7	8			463 464-7
_____	1	2	3	4	5	6	7	8			468 469-72

B6 Please could you say how much time you spent on average during the last year watching TV or videos, or using a computer, **other than for work.**
*PLEASE TICK **ONE** BOX ON EACH LINE*

	None	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 or 4 hours a day	More than 4 hours a day	
	How much time, on average, during the last year?						
a TV or video viewing	1	2	3	4	5	6	473
b Using a computer (during leisure time **only**)	1	2	3	4	5	6	474

Spare
475-80
SN 1-5
Card 6-7

C. WORK AND HOME CIRCUMSTANCES

C1 We would like to get a few details about what you are doing at the moment. Which of these best describes what you are currently doing?

Tick one box

Full-time paid employee (30 or more hours a week)	1
Part-time paid employee (under 30 hours a week)	2
Full-time self-employed	3
Part-time self-employed	4
Unemployed and seeking work	5
Full-time education	6
On a government scheme for employment training	7
Temporarily sick/disabled (for less than 6 months)	8
Permanently sick/disabled (for more than 6 months)	9
Looking after home/family	10
Wholly retired	11
	12

508 - 9

Other (please specify _____

_____

C2 When did this activity start?

	Month	Year
WRITE IN:		

510-15

C3 What is your current **legal** marital status?
IF YOU ARE LIVING WITH A PARTNER BUT NOT LEGALLY MARRIED, THIS SHOULD NOT BE CODED AS MARRIED **Tick one box**

Single and never married	1
Married – your first and only marriage	2
Remarried – this is your second or later marriage	3
Legally separated	4
Divorced	5
Widowed	6

516

C4 Are you currently living with someone as a couple?

Tick one box

Yes, living with the person you are married to	1
Yes, living with someone you are not married to	2
No, not living with anyone as a couple	3

517

C5 Have you separated from someone with whom you lived as a couple in the period since March 1999?

Tick one box

Yes 1 → **Answer C6**
No 2 → **Go to C7**

518

IF 'Yes' AT C5

C6 In what month and year did you separate from that person?

Month **Year**
WRITE IN: ☐☐ ☐☐☐☐

519-24

EVERYONE PLEASE ANSWER

C7 Do you have any children aged 18 or less living with you, whom you care for?

Tick one box

Yes 1 → **Answer C8**
No 2 → **Go to C9**

525

IF 'Yes' AT C7

C8 How many children do you have living with you aged 18 or less, for whom you care?

WRITE IN: ☐☐

526-527

EVERYONE PLEASE ANSWER

C9 How many natural (biological) children have you ever had, that is all children who were born alive?
PLEASE WRITE IN NUMBER; IF NONE WRITE IN '0'

WRITE IN: ☐☐

528-529

D. LIFE EVENTS

D1 Have any of the following life events or problems happened to you during the **last six months**?

	*PLEASE TICK **ONE** BOX ON EACH LINE*	**Yes**	**No**	
a	You yourself suffered serious illness, injury or an assault	1	2	530
b	A serious illness, injury or assault happened to a close relative	1	2	531
c	Your parent, child or partner died	1	2	532
d	A close family friend or another relative (aunt, cousin, grandparent) died	1	2	533
e	You broke off a steady relationship	1	2	534
f	You had a serious problem with a close friend, neighbour or relative	1	2	535
g	You had a crisis or a serious disappointment in your work or career	1	2	536
h	You thought you would soon lose your job	1	2	537
i	You became unemployed or you were seeking work unsuccessfully for more than one month	1	2	538
j	You were sacked from your job	1	2	539
k	You had a major financial crisis	1	2	540
l	You had problems with the police and a court appearance	1	2	541
m	Something you valued was lost or stolen	1	2	542

ANSWER D2 IF YOU ARE CURRENTLY LIVING WITH A PARTNER. BY 'PARTNER' WE MEAN SPOUSE OR COHABITEE. **OTHERWISE GO TO D3**

D2 Have any of the following happened in the last six months?

	*PLEASE TICK **ONE** BOX ON EACH LINE*	**Yes**	**No**	
a	Your partner thought they would soon lose their job?	1	2	543
b	Your partner had a crisis or serious disappointment in their work or career?	1	2	544
c	You had a separation due to marital difficulties?	1	2	545

D3 *IF YOU ARE A **WOMAN**, PLEASE GO TO **E1** ON THE NEXT PAGE.*

*IF YOU ARE A **MAN**, PLEASE GO TO **THE END OF THE BOOKLET**.*

E. WOMEN ONLY PLEASE ANSWER

E1 Have you ever taken the contraceptive pill or had a contraceptive injection or implant?

Tick one box

Yes [1] → **Answer E2**

No [2] → **Go to E7**

546

If 'Yes' at E1

E2 Are you currently taking the contraceptive pill or having a contraceptive injection or implant?

Tick one box

Yes [1] → **Answer E3**

No [2] → **Go to E5**

547

548-80
Spare
SN 1-5
Card 7-8

If 'Yes' at E2

E3 What is the brand name of your contraceptive?

Please write in the name below:

608-46

E4 What kind of contraceptive is this?

Tick one box

Injection [1]

Mini pill (progestogen only) [2]

Combined pill [3]

Implant (Norplant) [4]

Not sure [8]

647

All 'Yes' at E1

E5 How old were you when you first took the contraceptive pill, or had a contraceptive injection or implant?

Please write in your age in years: [ ][ ]

648

E6 For how long in total (adding up all episodes) have you taken the contraceptive pill or had a contraceptive injection or implant?

Please write in how many years: [ ][ ]

649

650-80
Spare
SN 1-5
Card 6-7

ALL WOMEN PLEASE ANSWER

E7 Have you ever had any of the following operations?

FOR EACH OPERATION TICK A BOX FOR 'NO' OR 'YES'
IF YES, give dates of all operations.
If you cannot remember the month and year, give your age at the time of the operation.

	No	Yes	Month	Year	or	Age at the time	
a. Removal of uterus (womb) and both ovaries (hysterectomy and bilateral oopherectomy)	1	2 →	/		or		years 708 709-14 715-6
b. Removal of uterus (womb) only (hysterectomy)	1	2 →	/		or		years 717 718-23 724-5
c. Removal or uterus (womb) and one ovary (hysterectomy and oopherectomy)	1	2 →	/		or		years 726 727-32 733-4
d. Removal of both ovaries only (bilateral oopherectomy)	1	2 →	/		or		years 735 736-41 742-3
e. Removal of one ovary only (oopherectomy)	1	2 →	/		or		years 744 745-50 751-2

E8 **In the last 12 months** have you had a period or menstrual bleeding?

Tick one box

Yes 1 → **Go to E10**
No 2 → **Answer E9**

753

If 'No' at E8

E9 Were your periods stopped by…

Tick all that apply

… Surgery? 1
… Chemotherapy or radiation therapy? 2
… Pregnancy or breastfeeding? 3
… No obvious reason / menopause? 4
… Other reason, please specify 5 _____

→ **Now go to E12**

754

If 'Yes' at E8

E10 In the last **3 months** have you had a period or menstrual bleeding?

Tick one box

Yes 1
No 2

755

E11 On what date did your last period start?
(Include current period if bleeding now)

Please write in: **Day** **Month** **Year** 756-763

If you cannot remember the date, please give your age at the time:

Please write in: ***Age*** 764-65

ALL WOMEN PLEASE ANSWER

If you are still having periods, tell us about the most recent changes.
If your periods have stopped, tell us about the changes before your last period.

E12 In the last few years (in the years before your last period) did your periods…

Tick one box

… become more regular? 1 → **Answer E13**
… become less regular? 2 → **Answer E13**
… remain about the same? (i.e. as regular/irregular as before) 3 → **Go to E14**

766

If 'More regular' or 'Less regular' at E12

E13 When did you first notice this change?

Tick one box

Up to 1 year before last period 1
Up to 2 years before last period 2
Up to 3 years before last period 3
Up to 4 years before last period 4
More than 4 years before last period 5

767

ALL WOMEN PLEASE ANSWER

E14 Have you **ever** had hormone replacement therapy (HRT)?

Tick one box

Yes 1 → **Answer E15**
No 2 → **Go to End**

768

If 'Yes' at E14

E15 When did you first start HRT?

Please write in: **Month** [ ][ ] **Year** [ ][ ][ ][ ] 769-75

If you cannot remember the date, please give your age at the time:

Please write in: ***Age*** [ ][ ] 776-77

E16 Before you started HRT had your menstrual periods stopped?

Tick one box (✓)

Yes 1 → **Answer E17**
No 2 → **Go to E18**

778

If 'Yes' at E16

E17 What was the date of your last period **before** starting HRT?

WRITE IN: **Month** [ ][ ] **Year** [ ][ ][ ][ ] 779-84

If you cannot remember the date, please give your age at the time:

WRITE IN: ***Age*** [ ][ ] 785-86

SN 1-5
Card 6-7

All women who have ever had HRT

E18 How long, in total, have you taken HRT? Don't include any times when you may have stopped taking HRT for any reason.
If less than a year, please put '1'.

Years

WRITE IN: ☐☐ 808-9

E19 Are you currently taking HRT?

Tick one box

Yes ☐1 → **Answer E20**

No ☐2 → **Go to End**

810

If 'Yes' at E19

E20 What is the brand name of the HRT you are taking?

Please write the brand name of the HRT you are taking below:

☐ 811-50

851-80
Spare

Thank you very much for taking the time to answer our questions.

Please hand the booklet back to the nurse.

All your answers will remain confidential.

APPENDIX B NURSE PROTOCOLS

NURSE PROTOCOLS

1 VISUAL FUNCTION

1.1 Why we are doing these tests

Data from this study will be used to investigate diverse questions relating to overall visual function, as well as specific eye conditions such as myopia (short-sightedness). These include questions about how visual function / eye conditions are influenced by a variety of biological and social/environmental factors. Equally, questions about how visual function influences overall health and behaviour will be examined.

1.2 Equipment

- 1.5 m tape measure
- Pinhole/cover
- Near vision test card
- Stereo-vision (Lang) test card
- LogMAR crowded test booklet
- Laminated card with letters on one side and a + on the other.

The equipment used to measure refractive status is listed in Section 1.12.3.

1.3 What we are testing

There is no single test for eyesight, because visual function has many aspects. We will test some of these:
Visual acuity - a measure of the finest detail a person can see,
Stereo (3D) vision- whether a person can see three dimensions
Refractive status- a measure of the eye's focussing power.

The tests we will use are:
Near tests: Near visual acuity of both eyes together - with optical correction (glasses or contact lenses), if worn
Stereo-vision (3D) of both eyes together, with optical correction if worn
Distance tests- distance visual acuity in each eye separately, with optical correction for distance if worn +/- with a pinhole in addition to optical correction
Simple assessment of subject's usual distance glasses, if worn (or spare glasses for contact lens wearers).
Refractive status of each eye in a sub-sample of subjects only. If you are given the equipment for this test, it is the last measurement before the blood sampling module. CMs will need to remove any spectacles or contact lenses they are wearing for this test, preferably a few minutes beforehand.

1.4 Eligibility

Everyone is eligible for these tests. However :

- Cohort members who are visually impaired should be tested using the visually impaired protocol in Section 18.3. You will usually be fed forward information about visual impairment but if you should come across a CM who is registered blind or partially sighted or is unable to perform everyday tasks despite wearing their correct glasses, also use the Visually Impaired protocol (CAPI will filter you to this protocol).
- Subjects with literacy problems are tested with the standard protocol but with the minor modifications described in the text.

1.5 Background information on types of visual difficulties and their correction

- In this cohort of 44 year olds most will have normal vision and not wear glasses or contact lenses.
- About 10% will have refractive errors (short sightedness or long sightedness) which affects their distance vision – i.e. vision for getting about/driving/sport. They will have distance ('ordinary'/'outdoors') glasses or contact lenses, which they will use all or some of the time, depending on their activities.
- A few will have age-related difficulty focussing (presbyopia) only which affects their near vision i.e. reading and close work. They will have reading glasses only.
- Some will have refractive errors and presbyopia. They will have a pair of reading glasses and separate distance glasses / contact lenses or bifocal/varifocals.

Optical correction	**Function**
'Ordinary' distance glasses (i.e. 'everyday' glasses, for TV, driving, sport, outdoors)	Distance correction for refractive error. May be worn all the time or just for outdoors/driving/sport, depending on the severity of refractive error.
Contact lenses	Distance correction for refractive error (i.e. equivalent to distance glasses). Worn all the time, including for reading or close-work.
Bifocals and varifocals	Combines distance correction for refractive error and near correction for presbyopia.
Separate glasses for reading sewing, knitting or other close work	Near correction for presbyopia. Worn alone or in addition to contact lenses.

1.6 Preparation

Before starting on the vision tests, make sure:

- The subject has **all their usual glasses to hand.** CMs with glasses should have both distance and reading glasses or bifocal/varifocals available. CMs with contact lenses should have their spare distance glasses and reading glasses. Visually impaired subjects should gather their low vision aids and other optical devices – they will know which they use for near and which for distance.
- The subject is **sitting** comfortably for all the tests.
- The **lighting** is correct. Try to achieve a well-lit room. You may need to draw the curtains back or switch lights on but make sure the CM is *not* looking *directly in to bright light* e.g. from a bright lamp or window on a sunny day. You will probably need to adjust the lighting again to make the room darker, when using the auto-refractor.
- You have all the equipment you need:
  - 1.5 m tape measure
  - Pinhole/cover
  - Near vision test card
  - Stereo-vision (Lang) test card
  - LogMAR crowded test booklet
  - Laminated card with letters on one side and a + on the other.

  These are all kept in a padded envelope in the front pocket of your black bag. Equipment for autorefraction is listed separately and stored in a video bag.
- The CAPI is open at the right place - this will guide you through the protocol.

Be prepared to encourage people who might be slightly hesitant on some of the tests.

Most people will not have any glasses or contact lenses so they will be tested as they are, with 'naked eyes'. For people who wear optical correction we need to ensure they wear the appropriate glasses for each test.

- People who have **reading glasses only** must wear them for the **near** vision tests but **remove them for distance test**. (Reading glasses blur distant objects and will give misleading results if worn for distance vision).

- People who have **distance glasses or contact** lenses only should wear them for **both near and distance tests** (to correct their refractive error and enable them to see clearly).
- People who have **bifocals or varifocals** should wear them for **both near and distance tests.**
- People who have **reading glasses and distance glasses** should wear their **reading glasses for the near tests but replace them with distance glasses for the distance test.**
- People who have **reading glasses and contact lenses** should wear **reading glasses with their contact lenses for the near tests but remove the reading glasses for the distance test.**

1.7 Near Visual Acuity

Test both eyes together.
Check subject is wearing the appropriate visual correction, using the table below as a guide.

Subject has:	**For the near tests (near acuity and stereovision):**
No optical correction	Go straight ahead with the naked eye
Distance glasses only	! Wear distance glasses
Contact lenses only	! Wear lenses
Bifocals/varifocals	Wear bifocals/ varifocals
Separate reading glasses and distance glasses	! Wear reading glasses
Separate reading glasses and contact lenses	! Wear reading glasses with contact lenses
Reading glasses only	Wear reading glasses

1. Give CM the **near vision card** to hold at a comfortable reading distance (about one third of a metre) from their face.
2. Ask the subject to read out the four words of the N5 line ("aware- eaves-sea-cream"). If the subject correctly identifies the N5 letters record this. Testing of near acuity is now complete.
3. If the subject cannot read the N5 line, ask them to read out the smallest line of four words they can see comfortably. Record the corresponding number on the form (e.g. N6, N8, N12). If the subject cannot read the N36 line, record this. Testing of near acuity is now complete.

Tip for subjects with reading/literacy difficulties
Turn over the near vision card to show 'the illiterate Es'. Instead of reading words, the subject identifies the direction of the 'arms' of the Es by pointing by fingers in the same direction. Test them as above, starting with the N5 line to determine the smallest line of Es they can see with both eyes together.

1.8 Stereo (3-D) Vision

Test both eyes together.
Check subject is wearing the same correction they wore for the near acuity test.
1. Hold the **Lang Stereotest card** in front of the subject at a comfortable reading position (about one third of a metre) from the eyes. It is important that the card is held **upright,** parallel to the front/surface of the subject's eyes.
2. Ask the subject to name the objects they can see **'standing out'** from the card. If the subject has difficulty perceiving the 3-D images allow him/her to move his/her head slightly to get the best viewing position.
3. Record *each* of the 4 images the subject has correctly identified: i.e. Star, Moon, Elephant, Car. If the subject can see a fourth image standing out from the card but is unable to specify what it is exactly, record this as '4th image seen but not identified'. It is possible to enter less than 3 named images together with '4th image seen but not

identified'. This should only be used if 3 of the 4 named images have been seen. Testing of stereo vision is now complete.

Tip
Encourage subjects if they are hesitant. If they make small errors encourage them by saying "please look again" or "are you sure" – it is then usually obvious if they are unable to do the test.

1.9 Distance Visual Acuity

Test each eye SEPARATELY
You will need the 1.5m tape measure, logMAR crowded test booklet, and the pinhole cover
Check subject is wearing the appropriate visual correction, using the table below as a guide.

Subject has:	For the distance acuity test:
No optical correction	Continue with the naked eye
Distance glasses only	Keep distance glasses on
Contact lenses only	Keep lenses in
Bifocals/varifocals	Keep bifocals/varifocals on
Separate reading glasses and distance glasses	! Change to distance glasses
Separate reading glasses and distance glasses/ contact lenses	!Wear contact lenses only (take off reading glasses)
Reading glasses only	**! Take reading glasses off and test with the naked eye**

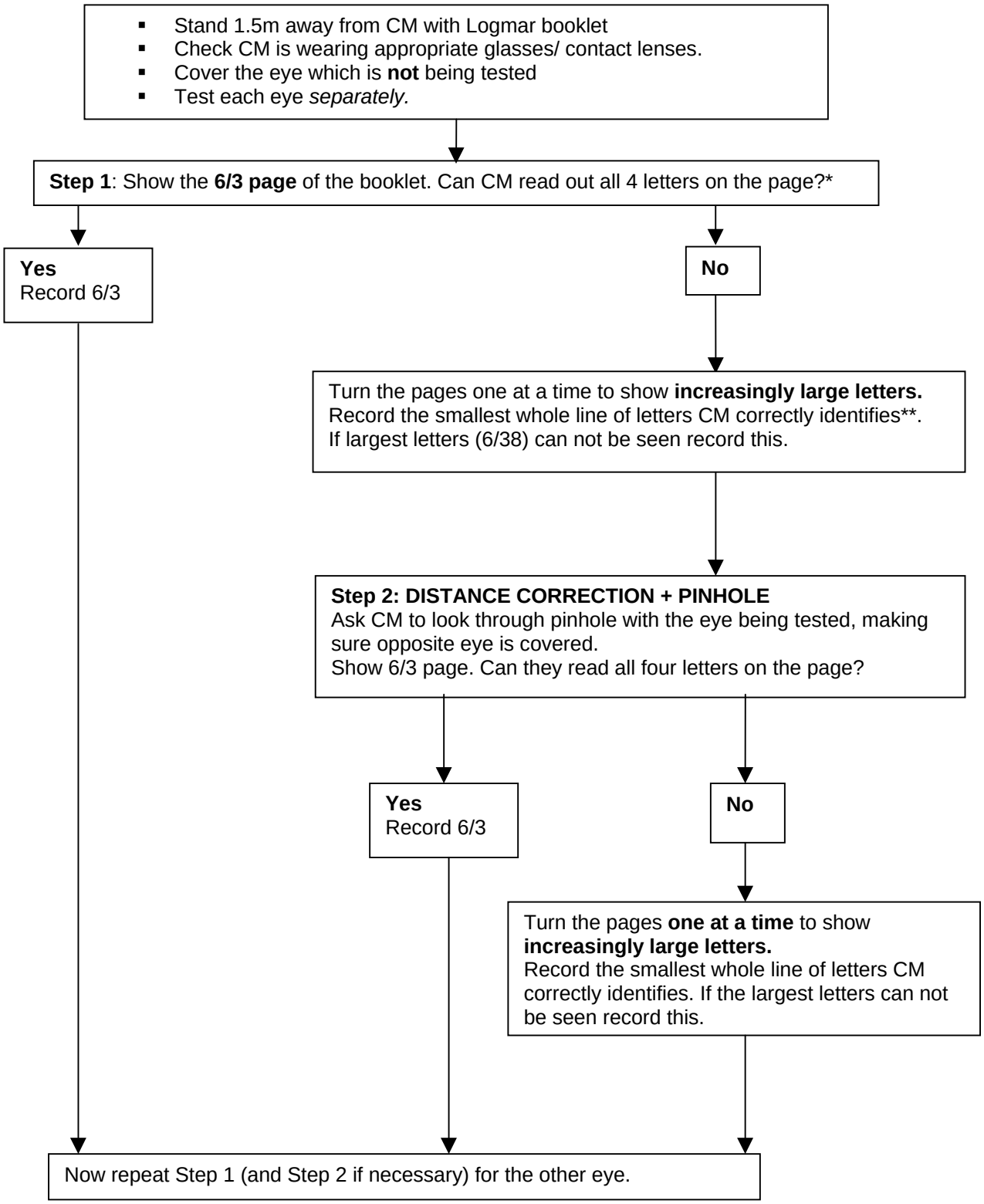
It is essential that this test is carried out at the **correct distance of 1.5m**. Ask the subject to hold one end of the **tape close to their face.** Holding the other end yourself, move away from the subject until the tape is taut to find a test distance of 1.5 metres. **This where the booklet must be held.** You may find it helpful to mark the position by placing the tape on the floor.

Explain how CM should cover their left eye to test the right one. The blank part of the pinhole/cover should be held vertically in front of spectacles. To use as a pinhole, place the pinhole/cover horizontally over the bridge of the nose, like glasses. Remember to hold in front of glasses if worn and check opposite eye is covered.

Tip
The pinhole partly compensates for refractive error that may not be completely corrected by the subject's glasses or contact lenses. Usually vision will be the same or worse with the pinhole. If it is *much* better when looking through the pinhole, this suggests some uncorrected refractive error.

Follow the procedure outlined in the algorithm overleaf.

ALGORITHM FOR TESTING DISTANCE VISION



* CM must name <u>all four</u> letters on each line correctly to score. If the subject is *slightly* hesitant about *one* letter on a line, encourage them *once* to 'look again'.
Look for the **Snellen equivalent on the back of the page. Acuity is recorded as a 'fraction' e.g. 6/5, 6/7.5, 6/9 etc.

Step 1
Show the CM the 6/3 page and ask them to read out the letters. The CM must name **all four** letters on each line correctly to score. If the CM is *slightly* hesitant about *one* letter on a line, encourage them *once* to look again.

If *all* the letters on the 6/3 page are read, record this on the form.
Testing of the right eye is now complete. **YOU CAN NOW PROCEED TO TESTING THE LEFT EYE, WITH THE RIGHT EYE COVERED.**

If the subject *fails* to correctly identify *all* letters on the 6/3 line:
Flip over the pages of the test booklet ***one page at a time*** so that the subject is presented with ***larger*** letters each time. Record the ***smallest whole line*** of letters that the subject correctly identifies. The size is recorded on back of the page as a 'fraction' eg 6/3.75, 6/5, 6/7.5, 6/9 etc. Record this. If the subject can not see the largest letters (6/38), record this.

Step 2
Now, test the right eye *again* with the PINHOLE *in addition* to any optical correction already being worn.
Show them the 6/3 page and ask them to read out the letters. If *all* the letters on the 6/3 page are read, record this on the form.

Testing of the right eye is now complete. **YOU CAN NOW PROCEED TO TESTING THE LEFT EYE, WITH THE RIGHT EYE COVERED.**

Tip for subjects who have reading/literacy problems.
Place the **letter matching card** in front of the CM before testing. Carry out the test in the same way as usual (with the CM covering each eye with the pinhole cover in turn) but ask him/her to match the letters on each line of the Logmar booklet with those on the matching card instead of reading them out. As before, the subject needs to match all four letters on each line to score correctly.

1.10 Simple Check Of Subject's Distance Glasses

1.10.1 Why we are doing this test

This is a quick method of finding out about the CM's refractive error. People with short sight have concave lenses in their spectacles that will shrink the appearance of the cross, and those with long sight have convex lenses that will enlarge it.

1.10.2 Eligibility

This test is for **all** subjects who have:
- distance glasses
- bifocals/varifocals
- **spare** distance glasses for those who normally wear contact lenses. If the subject wears contact lenses and does not have a spare pair of glasses, record this.

1.10.3 Procedure

1. Ask the CM to give you their distance/ bifocal glasses for this test. You will also need the laminated card marked with a large **+** sign.
2. You should hold the glasses as if the CM was still wearing them- upright with the earpieces pointing *away from you*, about 10 cms above the cross.
3. Look through the lens (*upper part* of lens of bifocals and varifocals) for CM's right eye.

4. Record whether the cross looks bigger or smaller or "not sure" when ***viewed through the lens*** than when *viewed directly*. (The cross may be distorted when viewed through the lens but will nevertheless be either bigger or smaller overall)
5. Now repeat the procedure for the lens for the subject's left eye.

Automated refraction is part of the vision protocol but is performed later, in a sample of the cohort.

1.11 Protocol for assessment of subjects with impaired vision

1.11.1 The right tools for the right job

Make sure the CM is wearing the appropriate optical correction for both near acuity and stereovision tests.

- **Subjects who do not have any optical correction (glasses or contact lenses) at all**: test without any optical correction
- **Subjects who have any near correction (separate reading glasses or bifocals/varifocals or low vision aids**): test with this near correction
- **Subjects who have only distance correction – either distance glasses or contact lenses or low vision aids**: test with this distance correction

1.11.2 Near Visual Acuity

1. Test both eyes together. Make sure the CM is wearing the appropriate optical correction (see above).
2. Hold the near vision chart at a comfortable reading distance (about one third of a metre) from the eyes.
3. Ask the subject to read out the letters on the **N36** line.
4. If the subject cannot read the N36 line, record this.
5. If the subject can read the N36 line, then ask them to read out the smallest line of letters they can comfortably see and record the corresponding number in CAPI (N24, N18, N14, N12, N10, N8, N6, N5, N4).

Testing of near acuity is now complete.

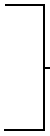
1.11.3 Stereo vision

Test both eyes together. The test is carried out in the same manner as in the main protocol.

1.11.4 Distance visual acuity

It is essential that this test be carried out at the correct distance of 1.5m. Ask the subject to hold one end of the tape close to their face. Holding the other end yourself, move away from the subject until the tape is taut to find a test distance of 1.5 metres. This where you must stand with the testing booklet.
The subject is tested with their usual DISTANCE correction, if worn. Thus subjects who

Do not have any correction or
Have reading glasses only or
Have near low vision aids only

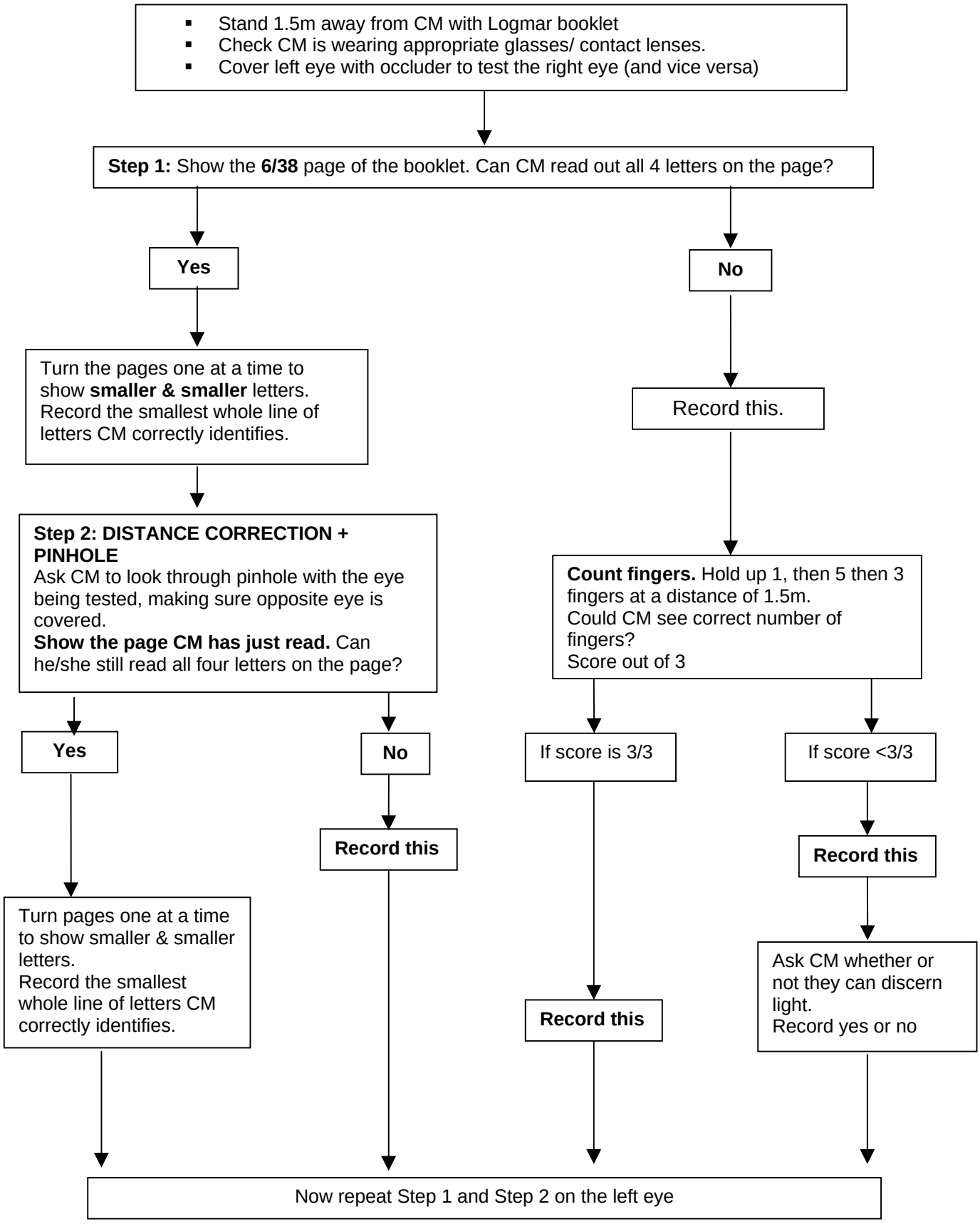


are tested without optical correction

Subjects who have distance correction (separate distance glasses, bifocals/ varifocals, or contact lenses or distance low vision aids) are tested with this.

1. Test each eye separately. Ask the subject to cover his/her left eye with the cover (upper part only of the pinhole/cover held vertically) to test the right eye.
2. Show them the 6/38 page and ask them to read out the letters.
3. **If the subject fails to correctly identify all letters on the 6/38 line**, record this.
    - Now check if they are able to count fingers at 1.5 metres. Hold your hand up and present **1 finger** and ask the subject is they can count how many fingers they see, repeat with **5 fingers** and then **3 fingers**. Record whether they are able to count correctly on all 3 occasions.
    - IIf the subject is unable to count fingers at 1.5metres, ask if they see light or not with that eye. Record this. Testing of the right eye is now complete. Now repeat the procedure with the right eye covered in order to test the left eye.
4. **If all the letters on the 6/38 page are read**, flip over the pages of the test booklet one page at a time so that the subject is presented with **smaller letters each time.** Record, on the form, the smallest whole line of letters that the patient can correctly identify. The size is recorded on back of the page as a 'fraction' e.g. 6/33, 6/24, 6/19, 6/15 etc. Record this.
5. Now **continue** to test to see if the vision is better with **the pinhole**. The pinhole occluder is held across the bridge of the nose like a pair of glasses, so that it simultaneously presents the pinholes to the eye being tested (right eye) whilst occluding the other eye (left eye). **Start with the page of smallest letters the subject has just read** (above) and ask them to read out the letters. If all the letters on this page are seen, flip over the pages of the test booklet one page at a time so that the subject is presented with smaller letters each time. Record, on the form, the smallest whole line of letters that the patient can correctly identify. The size is recorded on back of the page as a 'fraction' e.g. 6/33, 6/24, 6/19, 6/15 etc. Record this.
6. Now repeat the whole test procedure with the right eye covered; in order to test the left eye.

ALGORITHM FOR TESTING DISTANCE VISION IN PEOPLE WITH VISUAL IMPAIRMENT



1.12 Automated refraction

1.12.1 Why we are doing this test

The autorefractor measures the focussing power of the eye with an infra-red beam. We will record three measures: spherical power (sph), cylindrical power (cyl) and axis (ax).

1.12.2 Eligibility

About one in five of the cohort will have this test. If you are allocated an autorefractor you should use it within every interview. Conduct the measurement on everyone who consents, no matter how well they can see.

1.12.3 Equipment

- Retinomax 2 handheld autorefractor with battery
- Printer with battery and paper roll
- Spare charged battery
- Lens cleaning cloth and alcohol wipes
- Universal charger and mains adaptor
- Quick instructions (blue sheet) and full instruction manual (yellow book)

You will need to take the autorefractor, printer with its roll of paper, a spare charged battery & lens cleaning cloth on your visits. The blue sheet would also be useful. Keep the universal charger at home. See the “Maintenance” section at the end for instructions on looking after your autorefractor.

1.12.4 Procedure

1. Ask the subject to remove their glasses or contact lenses. Ideally the CM should have removed their contact lenses a few minutes before the test, to allow time for any blurring of their vision to settle.
2. Consider the lighting carefully as the autorefractor is very sensitive to direct light. You may have to draw curtains shut, switch off lights or move the CM to another position, even if the ambient light is not obviously glaring. Do not point the autorefractor into the path of bright light.
3. Ask the CM to sit with their hands on their lap and to look straight ahead. Explain what the test involves and warn him/her that you will have to get close up to them.
4. Put the printer on a flat surface and switch it on.
5. Hold the grip of the autorefractor in your dominant hand, keeping your elbow tucked in by your waist to steady your arm. Release the forehead rest. Switch the POWER button on. Check the measurement mode is AUTO. Press the START button once and release.

Tip
Pressing the START switch again will halt the measurement. The next time the START switch is pressed, measurement will resume from the point halted. Note that the autorefractor will automatically power off if no switches or keys have been operated for three or more minutes. The POWER switch restarts it.

6. Stand in front or just to the side of the CM, up close. Ask CM to stare straight ahead.
7. Adjust the position of the autorefractor until it is level with the CM’s eye. Adjust the angle of the viewfinder arm (rather than crouching) and align the vertical and horizontal lines grooved on the autorefractor with the eye socket.

8. Now ask the CM to **stare** through the measuring window at the target (usually a tree) in the centre of the field. Look through the viewfinder. Once an image of the CM's eye appears on screen, **bring the pupil into the centre**. Then adjust the position of the autorefractor until each dot image of the **mire ring** can be seen clearly. Repeated measurements will be made automatically once you are correctly aligned with the CM's eye. The buzzer sounds each time a measurement is made and the results are displayed on the screen. A longer bleep sound will indicate the readings are complete. You will see R OK >> through the eyepiece.
9. **Move the autorefractor across the CM's face to their opposite eye**, taking care not to scratch their face with the forehead rest. The machine automatically senses the change from right to left so you do not have to press any more buttons; as soon as the autorefractor is correctly aligned it will start measuring. When readings are complete you will see RL OK in the centre of the screen.
10. If you haven't already done so, switch the printer on**. Check the printer roll is taut**. Aim the front panel of the autorefractor at the printer and press its PRINT key. If the printer successfully receives the data it will buzz and the data lamp will light for 1 second.
11. Tear off the printout and check the quality score (or confidence value) for each eye; the number in the bottom right hand corner. If the **quality score on the printout is 8 or higher, this is satisfactory.** Staple the printout to the office copy consent booklet and transcribe the bottom row of the printout into CAPI. The first three figures of the bottom row are the summary values and the last figure on the right is the quality score. If there are blank spaces in column 2 and 3 of the summary row in the printout then enter zeros in the corresponding columns in CAPI. Note also that you must enter the + and – signs as well as the numbers. For example if the printout looks like this:

SPH	CYL	AX	QUALITY SCORE
+2.00	+0.25	180	9
-2.50	-1.00	45	10
+ 2.50			8

The CAPI entries should be transcribed as:

+2.00	+0.25	180	9
-2.50	-1.00	45	10
+ 2.50	0	0	8

Note: + signs will not show up on the CAPI screen, but enter them nevertheless.

12. If the quality score in an eye is 7 or lower, repeat the measurement in that eye. Before trying again, check the following:

Troubleshooting

? Is the **lighting** appropriate? The autorefractor must not be in the line of direct light. You may need to ask the CM to move or draw the curtains or switch off lights.

? Is the autorefractor aligned with the CM's eye in the horizontal and vertical plane? Check your **position** making sure you have not tipped the autorefractor to the side or forward or backward.

? Has the CM got **droopy eyelashes** or is he/she **blinking** a lot? You will notice if this is the case when you bring the autorefractor close to the CM's face; their eyelashes will appear blurry through the viewfinder. If droopy eyelashes are the problem, ask CM to hold their eyelid up with their finger. If excessive blinking is a problem, remind the CM to stare hard at the target.

? Is the autorefractor **lens clean?** use the lens cleaning cloth to remove smudges from the measuring window if necessary. "Sterets" can also be used, but allow the alcohol to evaporate.

13. Try up to a maximum of three times to achieve a high quality reading of 8 or above. If you are unable to get a score of 8 or above, code 99 at VQUALR and VQUALL and record your highest quality reading in CAPI. If you cannot get any reading, use code 99.
14. Retract forehead rest & switch off the POWER button.

1.12.5 Care and maintenance of equipment

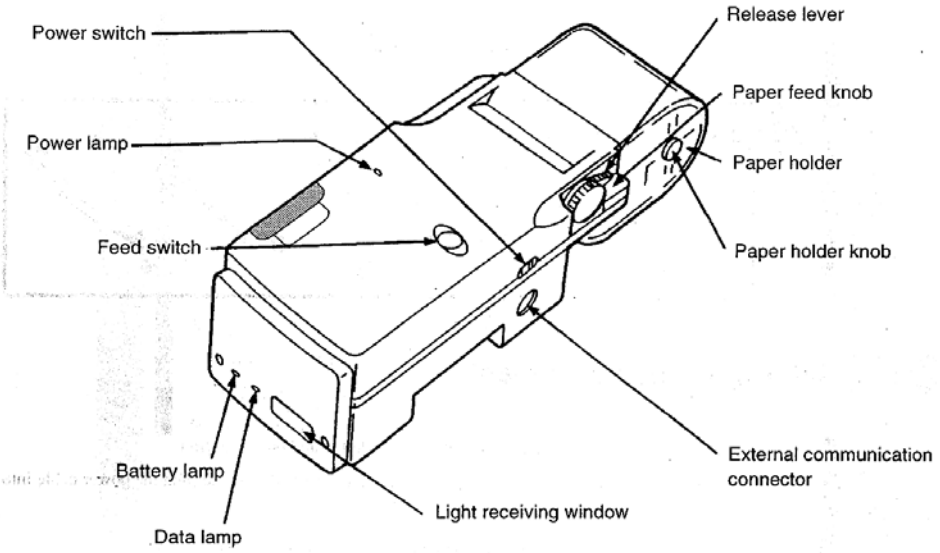
You must charge the batteries in the autorefractor & printer *once or twice weekly depending on how many visits you make*. Please carry a spare charged battery on your visits. The autorefractor does not need calibration.

Removing battery from autorefractor
The battery is stored inside the handgrip of the machine. Press the top of the battery cover inwards (1) and slide the cover down (2). The battery will pop out. To replace it hold the battery so the D of Duracell is pointing downwards and push it into the cavity of the handgrip (the battery does not click into place but "bounces" on its contacts). Replace the battery cover.

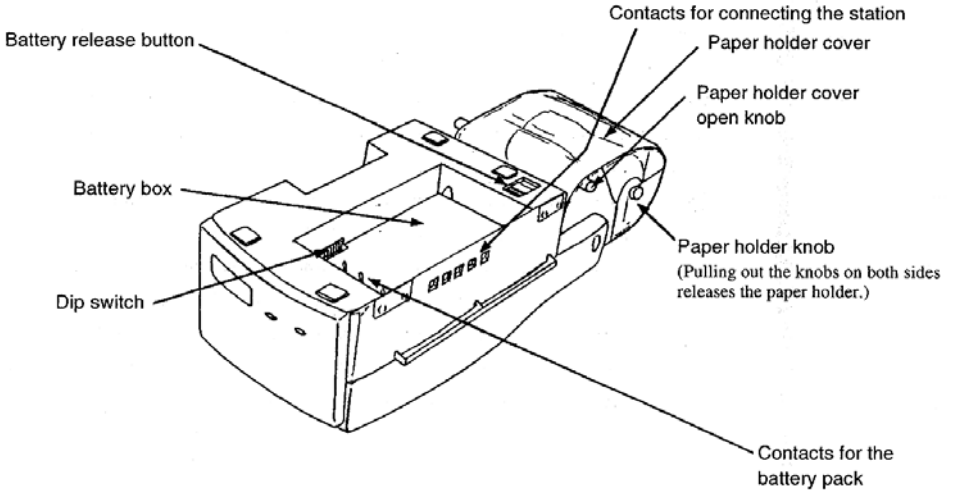
To charge the battery
1. Plug the mains adaptor into the charger via socket marked “Input 12-18V DC”. Then plug the mains adapter into an electric socket. The green light on the charger lights up to show the charger is correctly connected.
2. Attach battery to charger. Observe the correct position of the electrical contacts by matching the three contacts on the underside of the battery with the three contacts on the charger. Start with the battery slightly to the left of the contacts on the charger, push the battery down and slide to the right until secure, marked by a satisfying “click”.
3. If the charge in the battery is less than 50% of capacity the red CHG lamp illuminates to indicate that the unit has begun to charge up the battery, which will take 1-2 hours. The green FULL lamp will illuminate when the battery is charged and ready for use.
4. If the charge in the battery is 50% capacity or more the red CHG lamp will not light up and charging will not be performed. Press the **quick discharge button** in the lower right hand corner of the base unit. The yellow DIS lamp will begin to flash. When the battery is totally discharged, the charger will switch to charging mode automatically so the red CHG will light again. The green FULL lamp will illuminate when the battery is charged and ready for use.
5. Remove the battery from the charger by sliding it to the left- it will easily click out of place.

Removing battery from printer
Push the release switch upward (underside, top right corner), then turn the printer sideways so the battery to lifts up and you can remove it. To replace it hold the battery so the D of Duracell is pointing downwards and push it into the cavity of the printer's underside. It should easily click into place.

Printer



Printer (Bottom view)



Keeping the lens clean
The measuring window on the autorefractor can be kept clean and dust-free with Steret or lens cleaning cloth.

Replacing a Paper Printer Roll
1. Replace the paper roll when you see a red warning line appearing on the paper. Peel the tape off the new roll and tear off the paper that has adhesive sticking to it.
2. Flick paper release lever upwards and backwards (this release the paper from its grip)
3. Turn the printer over and lift up the plastic door covering the paper by its two little wings.
4. Pull the two "paper holder knobs" towards the outside out and hook the old roll out.
5. Insert the new roll and the axle in the paper holder, with the free end of paper pointing towards you. Push the “paper holder knobs” back in to secure the roll.
6. Feed the paper into the mouth of the printer as far as you can then close the “plastic door”.
7. Turn printer back upright.
8. Flick paper release lever downwards and forwards.

9. Switch Power on and press feed until the paper emerges from the output port. Note that buzzer sounds and the power lamp flashes when the printer is switched on but no paper is fed through its output port. If the paper comes out awry, raise the lever straighten the paper out and then flick the lever down again. If no paper emerges, check that the printer roll is the right way around and is not stuck.

Troubleshooting: the printer does not work!	
Problem	**Check**
The power lamp does not light up	Is the power switch on? Is the battery inserted correctly? Is the battery lamp flashing green-yellow? – replace the battery and charge the original at home
The power lamp is flashing	Is the battery lamp flashing green-yellow?- replace the battery and charge the original at home Is paper installed correctly? Is printer's release lever still released? lower the lever towards the front
The buzzer keeps buzzing	Is paper installed correctly?
Nothing prints	Is there an obstacle between the autorefractor and the printer? Is printer's release lever still released?- lower the lever towards the front Is printer paper installed upside down?
Line spacing on the printout is too close together or paper does not come out well.	Is the paper installed properly? Is the cover pressing against the paper? -do not allow the paper holder knobs to put pressure on the paper by pushing in too far.

2 BLOOD PRESSURE

2.1 Equipment

Omron 907 blood pressure monitor, with standard and large adult cuffs.

2.2 Eligibility

Pregnant women should not have this test.

2.3 Ambient air temperature

At the start of the interview place unpack the thermometer and spirometer. Place them on your work surface, away from the sun, fires or radiators to equilibrate with room temperature.

Just prior to the blood pressure module, CAPI will prompt you to record the temperature to the nearest one degree centigrade.

2.4 Procedure

1. Position the Omron so that the readings cannot be seen by the subject. Check that the pressure pre-set switch is set to 170.
2. Record temperature.
3. Ask the CM to remove outer garments (e.g. jumpers, jackets) to expose their upper **left arm**. Make sure any rolled up sleeves are not so tight that they constrict blood flow. Watches and bracelets should be removed. Check their **forearm is supported** on a table/ armrest .
4. Measure the circumference of the mid-point of the CM's upper arm. If it is 32cm or more, use the 'large adult' cuff. (A normal adult size cuff will fit most people comfortably, but about 15% of people will need the larger sized cuff.) Record which cuff you use.
5. Slide the cuff on as a cylinder.
6. Find the brachial pulse. It can be felt just medial to the centre of the cubital fossa, in line with the base of the ring finger, when the arm is outstretched. Check that the green line on the cuff lies over the brachial artery. There should be a gap of 2 to 3 finger-breadths between the cuff and the crook of the arm.
7. Ask your subject not to speak or move their arm while the measurement is being taken. Warn them that the cuff feels tight and the machine bleeps.
8. Initially the display shows the time. Press the 'sphyg/clock' button; the display will change to a zero and a heart symbol which indicates "ready-to-measure". Press START. When the measurement is complete the machine will alternate between showing systolic and diastolic BP and pulse rate. Enter value of the pulse, systolic and diastolic pressure into CAPI.
9. Now repeat steps 8-9 twice more. Wait *one minute* between each BP measurement. In the minute gap you can transcribe the readings into the measurement record card for the subject.

CAPI will automatically display the feedback you should give to your subject which you should read **verbatim.** It has been based on these definitions:

SBP < 140	and	DBP < 85	BP normal
SBP 140-159	or	DBP 85-99	BP Mildly raised
SBP 160-179	or	DBP 100-114	BP Moderately raised
SBP 180 or higher	or	DBP 115 or higher	BP Severely raised

Do not be drawn into making any other comments about the CM's blood pressure apart from this standardised feedback:

If the blood pressure is normal, you will be prompted to say, 'Your blood pressure is normal'.
If blood pressure is mildly raised, you will be prompted to say, 'Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not.'
If blood pressure is moderately raised, you will be prompted to say, 'Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.'
If blood pressure is severely raised, you will be prompted to say, 'Your blood pressure is a high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.'
If ALL 3 systolic readings are above 180mm Hg or ALL 3 diastolic readings are above 115mm Hg, contact the survey doctor.

2.5 Troubleshooting

PROBLEM:	**WHAT TO DO:**
Error reading (E or EE):	
Excessive movement of subject during measurement	Repeat measure ensuring subject is still
Cuff not fitted correctly	Check cuff is fitted correctly and repeat measure
Clothing is restricting blood flow	Subject must remove tight sleeves
The cuff was not inflated sufficiently in comparison to the expected blood pressure	The cuff pressure can be increased to the next highest value using the pressure pre-set switch
There is still air in the cuff when you switch on the monitor	The monitor may be defective. Please return it to Brentwood (Pink Team)
You pressed the Start button before the heart symbol was displayed	Wait for the heart symbol to appear then press Start.
The display does not light up when you press the On/Off button:	
The +/- terminals of the batteries are the wrong way round	Insert the batteries correctly as indicated by the +/- markings
The battery contacts are dirty	Clean the contacts with a dry cloth
The batteries have run down	Insert 4 new batteries
The cuff pressure does not rise even though the pump motor can be heard.	Check you have inserted the cuff inflation tube into the air jack at the side and not the mains adaptor socket at the back of the machine.

Low battery
The sphygmomanometer runs on 4 x 1.5 V alkaline batteries (type LR14, size C). Insert them in the compartment at the back of the machine. Replace all 4 batteries when you see the low battery symbol on the screen.

3 AUDIOMETRY

3.1 Why we are doing this test

Many of the cohort members had hearing tests performed at school and we are interested to find out how their hearing thresholds have changed since then. This is an unusual opportunity to document the natural history of hearing over four decades.

3.2 Equipment

Siemens Audiometer MA25, with earphones.

3.3 Eligibility

Everyone can participate in this test

3.4 Protocol

Getting started

1. Choose a quiet room, and request that any radios, televisions etc are turned off, and other people in the house are as quiet as possible.
2. Place the audiometer on a flat surface. Turn it on, connect the earphones, and check that the FM and square wave (pulse) buttons are OUT (switched **off**.)
3. Listen to a 1kHz tone at a single level of 30dB in your right and then your left ears. Ensure that the earphones are plugged in correctly (right = right and left = left!) and that the tones sound pure, not pulsed or warbling.
4. Explain what you are going to do. Your explanation must include the following points:
   "I am going to test your hearing by measuring the faintest sounds that you can hear. 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. Lower your finger as soon as you think you no longer hear the sound. It is important that you keep as quiet as possible, in order to hear the faintest tones. Even if the sound is very faint, and no matter which ear it is in, raise your finger. It will help, therefore, if you breathe quietly through the mouth. Also, hold the earphone cord away from your body, like this (demonstrate). No matter how faint the sound, raise your finger when you think you hear it, and lower it when you think you do not hear it any longer."
5. Ask CM to remove any hearing aids, spectacles or earrings and push loose hair behind their ears. Ask them to turn around so they can not see you press the buttons on the machine. Place the RED earphone on their right ear and the BLUE earphone on their left ear, taking care to cover the whole ear and adjusting the headband for a snug fit.
6. First test the ear through which he/she can hear best or the left if CM thinks there is no difference. Start with 1 kHz and then test 4kHz. Record the threshold for each frequency as you go along.
7. Test the opposite ear in the same order. **Do not forget to press the switch that changes the signal from the left to the right ear!**

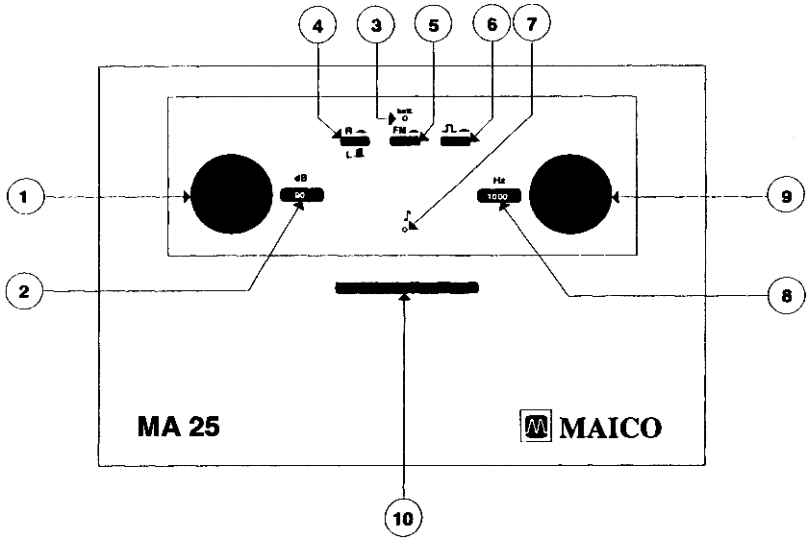


Figure 3

1. Power switch - Intensity Control Knob
2. Display readout of Intensity Selected
3. L.E.D. Indicator for Low Battery
4. Left or Right Phone Pushbutton Switch
5. FM On or Off Pushbutton Switch
6. Pulse On or Off Pushbutton Switch
7. L.E.D. indicator for Stimulus
8. Display readout of Frequency Selected
9. Frequency Control Knob
10. Stimulus Present Switch

Obtaining an initial response

Present the tone (i.e. 1 kHz or 4 kHz) at a level that you expect the CM to hear easily. This will be 40 dB for most people, but may need to be louder in people with whom you need to use a raised voice. If a clear response, indicated by the up & down motion of the CM's finger, occurs, begin threshold measurement.

Test tones should be varied in duration between 1 and 3 seconds. The inter-stimulus intervals should also be between 1 and 3 seconds, occasionally longer. Try to avoid falling into a rhythm.

If no response occurs at 40dB, present the tone at 60 dB HL and at successive additional increments of 10 dB until a response is obtained.

Measuring hearing thresholds

1. After the initial response, decrease in 10 dB steps until there is no response.
2. After this and each subsequent failure to respond to a signal, the level is increased in 5 dB steps until the first response occurs. After the response, the intensity is decreased 10 dB and another ascending series is begun.
3. Please could you write down the audiometry measurements as you take them, on the blank page of the consent booklet, after Consent Form 4. This is to give us feedback on how the measurement protocol works in practice.

4. We want you to record the CM's response to each sequence of tones, in the way shown to you during briefing. Note down the level of each tone as you play it, and then indicate whether or not the CM heard it (see the examples below).

REMEMBER: GO DOWN IN 10s, UP IN 5s.

Threshold is defined as the lowest decibel level at which responses occur in at least half of a series of ascending trials with a minimum of two responses required at that level.

Examples of threshold measurement

40 ✓
30 ✓
20 ✓
10 ✖
15 ✓
5 ✖
10 ✖

15 ✓

40 ✖
60✖
70 ✖
60 ✓
50 ✖
55 ✓
45 ✖
50 ✖

55 ✓

Tips

- It is important that the CM's response has a clear onset and clear offset. Count vague and hesitant responses as negative responses. If you are uncertain repeat the stimulus 5 dB louder.
- If the background noise level in the room is disturbing the CM, try and avoid presenting signals until the noise dies down. If this is not possible, proceed with testing, but make sure this distraction is noted.
- Tap the stimulus present switch on its corner rather than the centre- this avoids the button making an audible click.
- It is very important that all thresholds of -10 dB and -5 dB are accurately measured if they are present. Do not stop at 0 dB. Likewise, for all tones, go up to the maximum decibels available, if needed, but stop immediately if it causes distress to the CM.
- Be aware that if the CM reports tinnitus, he/she may confuse the tinnitus with the signal you are presenting.

3.5 Care and maintenance of equipment

Each audiometer has been calibrated with its own earphones. Earphones should NOT be interchanged between audiometers.

Daily listening check

1. Switch the audiometer on, and check that the FM and square wave (pulse) buttons are OUT (switched **off**.)
2. Check battery state by presenting a signal (any signal) and checking that the red battery indicator does NOT light up. If it does, you have less than 15 hours battery life left, ensure that you change the battery as soon as convenient.
3. Put on the earphones and check the *pure tone* output at a low level, eg 20 dBHL, at all four frequencies (500, 1k, 2k and 4k Hz) through each earphone in turn. Make sure that all the outputs sound correct.
4. Check that when you press the stimulus present switch, there are no spurious sounds e.g. clicks or background noise.

5. Listen to a 250Hz tone at 80dB through each earphone in turn. Ensure that the tone does not rattle or sound distorted.
6. Check that all indicator lamps are functioning properly and that all control knobs are secure.
7. Reset all controls to the normal operating positions and settings.

Tip!
An automatic power shut off occurs after 5 minutes of inactivity with the audiometer to conserve battery life. To turn the audiometer back on, the Power/Intensity switch must be turned OFF and then back to any desired intensity level.

Weekly listening checks
1. Examine the audiometer, all leads, plugs and accessories for signs of wear or damage.
2. Check the linearity of the attenuator at 5 dB intervals, by listening to a 1k Hz signal at every intensity setting in the range, and checking the increases in loudness.
3. Check the joints and tension of the headbands.

Low battery
The audiometer runs on a 9V alkaline battery. A spare battery is stored in the battery compartment. The battery should be replaced when the low battery indicator illuminates when a tone is presented.
To change the battery, switch the Power/Intensity button to OFF. Pull the knob on the battery compartment to remove the back panel and connect the battery to the snap-on connections. Replace panel by snapping knob back into place.

4 ANTHROPOMETRY

4.1 Introduction

Inform the cohort member that you would like to take some measurements, including height and weight. Ask them to remove shoes and empty out their pockets. In the meantime you can assemble the stadiometer against a wall or door.

4.2 Standing Height

4.2.1 Equipment

- Portable stadiometer with sliding head plate and base plate.
- Frankfort plane card.

4.2.2 Eligibility

Everyone who gives consent is eligible for this test.

4.2.3 Procedure

1. The stadiometer should be placed against a wall/ door on a hard level floor. Ensure that the scale is vertical by checking the position of the stabilisers and horizontal by looking at the spirit level.
2. Ensure that the cohort member has removed shoes
3. Ask the subject to stand with his/her feet flat on the centre of the base plate, feet together and heels against the rod i.e. with their back to the rod. The back should be as straight as possible preferably against the rod but not leaning on it. Arms should hang loosely at their sides. Ask the cohort member to stretch up to his/her full extent and, keeping a straight back, to look straight ahead
4. Position the head in the "Frankfort Plane"
5. Bring the head plate down until it gently rests on the highest part of the subject's head. Press down to flatten hair.
6. Take the height reading indicated by the arrowhead to the nearest millimetre.

Troubleshooting

- If a measurement falls between two millimetres, record to the nearest even millimetre. E.g., if a cohort member's height is between 176.4 and 176.5 cms, round it down to 176.4. Or, if their height is between 176.5 and 176.6 cms, round it up to 176.6 cms.
- If the person has a protruding bottom they may not be able to stand upright and have their back and heels touching the stadiometer. In this situation give priority to standing upright.
- If the respondent is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case. You may also need to stand on something (stool or chair) to take the reading.

4.3 Sitting Height

4.3.1 Why we do this test

We measure sitting height as well as standing height to get an idea of body proportions, i.e. the length of the legs relative to the body trunk. Although both trunk and leg length reflect conditions in childhood as well as genetic factors, the length of the leg is thought to be a better indicator of early life conditions (nutrition) affecting growth.

4.3.2 Eligibility

Everyone who gives consent is eligible for this test.

4.3.3 Procedure

1. Remove the top 1 or 2 sections of the measuring rod
2. Find a hard chair with as flat a seat as possible. Place the base of the stadiometer on the chair with the measuring rod at the back
3. Ask the cohort member to sit on the base plate with his/her back to the rod. Ensure that the cohort member is sitting as far back and as upright as possible. Try to ensure that the rod is as vertical as possible. Check that their back is as straight as possible
4. Position the head in the “Frankfort Plane”. Bring the head plate down until it gently rests on the highest part of the subject’s head. Press down to flatten hair.
5. Take the height reading indicated by the arrowhead to the nearest millimetre.

Troubleshooting

- On being instructed to sit back as far as possible many people will lean against a measuring rod. Encourage them to sit upright, so that the rod is vertical.
- There isn’t a suitable chair or table!
- It might be possible to use stairs: in some houses there are a few steps and then a level section on which you can place the base plate (the measure can then be taken with the CM’s thighs supported).
- As a last resort, measure sitting height with the subject on the floor: place the base of the stadiometer onto the floor with the measuring rod against a wall. Ask the CM to sit on the base plate with their back against the rod and their legs as straight as possible lying in front of them. Take care that the subject is sitting upright. Continue as above.

4.4 Weight

4.4.1 Equipment

Tanita electronic bathroom scales, calibrated for the survey.

4.4.2 Eligibility

Everyone who gives consent is eligible except pregnant women.

4.4.3 Procedure

1. Put scale on flat, hard ground. Press "on " button.
2. Ensure CM has removed shoes and heavy clothing and have men emptied their pockets? When “0.0” shows – ask the CM to step onto the scale and stand still in the

centre of the scale looking straight ahead. Make sure that the cohort member is not touching anything other than the scale.

3. Read off the flashing answer and enter the value
4. Ask the cohort member to step off the scale.

Troubleshooting
The screen on the scales is blank/shows "Lo"- there may not be enough light to operate the solar battery in the scales. Increase the light levels in the room and try again.
Your subject looks very heavy or screen reads "OL"- the scale reads up to a maximum of 150kg so if you think that the cohort member weighs more than 150kg ask them to estimate their weight
The subject disputes the weight recorded on the scales- check the accuracy of the scales by weighing yourself. If the scales are inaccurate record "weight unreliable " in CAPI and the *subject's own estimate of their weight*. If the scales are accurate you will have to be tactful!

4.4.4 Care and maintenance of equipment

Weigh yourself each day that you use the scales. If there is an unexpected change in the reading, return the scales to Brentwood (Pink Team) who will send you a replacement while re-calibrating your scales.

4.5 Waist & Hip Circumferences

4.5.1 Equipment

Body tension tape (Two tapes are provided. Please use one only and keep the other unused as a spare. If the first tape is damaged, use the spare, and order a replacement immediately.)

4.5.2 Eligibility

Everyone who gives consent is eligible for this test except pregnant women

4.5.3 Procedure

General points

1. Explain that you will have to get close up to the CM and feel their ribs and hips bones to do the measurements.
2. Heavy outer garments and stuff in pockets should have already been removed. Ask CM to loosen tight clothing including belts. Only measure the waist circumference over a waist band if the waist band is at the correct level and is very thin.
3. Ask the cohort member stand facing you with feet hip width apart and their weight equally distributed on each leg.
4. Stand on their right hand side, holding the tension tape in your right hand.
5. Give the other end of the tape to the subject to pass around their "waist" and then hand back to you. Place the stopper in the hole.

Waist circumference

Waist circumference is measured midway between the costal margin (lower ribs) and iliac crest in the mid-axillary line.

1. First find the bony landmarks. The mid-axillary line is an imaginary vertical running down from the middle of the armpit. At this vertical line gently locate the costal margin with your fingers - asking the CM to breathe in helps. Keep one finger at this point, while you find the iliac crest with the other. Feel for the top of the hip bone, again in the mid-axillary line.
2. Visually estimate the mid-point between the two - this is where you should position the tape to measure the waist.

3. Check the tape is horizontal i.e. parallel to the floor, all the way around. As well as checking the front, peer around the CM's back to inspect their left side.
4. Press the button to take up the slack, you may have to click it a few times to get the right tension. Ask CM to breath normally, to let arms hang loosely by their sides and to look straight ahead (to prevent them from contracting their muscles or holding their breath).
5. Press the tension adjusting button again and measure to the nearest 1mm, taking the measurement at the end of a normal expiration. Enter value.

Hip circumference

Hip circumference is measured at the widest part of the body below the waist i.e. buttocks/ gluteal muscles.

1. Unplug the tape and ask CM to pass the free end back to you .
2. Visually decide on the level of the maximal protrusion of the buttocks.
3. Give the free end of the tape back to the CM to pass around themselves and back to you. Place the end stop in the hole.
4. Adjust the position of the tape until it level with the maximal protrusion of the buttocks and is horizontal i.e. parallel to the floor, all the way around. As well as checking the front, peer around the CM's back to inspect their left side.
5. Press the button to take up the slack, you may have to click it a few times to get the right tension. Ask CM to breath normally, to let arms hang loosely by their sides and to look straight ahead.
6. Press the tension-adjusting button again and measure to the nearest 1mm, taking the measurement at the end of a normal expiration. Enter value.

Hints and Tips

- Talk to the CM as you move through the measurements. Explain why and what you are doing as you palpate hip bones and adjust the tape over the buttocks etc.
- Watch out for the CM twisting around to assist you or look at what you are doing. This will affect the measurements so ask him/ her to look straight ahead. The CM can fold their right arm up out of the way when you want to read the tape.
- The tape can sometimes gets twisted or caught on belt loops and buttons at the back of the CM. Look out for this!
- The measuring tape automatically adjusts the tension of the tape for you. The right degree of tension is when the device no longer takes up any more slack when you press the button.
- When storing the tape leave the end stopper adjacent to the "read here" label (not in the hole) and keep in a padded envelope. You have been given two tapes. One is stored in a sealed bag and should only be used if your usual one breaks while you are in the field.

5 LUNG FUNCTION

5.1 Why we are doing this test

The amount of air which can be blown out of the lungs within a given time period is widely used in clinical practice to diagnose and monitor the progress of respiratory diseases such as asthma and chronic obstructive airways disease. Within the normal range, lung function has also been shown to be related to the future risk of heart disease and stroke, and is therefore an indicator of general health. It may be influenced both by the patterns of growth during childhood and the environment and lifestyle (particularly smoking) during adult life.

There is a wide range of 'normal' lung function and this depends on a person's age, sex and height. A single measurement is rarely sufficient to make a clinical diagnosis. You will not be expected to offer a clinical interpretation of the lung function results in the home.

The spirometer measures four indicators of lung function. You will only need to record the first three.

Forced vital capacity FVC	The total volume of air blown out of the lungs
Forced expiratory volume in 1 second (FEV1)	The volume of air blown out in the first second
Peak expiratory flow rate (PEF)	The maximum air flow achieved during the blow
FEV1 as a percentage of FVC (FEV1%)	A simple clinical index of airflow obstruction

5.2 Equipment

- Vitalograph Micro hand-held spirometer.
- Disposable cardboard mouthpieces.

5.3 Eligibility

All respondents should be invited to participate in this test, including those who are chairbound, EXCEPT:

- Those who are pregnant.
- Those who have had abdominal or chest surgery within the past 3 weeks.
- Those who have been admitted to hospital for heart complaints in the past 6 weeks.

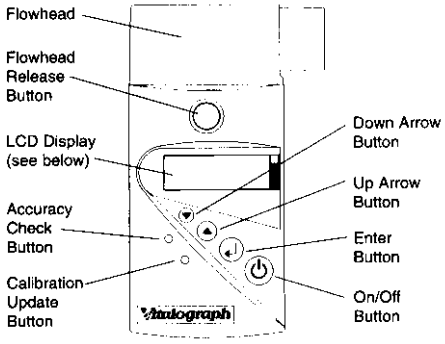
You will be prompted by CAPI if ANY of these applies.

5.4 Use of the spirometer

1. Allow the spirometer to equilibrate to room temperature before the lung function tests are performed. Unpack it as soon as possible and keep it away from the sun, fires or radiators.
2. Explain the test to the respondent. Demonstrate the blowing technique and ask the respondent to practise using a mouthpiece alone.
3. Turn on the spirometer using the on/off button. Check that the "low battery" symbol is not showing. (Note that the Micro will power down automatically if it is not used within two minutes.)
4. Wait a few seconds until the "blow" symbol appears, accompanied by two beeps.
5. Instruct the respondent to perform a forced expiratory manoeuvre as described below. If the blow is technically unsatisfactory, turn off the spirometer and redo steps 3 onwards.

6. On completion of the blow, the LCD will display FVC. Record this in CAPI. Press the down arrow to display (in turn) FEV1 and PEF. Record in CAPI.
7. **Switch off** the spirometer between each blow. This is important, otherwise the figures displayed will be those from the best of a series of tests, and not necessarily the last blow performed. We need to record all the results from three technically satisfactory blows.
8. Offer to record the lung function readings on the respondent's Measurement Record Card. Choose the highest reading of FVC, FEV1 and PEF, even if they come from different blows.
9. CAPI will prompt you for the total number of blows (including technically unsatisfactory or practice blows) and whether the respondent was standing or sitting (the latter is acceptable only for chairbound subjects).

Vitalograph micro Unit



5.5 Instruction of the respondent

Satisfactory measurement of lung function depends as much on adequate instruction and encouragement of the respondent as on the technical capacity of the spirometer.

1. Stand up (unless chairbound) and loosen tight clothing. Dentures need not be removed.
2. Explain that "you must try to blow out as much air as possible as hard and as fast as you can".
3. Demonstrate the correct technique yourself, using a mouthpiece unconnected to the spirometer. Explain that the mouthpiece should be held gently between the teeth and the lips should be sealed firmly around it.
4. Demonstrate a blow, pointing out (afterwards) the need for full inspiration, vigorous start to exhalation (for maximum peak flow) and sustained expiration (for accurate measurement of forced vital capacity). The blow should be at least 3 seconds duration and not interrupted by coughing, laughing or leakage of air. The torso should remain in an upright position throughout the blow (not hunched over at the end).
5. Give the respondent a clean disposable mouthpiece. Allow the respondent at least one practice blow with the mouthpiece alone. Correct their technique and offer further instruction or encouragement as necessary.
6. Attach the respondent's mouthpiece to the flowhead and hand the spirometer to them gently (sudden jerks can destabilise the unit). If a single beep sounds at this point, wait for the spirometer to stabilise, indicated by a further double beep, before proceeding with the test.
7. Ask the respondent to take as deep a breath as possible, keeping the spirometer away from their mouth, and then place the mouthpiece between their teeth and seal their lips around it. Check that the spirometer is held blow the flowhead and the subject's hand is not obstructing the flowhead outlet.

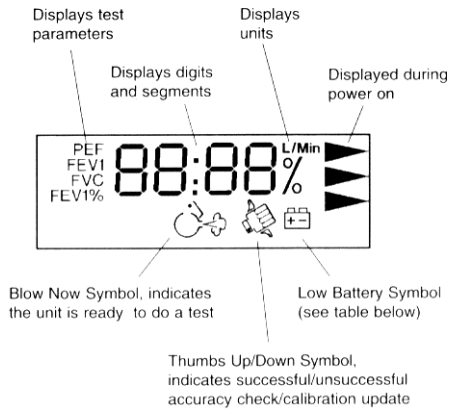
8. Then say “now blow!”. As the respondent is blowing encourage him/her by saying “keep going, keep going, keep going...”. Observe the respondent closely for satisfactory technique (see item 4 above).
9. Record the results as described in items 6-8 above
10. Aim to obtain **three technically satisfactory blows**. Most subjects should be able to manage this but there may be some who cannot. You must strike a balance between encouragement and over-insistence. Do not declare a blow unsatisfactory on the basis of the result alone. Pay close attention while the respondent is performing the test and repeat your demonstration a second or third time if necessary

5.6 Technically unsatisfactory blows

- Unsatisfactory start: excessive hesitation or “false start”. It is probable that the spirometer will not record this blow (or record FVC as zero), but sometimes it will give a spurious reading.
- Laughing or coughing, especially during the first second of the blow. Some people will cough a little towards the end of expiration (particularly if this extends to 5 or 6 seconds) but this is acceptable.
- Holding the breath against a closed glottis (Valsalva manoeuvre). This results in spuriously high PEF!
- Leakage of air around the mouthpiece
- Obstruction of the mouthpiece by tongue or teeth.
- Obstruction of the flowhead outlet by hands.

If the spirometer takes more than 3 seconds to display FVC after the end of the blow, it is likely that the results (particularly for FVC) are spurious. The test should be repeated.

Vitalograph micro Display



Symbol (on or flashing)	Condition	Result	Action
	Battery Low	You can perform test	Replace PP3 battery
	Battery nearly dead	You cannot perform test	Replace PP3 battery

Tip
At the end of the spirometry module, if the CM is due to be tested with the autorefractor, now would be a good time to ask them to remove their contact lenses. This will allow any blurring of their vision to settle down while you pack / unpack equipment.

5.7 Care and maintenance of equipment

The calibration of the spirometer should be checked **in your own home** at the start of each working day. This need be done only once each day. You will not need to carry the calibration syringe with you in the field. For the calibration check it is important that the syringe and the spirometer are at the same temperature. Therefore, you should leave them in the same room (not in your car!) for at least one hour before checking the calibration. It is particularly important that you check the accuracy of the spirometer after cleaning the flow head (weekly).

Accuracy check (daily)
Place the calibration syringe on a table or other firm surface and connect the syringe to the flow head.
Pump through a few litres of air to ensure that the temperature is equilibrated.
Turn on the spirometer using the on/off button.
Enter the accuracy check routine by pressing the **upper** small button using a biro (see diagram in Audiometry Section
The display should read “01” for 1 litre. If not, change it to “01” using the up and down arrow buttons.
Withdraw the syringe piston fully and press the “enter” button.
With an even stroke, pump air from the syringe, allowing at least one second to deliver the full 1 litre.
Wait for the double beep, then withdraw the piston and repeat step 7 until there are 5 beeps. It is very important to wait for the double beep each time!
If the LCD displays no numbers, but just a “thumbs down” sign, then it is likely that you have been inconsistent in the delivery of the 1 litre “blows”. Repeat steps 4 onwards.
If the LCD displays numbers, record these and the date in your calibration chart.
The display should show “thumbs up” if the accuracy is within the range $\pm$ 3% (normal tolerance). This is the expected outcome and in this case, the unit can be switched off and is ready for use in the field.
If the display shows numbers and the “thumbs down” sign, then the accuracy lies outside the 3% range. It is advisable to repeat steps 4 onwards to confirm whether this is a reproducible reading.
Only if step 12 is reached on each of three accuracy checks, is it necessary to update the calibration (see Section 8.3).

Weekly maintenance
The spirometer flowhead should be cleaned weekly, or after about 50 home visits, whichever is the more frequent. Press the large flowhead release button and remove the cylindrical flowhead. If there are obvious particles on the flowhead mesh, remove these with a toothbrush or similar. Rinse through with hot water containing a small amount of detergent, then with clean water, and allow to dry overnight. Refit to the unit.

Low battery
The Micro runs on a PP3 (MN1604) alkaline battery. Make sure you have a spare battery with you at all times. The battery should be replaced when the “battery” symbol starts flashing on the LCD display. If this symbol comes on permanently, it indicates that the battery is nearly dead.
To change the battery, switch the unit off, open the door at the back and connect the terminals + and - as indicated. Please remove the battery if the spirometer will not be in use for several weeks, or if you are returning the unit to the Brentwood office (Pink Team).

Updating the calibration (only if necessary - rarely if ever)
It is very unlikely that the calibration will drift outside the 3% tolerance limits unless there has been some damage to the spirometer, or an electronic fault. Before recalibrating, check that there is no obvious damage, that the flowhead is clean and dry (especially following cleaning), and that the syringe and spirometer have been allowed to equilibrate to the same room temperature.

1. Place the calibration syringe on a table or other firm surface and connect the syringe to the flow head.

2. Pump through a few litres of air to ensure that the temperature is equilibrated.
3. Turn on the spirometer using the on/off button.
4. Enter the calibration update routine by pressing the **lower** small button using a biro (see diagram).
5. The display should read “01” for 1 litre. If not, change it to “01” using the up and down arrow buttons.
6. Withdraw the syringe piston fully and press the “enter” button.
7. With an even stroke, pump air from the syringe, allowing at least one second to deliver the full 1 litre.
8. Wait for the double beep, then withdraw the piston and repeat step 7 until there are 5 beeps. It is very important to wait for the double beep each time!
9. If the LCD displays a “thumbs down” sign, then it is likely that you have been inconsistent in the delivery of the 1 litre “blows”. Repeat steps 4 onwards.
10. If the LCD displays a “thumbs up” sign, calibration has been successfully updated.
11. Record the recalibration on your calibration chart. Turn off the unit.
12. If recalibration is required more than twice in the same week, then consult the Brentwood office for advice.

6 BLOOD SAMPLING

6.1 Why we are doing this test

In this study, the blood will be used for four purposes.

1. ***Immediate analysis for determinants of future health.***
   The following analytes will be carried out for all respondents giving a blood sample. Results of tests shown with an asterisk may be of clinical relevance and will be fed back to respondents and (with permission) to their GPs.
   Related to heart disease and strokes
   Total cholesterol and HDL cholesterol *
   Triglycerides *
   Fibrinogen
   Glycosylated haemoglobin (related to diabetes) *
   Von Willebrand factor
   Tissue plasminogen activator
   C-reactive protein
   Insulin-like growth factor
   Related to allergies and asthma
   Total IgE
   Specific IgE to house dust mite, mixed grass & cat fur – both related to allergies & asthma.
2. ***Storage of plasma for future medical research studies***, for instance antibodies to certain infections (but **not** HIV – see below)
3. ***Extraction and storage of DNA*** for future medical research studies relating to genetic causes of disease, or the interaction between genes and environment or lifestyle factors.
4. ***Preservation of cells (lymphocytes) for future production of immortalised cell lines***, as a limitless supply of DNA for medical research studies.

6.2 Eligibility

All cohort members who give consent are eligible for a blood sample to be taken, with the following exceptions:

- **People with clotting or bleeding disorder**
  By clotting or bleeding disorders we mean conditions such as haemophilia and low platelets, i.e.. thrombocytopenia. There are many different types of bleeding/clotting disorders but they are all quite rare. With these problems, **do not** attempt to take blood, even if the disorder is controlled. People who have a past history of thrombophlebitis, a deep venous thrombosis, a stroke caused by a clot, a myocardial infarction or an embolus are NOT considered to have clotting disorders and should not be excluded.
- **People who are currently on anticoagulant drugs, e.g. Warfarin therapy.**
  Some respondents might be taking anticoagulant drugs such as Warfarin which thins their blood so that they do not stop bleeding easily. If this is the case, then do not take a blood sample. Aspirin therapy is NOT a contraindication to blood sampling.
- **People who have had an epileptic fit in the last three years**
  Respondents who have had a fit (e.g. epileptic fit, convulsion) within the last three years should not be asked to provide a blood sample. This exclusion does not apply if the fit(s) occurred more than 3 years ago.
- **People who are not willing to give their consent in writing.**

Blood samples may be collected from pregnant women. If you are uncertain whether a condition constitutes a contraindication to blood sampling, the Survey Doctor will be happy to answer your queries.

6.3 Consent

As blood taking is an invasive procedure we need to obtain written consent as well as verbal consent to take it. This has to be obtained from the respondent **in all cases**. If you cannot obtain written consent, the computer routes accordingly. **On no account** should you ever take blood before you have obtained written consent to do so from the respondent.

There are further written consents we wish to obtain in respect of blood sampling - consent to send the results to the GP and consent to store blood, to extract DNA, and to produce immortalised cell lines. You should seek to obtain all these consents before you take any blood. However, it is not a requirement that cohort members consent to all parts. For instance, they may consent to blood collection for immediate laboratory analysis, and perhaps to storage of plasma, but not to extraction of DNA or production of cell lines. Even if there is no consent given for specimen storage, we would still like to collect blood for immediate analysis, provided of course the cohort member consents to blood collection.

Small quantities of blood are being stored in special freezers in order that further analysis may be undertaken in the future. Future analysis will definitely **not** involve a test for the HIV virus which causes AIDS, because some insurance companies may disqualify people (or demand higher premiums) if they have ever been **tested** for HIV (regardless of the result of the test). The consent form explicitly mentions that HIV tests will not be performed, so that the participants are not placing themselves at risk of financial disadvantage, simply from taking part in the survey.

The questions on the schedules take you step by step through all the procedures for obtaining consents. Make sure you follow these carefully - recording consent codes as instructed and giving reasons for refusals, if applicable. In summary, what you do is:

- Ask the respondent if they would be willing to have a blood sample taken. Try to reassure respondents about the process, and be prepared to answer their concerns. You will need to explain to the respondent the need for written consent and how important it is.
- Obtain written consents on the appropriate **Blood Sample Consent Form 2.**
- Obtain consent to store blood, extract and store DNA, and store cells for future creation of immortalised cell cultures.
- Check that you have ringed the correct consent codes on the front of the Consent Booklet.
- Consent to send laboratory results to GP will be obtained separately at the end of the interview.

Having checked that you have all the appropriate signatures, and ringed the appropriate codes, you are ready to take the blood sample. If you obtain a sample, note down any problems at *SamDif*. If you do not manage to get any blood, explain why not at *NoBSM*.

6.4 Preparing yourself

Check you have all the equipment to hand:

- Tourniquet
- Alcohol swabs
- Medium sized, powder free latex gloves
- Cotton wool
- Needles- 21G needles and 23G butterfly needles,
- Spot plaster, dental rolls, Micropore tape
- Four blood tubes (see below)
- Needle disposal holder (for ordinary needles)
- Sharps bin (for butterfly needles if used)
- Blood sample packaging
- Barcoded labels for blood sample tubes

Four blood tubes need to be filled. They should be filled in the following order so that, if a situation arises where there will be insufficient blood to fill all the tubes, the analyses with the highest priority can still be undertaken:

First	7.5mL EDTA tube (red)
then	5mL citrate tube (green)
then	5.5mL plain tube (white)
finally	8.5mL CPDA tube (yellow)

If CM consents to blood collection but not other parts of the consent form, you should still draw ALL FOUR vials of blood. You can then reassure the CM that no tests will be done where consent has not been granted.

The first tube should be used as a syringe, so you can confirm successful placement of the needle in the vein with a 'flashback' of blood. The subsequent three tubes should be pre-evacuated immediately before use to ensure they are filled to capacity. This means that before you take the blood samples you should pull the plunger of each tube back to its full extent, until you hear and feel a click. Do not snap the plunger off until you are sure that it has clicked into place (If the plunger has not properly clicked into place, the vacuum created will draw it back into the tube, but it can be evacuated again.)

6.5 Preparing the respondent

1. Ask the respondent if they have had any problems having blood taken before. Explain the procedure to the respondent. The respondent should be seated comfortably in a chair, or if they wish, lying down on a bed or sofa.
2. Ask the respondent to roll up their left sleeve and rest their arm on a suitable surface. Ask them to remove their jacket or any thick clothing, if it is difficult to roll up their sleeve. The antecubital fossae may then be inspected. It may be necessary to inspect both arms for a suitable choice to be made, and the respondent may have to be repositioned accordingly.
3. Do **not** ask the respondent to clench his/her fist. Select a suitable vein and apply the tourniquet around the respondent's arm. However, it is desirable to use the tourniquet applying minimal pressure and for the shortest duration of time. Do not leave the tourniquet in place for longer than 2 minutes.
4. Put on your gloves at this point. Clean the venepuncture site gently with an alcohol swab. Allow the area to dry completely before the sample is drawn.

6.6 Taking the sample

1. Venepuncture is normally performed with a twenty one gauge needle. However, for difficult veins or anxious respondents, you may choose to use a butterfly needle.
2. Attach the first tube to the needle and use like a syringe. Thereafter use pre-evacuated tubes. Remember to take the tubes in the correct order. The first tube should always be the red EDTA tube.
3. Grasp the respondent's arm firmly at the elbow to control the natural tendency for the respondent to pull the arm away when the skin is punctured. Place your thumb an inch or two below the vein and pull gently to make the skin a little taut. This will anchor the vein and make it more visible. Ensure the needle is bevelled upwards, enter the vein in a smooth continuous motion.
4. The tubes should be filled to capacity in turn and inverted gently on removal to ensure complete mixing of blood and preservative.
5. Release the tourniquet (if not already loosened) as the blood starts to be drawn into the last tube. Remove the needle and place a dental roll firmly over the venepuncture site. Ask the respondent to hold the pad firmly for three minutes to prevent haematoma formation.
6. Connect the yellow needle disposal "tube" to the needle, slide the plastic sleeve forwards over the needle, remove the yellow insert, and cap the needle into the holder.

7. Check on the venepuncture site and affix a plaster , if the respondent is not allergic to them. If they are allergic, use a dental roll secured with micropore.
8. If venepuncture is unsuccessful on the first attempt, make a second attempt on the other arm. If a second attempt is unsuccessful, DO NOT attempt to try again. Record which arm the sample was drawn from in CAPI.
9. Place the used Sterets, cotton wool balls and gloves etc in the self-seal disposal bag. This can be disposed of with household waste as long as it does not have any items in it that are contaminated by blood. The needle (in its sheath) should be returned to St George's Hospital with the large EDTA tube. Butterflies should be placed in the sharp box.

6.7 Labelling the blood tubes

1. If you obtain a blood sample, remember to label the blood tubes immediately. The CASI section of the interview provides a good opportunity to do this. In contrast to the Health Survey for England, date of birth is not a useful cross-check on identification in this cohort (they were all born 3-9 March 1958!). Therefore it is important that you record the date and time of collection, and your nurse number, on each tube, **as well as** the barcode identifier. Attach a barcode to <u>every</u> tube that you send to the lab. Enter the serial number, date and time of collection, and your nurse number **clearly** on each label. Make sure you use **blue biro** - it will not run if it gets damp.
2. Stick the barcode partly over the label already on the tube, so that the tube is not fully surrounded. (Otherwise the laboratory staff cannot see the level of the blood in the tube during processing).

We cannot stress too much the importance of ensuring that you label each tube with the correct serial number for the person from whom the blood was obtained. Apart from the risk of matching up the blood analyses to the wrong person's data, we will be sending the GP the wrong results. Imagine if we detect an abnormality and you have attached the wrong label to the tube!

6.8 Completing the blood despatch note

The Office Consent Booklet contains four separate despatch Notes that should be filled in and sent with each blood sample. Ensure that the correct form travels with each set of specimens. The colour coding on the forms and postage boxes is designed to help you.
Please staple an <u>extra</u> barcode label onto the Bristol despatch form for use in the laboratory.

Complete the **Office Despatch Note** on the last page of the Office Consent Booklet. This tells us the date you sent the samples to the lab and indicates what we should expect back from the laboratory.

If you have only achieved an incomplete blood sample (e.g. have only filled one tube), please state this clearly on both copies of the despatch note and give the reason.

Remember to check that the serial number, date and time of collection, and nurse number correspond on the despatch notes and blood tubes

6.9 Packaging the blood samples

1. Insert the blood sample tubes into the screwtop Sarstedt tube.
2. Enclose the Sarstedt tube in a section of pipewrap
3. Place the pipewrap/ Sarstedt tube with the folded despatch note inside a cardboard tube. Only one item is sent to Bristol but 2 items get sent to Newcastle and St. George's.

Item	Packaging	Destination
yellow CPDA tube	Short cardboard tube yellow	Southmead Hospital, Bristol
green citrate and plain white tubes	Long cardboard tube green	Royal Victoria Infirmary Laboratory in Newcastle-upon-Tyne
large red EDTA tube, plus sheathed needle	Long cardboard tube pink/red	St George's Hospital Medical School

6.10 Posting blood samples

1. The cardboard tubes will not fit through a letter box so you will have to take them to a post office for posting. The samples should be posted within 24 hours of the sample been taken.
2. If you take a sample on a Saturday afternoon, the sample must be posted on the following Monday morning.
3. The Telephone Unit will be asked not to make appointments for certain dates around Bank Holidays, so that delivery and analysis of specimens will not be delayed by public holidays.
4. If you are unable to post the samples immediately, they should be stored at room temperature. They should not be refrigerated or left in the car for long periods in winter weather.
5. When you have posted the blood samples, fill in the time and date of posting on the office copy of the Blood Sample Despatch Note at the back of the Office copy consent booklet.

Troubleshooting

- **Fainting respondents** – If a respondent looks or feels faint during the procedure, it should be discontinued. The respondent should be asked to place their head between their knees. They should subsequently be asked to lie down. If they are happy for the test to be continued after a suitable length of time, it should be done so with the respondent supine and the circumstances should be recorded. They may wish to discontinue the procedure at this point, but willing to give the blood sample at a later time.
- **Needle stick injuries** – Any nurse who sustains such an injury should seek immediate advice from their GP. The nurse should inform his/her nurse supervisor of the incident, and the nurse supervisor should inform the Survey Doctor.
- **Respondents who are HIV or Hepatitis B positive** – If a respondent **volunteers** that they are HIV or Hepatitis B positive, do **not** take a blood sample. Record this as the reason on the Schedule. You should never, of course, seek this information.

7 SALIVA SAMPLING

7.1 Why we are doing this test

We plan to measure cortisol levels in saliva. Cortisol levels vary with “stress” so the results can be used to explore the relationship between “stress” and other aspects of the cohort’s health. We would also like to store any “left-over” saliva to analyse other components in the future- but not DNA or the HIV virus.

7.2 Eligibility

Everyone is eligible for this test.

7.3 Procedure

1. Obtain written consent on the appropriate Consent Form (form 3). Explain why written consent is needed and how important it is. This includes consent to store saliva for future medical research.
2. Stick a barcode label on the saliva despatch form and on both Salivettes.
3. Explain why we are interested in people’s saliva.
4. With your “demo Salivettes” show CM how to flip off cap and take out cotton swab. Talk through putting it in mouth to soak (you don’t have to actually do it yourself). The plastic coat on the swab should not be peeled off. The swab should be gently chewed until it is saturated, which usually takes less than a minute. Then put the swab back into the Salivette and cap it.
5. Explain the timings of the sample, mentioning the red and blue dots.
   Tube 1 (with a red dot on the cap) is to be used for an early morning sample: at about 45 mins after awakening (breakfast may have to be delayed).
   Tube 2 (with a blue dot) is for a sample 3 hours later, so for example, someone taking their first sample at 8am would take the second at 11am (i.e. before lunch).
   Especially emphasise that the two samples must be taken on the <u>same</u> day, preferably “tomorrow”.
7. Explain the rules about not eating and drinking or brushing teeth before doing the test as this will produce false high or low cortisol levels. The instructions say, “Before you take a saliva sample make sure you have not had anything to drink or eat for at least 15 minutes beforehand. If possible do not brush or floss your teeth before the first sample. Just before you collect the sample rinse your mouth with water”.
8. Show CM the form and point out the bits they must complete; the questionnaire and the date and time they collected the saliva. Explain that they must also write the sampling time on the Salivettes **in biro**. Without a record sampling times the cortisol results will be impossible to interpret.
9. Give them the padded envelope with which to post the samples and despatch form. Samples can be kept in the fridge until posted but please send samples as soon as possible.
10. Answer any queries the CM has as far as possible. The survey doctor can be contacted by the CM if they have further queries or need more Salivettes; ‘phone number is on the despatch form.

8 CASI

The Computer-Assisted Self-completion Interview (CASI) is for the CM to fill in while you are labelling the blood samples. It covers two sensitive areas, alcohol consumption and childhood experiences.

It is important that you encourage CMs to complete this themselves, without your help or the help of anyone else in the household. Most of them will have done this before, when they were interviewed two years ago. CMs whose last interview was earlier than 1999 (see the ARF label) may need extra encouragement and guidance, but they should not experience any real problems. The use of CASI is widespread in sensitive surveys, and response rates are generally very high.

Only agree to help if it is absolutely necessary – for example if the CM is completely unable to read – and remember that these are sensitive questions, so no one else should be able to overhear any discussion you have about this part of the interview.

Let the CM operate the computer during the practice questions. Key points that you should explain are:

- when answering a multicode, press the spacebar between each number. Only when all the relevant answer codes have been entered should the CM press 'enter'
- to return to an answer use the ↑ arrow key
- if they enter text, they should finish by pressing ALT + S.

At the end of the section the text is locked – you can show the CM if necessary.

Note: some CMs may feel that the alcohol questions are not relevant to them. Explain that they will be asked about their experience of drinking, however little or infrequently they drink, unless they are complete abstainers.

The following organisations and contact numbers might be relevant to those who become distressed during the CASI and who have previously experienced child abuse:	
British Association for Counselling	01788 550 899
Tavistock Clinic (London)	020 7435 7111
National Association for People Abused in Childhood	020 8971 5099
Survivors Directory (A directory of sources of help for survivors of abuse)	0161 277 7000

9 CIS-R mental health questions

9.1 Background

The questions about mental health comprise a shortened version of the CIS-R (Clinical Interview Schedule, Revised), a standard interview used to diagnose what are known as common mental disorders or neuroses (not more serious psychotic disorders). These include anxiety, phobias, panic disorders and depression. About one in five people in this age group are likely to be suffering one or more of the problems asked about.

The CIS-R has been widely used in surveys by ordinary interviewers, most recently in the ONS national survey of mental health and a survey of ethnic minority groups carried out by the National Centre. No significant problems have been encountered in its use, even with sensitive population groups.

The questions are heavily filtered, which means that in most cases, you will ask only a few of them. They cover appetite, fatigue, forgetfulness/concentration, sleep disturbance, irritability, worry, depressed mood, depressive thoughts (including suicidal thoughts), anxiety, phobias and panic attacks. You may feel that some of these questions are quite sensitive, but almost everyone will be willing to answer, as long as you remember that this is an interview, and ask the questions in an appropriate manner.

9.2 How to carry out the interview

It is important that this part of the interview is carried out in private. Some of the questions cover sensitive issues, and it is important that the CM feels free to answer honestly. Make sure that no one else is in the room and that you cannot be overheard.

Ask the questions in a professional, neutral manner. Cohort Members are used to being asked questions about different aspects of their lives, and they will answer even sensitive questions if they can trust you. Remember this is an interview not a consultation; you are hear to gather information, not to offer advice.

If the CM becomes distressed, be sympathetic and allow them time to compose themselves before continuing.

Some questions require the use of showcards, so have these to hand before you begin.

9.3 Difficult questions

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"

This question is designed to find out how much difficulty the CM experiences in getting to sleep. Get CMs to estimate how long they took to get to sleep, or – if they had periods of interrupted sleep – the longest period it took them to get back to sleep once they had woken. Then deduct 15 minutes 'doze' time, and fit their answer to one of these categories. Don't worry too much, this is not a precise measurement.

SUIC3
"(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."

Very few CMs will be asked the questions about suicidal thoughts – they are only relevant where the CM has a range of other symptoms of depression. If someone answers that they have been thinking about suicide in the past 7 days, and **has not spoken to a doctor about it**, you should give the above advice. You may want to further suggest that they talk, if not to a doctor, to somebody whom they can trust, for example a friend, a counsellor or the Samaritans.

SAMARITANS – Making contact

Phone:	08457 90 90 90
Phone your local branch:	Details in the phone book, the telephone operator can connect you
Email:	jo@samaritans.org
Write to:	Chris, PO Box 90 90, Stirling, FK8 2SA
www:	http://www.samaritans.org.uk/

If you are worried about a CM – for this reason or because of anything else that comes up in the interview – call the survey doctor. That is the extent of your responsibility. Remember: this is not a consultation: you owe the CM confidentiality and you should respect their autonomy.

APPENDIX C SURVEY DOCUMENTS

- **Address record form (ARF)**
- **Advance letter**
- **Information leaflet (sent with advance letter)**
- **Genetics leaflet (sent with advance letter)**
- **Appointment record card**
- **Consent booklet (office version)**
- **Consent booklet (cohort member's copy)**
- **Measurement record card**
- **Saliva collection form**
- **Saliva reminder letter**
- **Thankyou letter with feedback sent to cohort members (example)**
- **Feedback letter sent to GPs (example)**

National Centre *for* Social Research

P2107 / PINK TEAM

NURSE NAME: _____

NURSE ID: _____

SLOT NAME	
RETURN NO.	
FINAL OUTCOME	

NATIONAL CHILD DEVELOPMENT STUDY – MEDICAL SURVEY 2002-3

ADDRESS RECORD FORM

PAGES 1-4 TO BE COMPLETED BY TELEPHONE UNIT AND/OR GROUND TRACER
PAGE 5 TO BE COMPLETED BY NURSE

NAME AND ADDRESS 1 LABEL:

[serial number] *[area]* *[month issued]*
[name]
[address line 1]
[address line 2]
[address line 3]
[postcode]

Sex:

INFORMATION LABEL:

[serial number]
Date of last interview:
Age at last interview:
Health codes:
Tel number(s):

CLS serial number

1. OUTCOME OF CONTACT/TRACING ATTEMPTS AT ADDRESS 1

	By Telephone Unit	By Ground Tracer
CM confirmed at Address 1		
- appointment made	1	1
- no appointment made	2 → ENTER OUTCOME CODE ☐☐	2 → ENTER OUTCOME CODE ☐☐
CM confirmed as not at Address 1		
- new address & tel. no. obtained	3	3
- new address only obtained	4 RECORD DETAILS AT ADD 2	4 RECORD DETAILS AT ADD 2
- new telephone no. only obtained	5	5
- neither address nor tel. no. obtained	6 → ENTER OUTCOME CODE ☐☐	6 → ENTER OUTCOME CODE ☐☐
No info. obtained Re CM at Address 1	7 → ENTER OUTCOME CODE ☐☐	7 → ENTER OUTCOME CODE ☐☐

NOTES RE ADDRESS 1

APPOINTMENT DETAILS AND NOTIFYING NURSE

Appointment arranged at Address (give Address No.) _____ on:

Day: _____ Date: _____ Time: _____

Other arrangement _____

Date nurse notified by telephone of appointment _____

Date nurse notified of office refusal _____

ADDRESS 2: NEW ADDRESS AND/OR TELEPHONE NUMBER. (Record full details)

Address:

Postcode: _____ Tel: Number: _____

Notes re address location:

2. OUTCOME OF CONTACT/TRACING ATTEMPTS AT ADDRESS 2

	By Telephone Unit	By Ground Tracer
CM confirmed at Address 2		
- appointment made	1	1
- no appointment made	2 → ENTER OUTCOME CODE ☐☐	2 → ENTER OUTCOME CODE ☐☐
CM confirmed as not at Address 2		
- new address & tel. no. obtained	3	3
- new address only obtained	4 RECORD DETAILS AT ADD 3	4 RECORD DETAILS AT ADD 3
- new telephone no. only obtained	5	5
- neither address nor tel. no. obtained	6 → ENTER OUTCOME CODE ☐☐	6 → ENTER OUTCOME CODE ☐☐
No info. obtained re CM at Address 2	7 → ENTER OUTCOME CODE ☐☐	7 → ENTER OUTCOME CODE ☐☐

ADDRESS 3: NEW ADDRESS AND/OR TELEPHONE NUMBER (Record full details)

Address:

Postcode: _____ Tel: Number: _____

Notes re: address location

3. OUTCOME OF CONTACT/TRACING ATTEMPTS AT ADDRESS 3

	By Telephone Unit	By Ground Tracer
CM confirmed at Address 3		
- appointment made	1	1
- no appointment made	2 → ENTER OUTCOME CODE ☐☐	2 → ENTER OUTCOME CODE ☐☐
CM confirmed as not at Address 3		
- new address & tel. no. obtained	3	3
- new address only obtained	4 AMEND ADDRESS 3 DETAILS	4 AMEND ADDRESS 3 DETAILS
- new telephone no. only obtained	5	5
- neither address nor tel. no. obtained	6 → ENTER OUTCOME CODE ☐☐	6 → ENTER OUTCOME CODE ☐☐
No info. obtained re CM at Address 3	7 → ENTER OUTCOME CODE ☐☐	7 → ENTER OUTCOME CODE ☐☐

THIS PAGE TO BE COMPLETED BY TELEPHONE UNIT

WRITE IN CM NAME _____**Tel No**_____

4. CALLS RECORD (for Telephone Unit telephone calls)

CALL NO.	DAY (M=1, etc.)	DATE	MONTH	TIME (24 hr)	Notes/outcome
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					

5. TELEPHONE UNIT OUTCOME SUMMARY

CM <u>resident</u> at (one of) contacted number(s):

- appointment made 1 → RING CODE 1 AT Q1, 2 OR 3. FILL IN APPOINTMENT DETAILS ON PAGE 1. NOTIFY NURSE. PASS ARF TO OPS.

- appointment refused 2
- CM not contacted after 8+ calls 3
- other reason for no appointment 4

→ RING CODE 2 AT Q1, 2 OR 3 AND ENTER OUTCOME CODE. PASS ARF TO OPS

CM <u>not</u> resident at (any of) contacted number(s):

NB IF ADDRESS AND OR TEL. NO. OBTAINED RING CODE 3 or 5 at QUESTIONS 1,2 or 3

- an address only obtained (ie no telephone no.) 5 → RING CODE 4 AT Q1, 2 OR 3. ENTER OUTCOME CODE ON PAGE 1 & PASS ARF TO OPS.
- no (new) address or telephone no. obtained 6 → RING CODE 6 AT Q1, 2 OR 3. ENTER OUTCOME CODE ON PAGE 1 & PASS ARF TO OPS.
- other reason for no "in-scope" address 7 → RING CODE 7 AT Q1, 2 OR 3. ENTER OUTCOME CODE ON PAGE 1. PASS ARF TO OPS.

THIS PAGE TO BE COMPLETED BY GROUND TRACER

6. CALLS RECORD (for ground tracer personal visits)

VISIT NUMBER	01	02	03	04	05	06	07	08	09	10	11	12
DATE:												
I) Day (Mon = 1) Tues = 2 etc												
ii) Date												
iii) Month												
EXACT TIME OF CALL (24 hour clock)												

7. NOTES:

8. GROUND TRACER OUTCOME SUMMARY

CM <u>resident</u> at (one of) contacted addresses:

- appointment made 1 → RING CODE 1 AT Q1, 2 OR 3. FILL IN APPOINTMENT DETAILS ON PAGE 1. NOTIFY NURSE AND TELEPHONE UNIT. PASS ARF TO OPS.
- appointment refused 2
- CM not contacted after 4+ visits 3 → RING CODE 2 AT Q1, 2 OR 3 AND ENTER OUTCOME CODE. PASS ARF TO OPS.
- other reason for no appointment 4

CM <u>not</u> resident at (any of) contacted addresses:

- an address and/or telephone number obtained 5 → RING CODE 3, 4 OR 5 AT Q1, 2 OR 3. ENTER OUTCOME CODE ON PAGE1 & PASS ARF TO OPS.
- no (new) address or telephone no. obtained 6 → RING CODE 6 AT Q1, 2 OR 3. ENTER OUTCOME CODE ON PAGE 1 & PASS ARF TO OPS.
- other reason for no “in-scope” address 7 → RING CODE 7 AT Q1, 2 OR 3. ENTER OUTCOME CODE ON PAGE 1 & PASS ARF TO OPS.

THIS PAGE TO BE COMPLETED BY NURSE

9. CALLS RECORD

VISIT NUMBER	01	02	03	04	05	06	07	08	09	10	11	12
DATE:												
I) Day (Mon = 1) Tues = 2 etc												
ii) Date												
iii) Month												
EXACT TIME OF CALL (24 hour clock)												

10. NOTES:

11. INTERVIEW OUTCOME

Productive interview at **original** address (Address 1)	11
Productive interview at **new** address	14
Partial productive at **original** address	21
Partial productive at new address	24
Unproductive - refused to nurse	43
Unproductive – broken appointment and could not be re-contacted	45
Other reason for unproductive outcome	79
(WRITE IN REASON ON PAGE 6)	

ENTER OUTCOME CODE ON P.1

(IF PRODUCTIVE INTERVIEW - CODE 11 OR 14 AT Q11)

12. SURVEY DOCUMENTS – COMPLETED AND CHECKED FOR RETURN TO OFFICE

	Completed/ obtained	**Not completed/ obtained**	**N/A**
Refractometer slip	1	2	3
Consent Booklet (office copy)	1	2	
Lilac Self-completion Booklet	1	2	
Yellow Self-completion Booklet	1	2	

(IF YELLOW SELF-COMPLETION <u>NOT</u> OBTAINED:

13. Why was Yellow Self-completion not obtained?

Cohort member refused	1
Booklet left behind, cohort member will post	2
Cohort member had already returned booklet by post	3
(WRITE IN ADDRESS TO WHICH BOOKLET SENT)	

OUTCOME CODES

NO CONTACT AT ADDRESS/TELEPHONE NO.		PRODUCTIVE	
No telephone number	01*	Productive interview at original address	
Invalid telephone number, no other obtained	02*	(Address 1)	11**
		Productive interview at new address	14**
No trace of address/insufficient address	63	Partial productive interview at original address	21**
Demolished/derelict address	72	Partial productive interview at new address	24**
Vacant/empty	73		
Business/industrial premises	74	UNPRODUCTIVE (write in reason below)	
		Refusal:	
No contact after eight telephone calls	31	- Refusal to office after advance letter	41
No contact after four visits by ground tracer	34	- Refusal to telephone unit	46
		- Refusal to office after appointment made	49
COHORT MEMBER HAS DIED	56	- Refusal to Nurse	43**
		- Refusal to Ground Tracer	48
COMPLETE REFUSAL OF INFORMATION		- Proxy refusal	47
ABOUT OCCUPANTS	65	- Broken appointment, could not be re-contacted	45**
		Other unproductive:	
COHORT MEMBER NOT AT ADDRESS		- Ill (at home during survey period)	51
New address obtained:		- Away in hospital/on holiday (GIVE DATE OF RETURN)	
- Within GB	30*	_____	52
- Within N. Ireland/Channel Islands	35	Other reason for unproductive outcome	79**
- Outside UK	78	(WRITE IN DETAILS BELOW)	
New address not obtained:		OFFICE USE ONLY	
- Not known	68		
- Refused	69	- Lost productive	55

*** Temporary outcome codes**

**** Outcome codes for use once ARF issued to nurse**

ADDITIONAL NOTES AND/OR ADDRESS INFORMATION

NCDS
National Child
Development Study
A study of everyone in Britain born in one week in 1958

[cohort member's name and address]

[unique reference]

[date]

Dear [cohort member's name]

The National Child Development Study 2002-3

In the past, you have kindly agreed to be interviewed about various aspects of your life, including your health. This information you have given has been invaluable in revealing how common problems such as asthma, obesity and mental health change over time from childhood to adulthood.

The Medical Research Council now recognises the unique value of the NCDS and is funding a more detailed survey of health. This survey will be carried out by the National Centre for Social Research, who conducted interviews with most members of the NCDS in 1999 and 2000.

We are now writing to ask if you would be willing to offer some more of your time so that a research nurse can visit you in your home to take some simple medical measurements. These tests last about 1½ hours and are described in more detail on the enclosed information sheet.

As always, all the information you supply will be treated as strictly confidential. None of it will be released in any way which enables you to be identified.

What next?

Someone from the National Centre will be in touch with you shortly to arrange a convenient time for the nurse to visit. If your address or telephone number has changed please let us know by calling freephone 0500 600 616.

We very much hope that you will agree to help us with this important research. If you have any queries, please do not hesitate to telephone us on freephone 0500 600 616.

Yours sincerely

John Bynner

Centre for Longitudinal Studies • Institute of Education • 20 Bedford Way • London WC1H 0AL
Tel 0207 612 6860 • Fax 0207 612 6880 • Email cohort@cls.ioe.ac.uk • Director Professor John Bynner

NCDS National Child Development Study

A study of everyone in Britain born in one week in 1958

The National Child Development Study: 2002-3

This survey is funded by the Medical Research Council and is being carried out by the Centre for Longitudinal Studies in collaboration with the Institute of Child Health, St George's Hospital Medical School and the National Centre for Social Research, an independent research institute.

This leaflet tells you more about the survey and why it is being done.

The child first and always

National Centre *for* Social Research

P2107

Why another survey?

We are interested in the way in which conditions throughout life, from birth through to adulthood, may affect health in middle age. The NCDS offers an important opportunity to study this because information was gathered during childhood and up to the recent survey at age 41. We measured your height and weight, and tested your eyesight and hearing levels in your childhood. Now you are adult, we would like to obtain more complete measures of health, including things such as blood pressure, blowing power, eyesight and hearing. The interview will be carried out by a qualified nurse.

For most of you, this is the first time that we are asking to you to have "medical" measurements since you were at school. You may be familiar with some tests from visits to the doctor or optician. This information sheet describes each test: why we feel it is important and what it involves for you. You will also be able to ask questions of the nurse when she visits, before you consent in writing to take part in each part of the examination.

It would be very helpful if you would agree to be interviewed by the nurse even if you decide not to have some of the tests. You will be given a copy of this information sheet and a copy of your signed consent form to keep after the examination.

Is the survey confidential?

Yes. We take very great care to protect the confidentiality of the information we are given. The results will not be published in a form which can reveal your identity. This will only be known to the research team.

Is the survey compulsory?

No. In all our surveys we rely on voluntary co-operation. The success of the survey depends on the goodwill of those asked to take part. The more people who do take part, the more useful the results will be. However, you are free to withdraw at any time.

What does the survey involve?

The measurements include:

- *Height, weight and other body measures.* We would like to measure your height, both when you are standing and when you are seated, and also your waist and hip size, using a tape measure over light clothing. You will be asked to remove shoes and heavy clothing.

- *Blood pressure.* Blood pressure is measured using an inflatable cuff that goes around the upper arm, after a few minutes rest. In this survey we shall use an automatic device which also measures pulse rate. The nurse will tell you your blood pressure and indicate its meaning. Without taking several measurements s/he cannot diagnose high blood pressure and may advise you to check with your doctor.

- *Lung function.* Another measurement of health and fitness is the amount of air you can breathe out of your lungs and how quickly you can blow it out.

- *Eyesight tests.* You will be asked to read from standard charts at your normal reading distance and at a distance of about 1.5 metres. A special card will be used to test three-dimensional (3D) vision. Some people will also have a test of their focusing power. If you wear spectacles or contact lenses you may be asked to remove these for parts of the final test.

- *Hearing tests.* You will be asked to wear a pair of headphones and to tell the nurse whether you can hear bleeps of different pitch and loudness.

- *Mental wellbeing questionnaire.* We would like to measure the different types of feelings and emotions that you experience. This will involve the nurse interviewing you for a few minutes using a computer-assisted questionnaire, and some additional questions which you answer privately. Some of the questions are about relationships in your family when you were a child. For a few people this may cause unpleasant memories. As with every part of the survey, you may choose not to answer these questions if you wish.

- *Saliva sample.* We would also like to measure whether "stress" affects health with a hormone called cortisol, which is contained in saliva. Because cortisol varies during the day, the saliva needs to be collected first thing in the morning and then again a few hours later. This involves placing a cotton wool swab between your cheek and gums for a few minutes, which is then posted to the laboratory.

- *Blood sample.* We would be very grateful if you would agree to provide us with a sample of blood. This will be analysed in a number of ways, and some of it will be stored for more advanced tests in the future. This is therefore a very important and informative part of the survey. You can of course choose whether to give a blood sample. The nurse will ask for your written permission to take a blood sample and also to store portions of the blood and the DNA which it contains. This is explained in more detail in a separate leaflet, which you have been given.

  The nurse will take a small amount of blood (no more than five teaspoonfuls) from your arm, which is then posted to a laboratory for tests of cholesterol and glycosylated haemoglobin, two substances in the blood which are related to hardening of the arteries (atheroma). We shall inform you if either of these tests is high enough to need medical attention. With the blood sample we are also planning to measure substances related to blood clotting. We shall also test for an antibody (IgE) which is involved in allergies to things like grass pollen and house dust mites.

In the future, there may be new scientific ideas which can be tested on the stored blood samples. If you agree to frozen storage of your blood sample, this will be used only for non-commercial medical research purposes. The stored blood will be controlled by a steering committee including representatives of the Institute of Education and the scientific investigators on the survey team. Blood samples from this survey will never be tested for the HIV virus which causes AIDS.

If you later change your mind about the use of stored samples of your blood or your DNA, you may withdraw your permission by writing to the National Centre for Social Research. The biological samples relating to you will then be destroyed.

Letting you know your results

At the end of the visit, the nurse will give you a written summary of the measurements she has made on the day. This will not include laboratory tests, nor a detailed medical interpretation of the results. After a few weeks, you will receive a "thank-you" letter including fuller feedback. We will not send any information to your doctor (GP) without your permission, but if you agree, the results of all your measurements and laboratory tests will be sent to your doctor in a separate letter.

In future it may be useful for medical research purposes for us to consult your NHS medical records. Although there are no immediate plans to do this, we seek your written permission at this stage so that we do not need to trouble you for this later.

Answering other questions

We hope that this leaflet answers your questions. If you have others which you feel cannot be addressed by the nurse when she visits, please contact the National Centre for Social Research at the address opposite. If they are unable to provide a direct answer, they will put you in touch with one of the medical investigators. Thank you very much for helping us with the development of this important survey.

The members of the research team are:

Liz Fuller
National Centre for Social Research
35 Northampton Square
London EC1V 0AX
Tel: 0207 250 1866

Professor John Bynner
Centre for Longitudinal Studies
Institute of Education
20 Bedford Way
London WC1H 0AL

Professor Christine Power
Centre for Paediatric Epidemiology & Biostatistics
Institute of Child Health
30 Guilford Street
London WC1N 1EH

Professor David Strachan
Department of Public Health Sciences
St George's Hospital Medical School
Cranmer Terrace
London SW17 0RE

NCDS
National Child
Development Study

A study of everyone in Britain born in one week in 1958

Genetic Studies within the National Child Development Study: 2002-3

This survey is funded by the Medical Research Council and is being carried out by the Centre for Longitudinal Studies in collaboration with the Institute of Child Health, St George's Hospital Medical School and the National Centre for Social Research, an independent research institute.

This leaflet tells you about the collection of genetic material as part of the study and why it is being done.

The child first and always

National Centre *for* Social Research

P2107 G

Introduction

Research shows that an increasing number of illnesses have a genetic element. Diabetes, asthma and certain heart conditions are now thought to have a genetic component.

Often genes do not actually give rise to a specific illness but may pre-dispose to one. Two people may both be pre-disposed to a particular illness, but only one person actually suffers from it. Why? What triggers the onset of the illness? Is it something to do with the environment? Or is it other genes?

This is the type of question that we hope to try to answer, through a variety of genetic studies. We need to look at the genes from a large number of people so that we can study the differences between genes, and how they relate to health. The NCDS cohort is important because we have information about you since your birth. This will make genetic studies much more informative.

What are genes?

In a room full of people, individuals differ: some are tall, some are short, some have dark hair, some have fair. The characteristics that make us unique individuals are influenced by our genes. Following the recently published "working map" of the human genome, it is thought that we each have about 30,000 genes. We have genes that determine many things about us such as our height, our hair and eye colour and also the likelihood that we may develop certain diseases, that tend to run in families.

There may be several forms of the same gene. For example, the genes for eye colour have several different forms so there is a range of different eye colour – blue, green, brown, etc. The form of the eye colour gene does not appear to have any effect on health. Because there are a number of variations of each gene, no two persons (apart from identical twins) have exactly the same combination of genes, although we all have the same number.

What is DNA?

DNA is the substance of which genes are composed. Genes are found on structures called chromosomes. There are 23 pairs of chromosomes (46 in total) present in each of the cells of our bodies.

Each chromosome contains a long thin tightly packed thread. This is the DNA. The DNA strand is divided up, along its length, into the genes. One chromosome contains hundreds or thousands of genes. Each gene lies at an exact place on a specific chromosome. Pairs of chromosomes contain the same set of genes in the same order, but they may carry a different form of the same gene.

It is this genetic variation in the DNA that will be studied in the genetic part of the project.

How will the DNA be collected?

DNA can be obtained from any cell in the body. Since we wish to take a blood sample anyway for your biochemical tests we would like to use this to prepare DNA. We shall seek your written consent to do this.

As well as DNA, a sample of the blood cells can be stored frozen, if you agree. The cells can then, at some future date, be grown in culture to prepare much larger amounts of high quality DNA if we need it.

Future genetic studies may involve looking at whole chromosomes or at cell metabolism. If only the DNA is stored, then whole chromosomes cannot be studied. This is because the structure of the chromosomes is disrupted in order to get the DNA. Storing cells would allow the study of both whole chromosomes and cell metabolism in the future.

If these blood cells are not stored, then the potential for future genetic studies will be more limited.

What type of genetic studies will be done?

Some studies will simply find out how many people have a certain type of gene. In the future, if a certain gene is found to be associated with a certain illness, then knowing how common that gene is will help to plan and develop health care. Because the NCDS is a cross-section of the whole British population of your age, it can be very useful to compare your genetic make-up with that of other people outside the cohort who have diseases. One of the first such comparisons will be with a large nationwide collection of children and young adults with diabetes. Finding the genes which are more common among young diabetic people will help in the search for preventable causes of this condition.

Other studies will see if there is a link between certain genes, the environment and health among NCDS cohort members. Genetic results will be compared with information in your interview, and your physiological and biochemical test results, to see if there are common underlying factors.

How will the results be published?

The results would be in the form “1 in 200 people have that type of gene”.

No names of individuals will ever be revealed or identified in the presentation of the results.

How will the genetic information be stored?

Each blood sample in the project will be given its own number. This number will be different to your survey number, which appears on the questionnaire and the consent form. Only this number, and not your name, will appear on the prepared DNA samples and the stored materials. As in previous NCDS surveys, the ‘paperwork’ which links you to your results will be kept on a secure computer at the Institute of Education, London.

Can I withdraw my consent?

Initial consent to the collection, storage and use of the samples in the genetic project is given by you. It is not possible to "opt in" to certain genetic studies and "opt out" of others, but you can opt out of the whole genetic project at any time. If you feel unhappy about agreeing for your cells to be stored for future use, you can choose not to sign that part of the consent form.

Who gives ethical approval for genetic studies?

National Health Service Research Ethics Committees operate within the framework of guidance from the Departments of Health, the Royal College of Physicians and other professional bodies, and the principles contained in the Declaration of Helsinki. They have to be satisfied that the scientific merits of the study and the interests of everyone taking part in it have been considered.

Also, a group of independent doctors and scientists, and representatives of the Medical Research Council, form a steering committee to oversee the ethical aspects of this project and control future use of the biological specimens obtained from you and everyone else who takes part.

Each genetic study may raise different ethical issues and will be carefully planned with advice from the steering committee. When the details have been finalised, the proposed study will be submitted to one of the NHS Research Ethics Committees for their approval.

Only studies approved by these Research Ethics Committees will be undertaken.

Will the DNA samples be used for other things?

If you agree, the DNA sample will be made available for future studies relating to health which have received ethical approval. The information will **not** be available for life insurance, mortgage applications, police records or AIDS/HIV testing.

Answering other questions

We hope that this leaflet answers your questions. If you have others, please contact the medical investigators at the address below. Thank you very much for helping us with the development of this important survey.

Prof David Strachan
Department of Public Health Sciences
St George's Hospital Medical School
Cranmer Terrace
London SW17 0RE

Tel: 020 8725 5424

NCDS
National Child Development Study
A study of everyone in Britain born in one week in 1958

National Centre *for* Social Research

APPOINTMENT RECORD

In the next week or so, someone from the Telephone Unit at the National Centre for Social Research will contact you to make an appointment for the nurse to come to interview you. Please use this card to record the appointment details.

A qualified nurse _____

will call on _____ at _____

She will be able to give you more information about the measurements.

If for any reason you cannot keep this appointment, please telephone our Project Team on freephone **0800 652 0157**

Overleaf there is some information about the interview and what to expect.

The interview will include a number of questions about your health, as well as the measurements described in the information leaflet you have been given. To help the nurse, and to save time during the interview, please could you be prepared in the following ways:

- Wear **light clothing**. So that your hip and waist can be measured accurately, please do not wear tight clothing (e.g. lycra, tight-fitting jeans) or thick belts.
- If possible, **do not smoke, drink alcohol** or do any **vigorous exercise** for half an hour before the nurse arrives, as this could affect your blood pressure readings.
- The nurse will need to record any **prescribed medicines** that you may be taking, so have the containers ready. If you take any **vitamins, minerals or food supplements**, whether or not they have been prescribed by a doctor, please could you have these containers ready as well.
- If you wear **glasses for reading or for distance vision** please have these ready, as the nurse will need them for testing your vision.
- If you wear **contact lenses** for vision correction, please have them in when the nurse arrives. You may be asked to remove them for one of the measurements, so it will be convenient if you could have your storage case to hand. In addition, please could you have your spare glasses available, as the nurse will need to look at them.
- Finally, if you are registered with a **GP**, you may be asked for his or her name and the surgery address, so make sure you can find this information easily.

National Centre *for* Social Research

Head Office
35 Northampton Square
London EC1V 0AX
Telephone 020 7250 1866
Fax 020 7250 1524

Operations Department
100 Kings Road, Brentwood
Essex CM14 4LX
Telephone 01277 200 600
Fax 01277 214 117

NCDS Medical follow-up
CONSENT BOOKLET – OFFICE COPY

P2107

Please use capital letters and write in ink

NAME/ADDRESS – WRITE IN:

RESPONDENT NAME:
ADDRESS:

POSTCODE:

ATTACH SERIAL NUMBER BAR CODE LABEL:

1. Nurse number

2. Date schedule completed — DAY / MONTH / YEAR

3. Full name (of person tested) _____

Name by which GP knows person (if different) _____

4. Sex — Male 1 / Female 2

5. Date of birth: DAY / MONTH 0 3 / YEAR 1 9 5 8

6. **GP NAME AND ADDRESS**

Dr: ……
Practice Name: ……
Address: ……
……
Town: ……
County: ……
Postcode: ……
Telephone no: ……

7. **NURSE USE ONLY**

GP address complete	1
GP address incomplete	2
No GP	3

8. SUMMARY OF CONSENTS – RING CODE FOR EACH ITEM

	YES	NO
a) Vision tests **to GP**	01	02
b) Hearing tests **to GP**	03	04
c) Height and Weight **to GP**	05	06
d) Waist and Hip measurement **to GP**	07	08
e) Blood pressure **to GP**	09	10
f) Lung function **to GP**	11	12

	YES	NO
g) Sample of blood to be **taken**	13	14
h) Blood sample results **to GP**	15	16
i) Blood sample for **storage**	17	18
j) Blood sample for **DNA extraction**	19	20
k) Blood sample for **cell cultures**	21	22
l) Blood sample result to **respondent**	23	24

CONSENT FORM 1 - Measurements

I, *(name)* _____

give my consent to _____ *(qualified nurse)*

to measure the following:

Ring one code on each line

1)	Tests of near and distant vision	Yes	No
2)	Blood pressure and pulse rate	Yes	No
3)	Pure tone audiometry tests of hearing threshold	Yes	No
4)	Standing and sitting height	Yes	No
5)	Body weight	Yes	No
6)	Waist and hip circumferences	Yes	No
7)	Lung function using a spirometer	Yes	No

I am willing to complete a structured interview about mental health Yes No

I have read the letter of introduction and the information leaflet about the medical examination for the National Child Development Study. I have discussed any outstanding questions with the nurse named below and I wish to participate in the examination. I understand that I can stop the interview and examination at any point or decline any part of it, and that all information will be treated in the strictest confidence and used for research purposes only.

Signed _____ Date _____

Countersignature by nurse

I confirm that I have explained the nature of the proposed studies to the person named above and have left a copy of the information sheet and this consent form with them for future reference.

Signed _____ (Nurse) Date _____

CONSENT FORM 2 – Blood samples

I, *(name)* _____

a) Give my consent to _____ (qualified nurse) to collect a sample of my blood to be tested for cholesterol, glycosylated haemoglobin, fibrinogen, total and allergen-specific IgE. I understand that the blood samples and related information will be coded and used anonymously for non-commercial research purposes only, and will not be tested for HIV.

Signed _____ Date _____

b) Give my consent to storage of frozen portions of my blood sample for use in future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the blood samples and related information will be coded and used anonymously for non-commercial research purposes only, and will not be tested for HIV. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons.

Signed _____ Date _____

c) Give my consent to extraction and storage of DNA from my blood sample for use in future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the DNA samples and related information will be coded and used anonymously for non-commercial research purposes only, and that no information found in the DNA will be given to me. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons, and the DNA extracted from my blood samples will then be destroyed and any genetic data obtained from it will be deleted.

Signed _____ Date _____

d) Give my consent to storage of white blood cells for future creation of cell cultures. I understand that these cells will provide a renewable source of DNA for use in future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the cells, DNA samples and related information will be coded and used anonymously for non-commercial research purposes only, and that no information found in the DNA will be given to me. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons, and the cell cultures and DNA obtained from them will then be destroyed.

Signed _____ Date _____

CONSENT FORM 3

Saliva sample

I, *(name)* _____ give my consent to use of samples of my saliva for tests of cortisol and future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the saliva samples and related information will be coded and used anonymously for non-commercial research purposes only, and will not be tested for HIV. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons.

Signed _____ Date _____

Consent to send results to GP

I, *(name)* _____ wish these results to be sent to my general practitioner so that they can be used to help monitor my health. I understand that my GP may wish to include the results in any future report about me:

		Ring one code on each line		
a)	Vision test results	Yes	No	Not measured
b)	Blood pressure and resting pulse rate	Yes	No	Not measured
c)	Hearing test results	Yes	No	Not measured
d)	Height, weight and measures of body size	Yes	No	Not measured
e)	Lung function test results	Yes	No	Not measured
f)	Blood test results for blood cholesterol and glycosylated haemoglobin	Yes	No	Not measured

Signed _____ Date _____

CONSENT FORM 4 – Archiving of data and Consent to obtain information from National Health Service medical records

I, *(name)* _____

a. Give my consent for measurements, laboratory test results and other information obtained from me as part of the medical examination of the National Child Development Study to be deposited at the Economic and Social Research Council Data Archive, as part of the National Child Development Study dataset. I understand that the archived information will be coded and used anonymously for research purposes only, and will not include my name or address.

   Signed _____ Date _____

b. Give my consent to use of information from my National Health Service medical records in future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the information obtained by the investigators will be coded and used anonymously for research purposes only, and will not include my name or address. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons.

   Signed _____ Date _____

DESPATCH 2

P2107/P3

THE BRITISH 1958 COHORT SURVEY (NCDS)

DESPATCH NOTE FOR BLOOD SAMPLES

(OFFICE COPY)

Complete <u>all</u> sections and return in consent booklet to Brentwood.

1. SAMPLE TUBES DESPATCHED:

	Newcastle (Two tubes)	St George's 7.5ml EDTA	Bristol 8.5ml CPDA
5.5ml plain: white	☐	☐	☐
5ml citrate: green	☐	red	yellow

2. BLOOD TAKEN: Day ☐☐ Month ☐☐ Year ☐☐☐☐

3. BLOOD SAMPLES DESPATCHED: Day ☐☐ Month ☐☐ Year ☐☐☐☐

4. SERIAL NUMBER: ATTACH BARCODE LABEL

5. NURSE NUMBER: ☐☐☐☐☐☐

LAB CODE BCS1958 - NEWCASTLE **DESPATCH 1N**

P2107/P3

THE BRITISH 1958 COHORT SURVEY (NCDS)

DESPATCH NOTE FOR BLOOD SAMPLES

(LABORATORY COPY - NEWCASTLE)

Complete <u>all</u> sections CLEARLY and LEGIBLY and enclose with samples to laboratory.

1. SERIAL NUMBER: [C] ATTACH BARCODE LABEL

2. SEX: Male [1] Female [2]

3. BLOOD COLLECTED: Day [ ][ ] Month [ ][ ] Year [ ][ ][ ][ ]

4. TIME OF COLLECTION: Hr [ ][ ] Min [ ][ ] (Use 24 hour clock)

5. NURSE NUMBER: [ ][ ][ ][ ][ ][ ]

6. STORAGE CONSENT: BLOOD — FOR LABORATORY ACTION:
   Given [1]
   Not given [2] ----------> If not given, do tests but discard serum residue

7. STORAGE CONSENT: DNA
   Given [1]
   Not given [2] ----------> (Not relevant to Newcastle)

8. STORAGE CONSENT: IMMORTALISED CELL LINES
   Given [1]
   Not given [2] ----------> (Not relevant to Newcastle)

LABELLING ON SAMPLE TUBES AND THIS FORM <u>MUST</u> CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY

TUBES ENCLOSED:		✓ if rec'd	**ACTION REQUIRED**
Plain 5.5ml	White		Total & HDL cholesterol Triglycerides IGF1 Total IgE IgE - mite,grass,cat (if IgE>30 kU/L) Store spare serum as one aliquot
Citrate 5.0ml	Green		HbA1c (on 0.5ml), then: Spin & aliquot 1 x 1ml, 1 x c.0.5ml

LAB CODE BCS1958 - BRISTOL **DESPATCH 1B**

P2107/P3

THE BRITISH 1958 COHORT SURVEY (NCDS)

DESPATCH NOTE FOR BLOOD SAMPLES

(LABORATORY COPY - BRISTOL)

Complete <u>all</u> sections CLEARLY and LEGIBLY and enclose with samples to laboratory.

1. SERIAL NUMBER: ATTACH BARCODE LABEL

2. NURSE: STAPLE A SECOND BLOOD TUBE LABEL TO THIS FORM

3. SEX: Male 1 / Female 2

4. BLOOD COLLECTED: Day ☐☐ Month ☐☐ Year ☐☐☐☐

5. TIME OF COLLECTION: Hr ☐☐ Min ☐☐ (Use 24 hour clock)

6. NURSE NUMBER: ☐☐☐☐☐☐

7. STORAGE CONSENT: BLOOD — FOR LABORATORY ACTION:

   Given 1 / Not given 2 ----------> If not given, discard plasma

8. STORAGE CONSENT: DNA

   Given 1 / Not given 2 ----------> If not given, discard all cells

9. STORAGE CONSENT: IMMORTALISED CELL LINES

   Given 1 / Not given 2 ----------> If not given, do NOT separate PBLs

LABELLING ON SAMPLE TUBES AND THIS FORM <u>MUST</u> CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY

TUBES ENCLOSED:	✓ if rec'd	**ACTION REQUIRED**
CPDA Yellow 8.5ml	☐	Separate plasma in one aliquot for transport to St George's Separate & freeze PBLs Freeze remaining cells as backup

LAB CODE BCS1958 - ST GEORGE'S **DESPATCH 1G**

P2107/P3

THE BRITISH 1958 COHORT SURVEY (NCDS)

DESPATCH NOTE FOR BLOOD SAMPLES

(LABORATORY COPY - ST GEORGE'S)

Complete <u>all</u> sections CLEARLY and LEGIBLY and enclose with samples to laboratory.

1. SERIAL NUMBER: ATTACH BARCODE LABEL

2. SEX: Male 1 / Female 2

3. BLOOD COLLECTED: Day ☐☐ Month ☐☐ Year ☐☐☐☐

4. TIME OF COLLECTION: Hr ☐☐ Min ☐☐ (Use 24 hour clock)

5. NURSE NUMBER: ☐☐☐☐☐☐

6. STORAGE CONSENT: BLOOD — FOR LABORATORY ACTION:
   Given 1 / Not given 2 ----------> If not given, discard plasma

7. STORAGE CONSENT: DNA
   Given 1 / Not given 2 ----------> If not given, discard cell pellets

8. STORAGE CONSENT: IMMORTALISED CELL LINES
   Given 1 / Not given 2 ----------> (Not relevant to St George's)

LABELLING ON SAMPLE TUBES AND THIS FORM <u>MUST</u> CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY

TUBES ENCLOSED:	✓ if rec'd	**ACTION REQUIRED**	Date received _____
			Number of aliquots _____
EDTA Red 7.5ml	☐	Spin & aliquot plasma Freeze cell residue	Haemolysis? Yes No

National Centre *for* Social Research

NCDS
National Child Development Study
A study of everyone in Britain born in one week in 1958

P2107

The National Child Development Study 2002-3

CONSENT BOOKLET – PERSONAL COPY

Name:

Date of interview:

This booklet contains a copy of the different consents and permissions that you have been asked to sign during the interview, for your records.

Please make a note of which elements you have agreed to, as you go through the interview.

All queries should be directed to:
0500 600 616

CONSENT FORM 1 - Measurements

Ring one code on each line

1)	Tests of near and distant vision	Yes	No
2)	Blood pressure and pulse rate	Yes	No
3)	Pure tone audiometry tests of hearing threshold	Yes	No
4)	Standing and sitting height	Yes	No
5)	Body weight	Yes	No
6)	Waist and hip circumferences	Yes	No
7)	Lung function using a spirometer	Yes	No

I am willing to complete a structured interview about mental health Yes No

I have read the letter of introduction and the information leaflet about the medical examination for the National Child Development Study. I have discussed any outstanding questions with the nurse named below and I wish to participate in the examination. I understand that I can stop the interview and examination at any point or decline any part of it, and that all information will be treated in the strictest confidence and used for research purposes only.

Countersignature by nurse

I confirm that I have explained the nature of the proposed studies to the person named above and have left a copy of the information sheet and this consent form with them for future reference.

CONSENT FORM 2 – Blood samples

I, *(name)*

a) Give my consent to *(qualified nurse)* to collect a sample of my blood to be tested for cholesterol, glycosylated haemoglobin, fibrinogen, total and allergen-specific IgE. I understand that the blood samples and related information will be coded and used anonymously for non-commercial research purposes only, and will not be tested for HIV.

Tick if consent given ☐

b) Give my consent to storage of frozen portions of my blood sample for use in future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the blood samples and related information will be coded and used anonymously for non-commercial research purposes only, and will not be tested for HIV. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons.

Tick if consent given ☐

c) Give my consent to extraction and storage of DNA from my blood sample for use in future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the DNA samples and related information will be coded and used anonymously for non-commercial research purposes only, and that no information found in the DNA will be given to me. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons, and the DNA extracted from my blood samples will then be destroyed and any genetic data obtained from it will be deleted.

Tick if consent given ☐

d) Give my consent to storage of white blood cells for future creation of cell cultures. I understand that these cells will provide a renewable source of DNA for use in future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the cells, DNA samples and related information will be coded and used anonymously for non-commercial research purposes only, and that no information found in the DNA will be given to me. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons, and the cell cultures and DNA obtained from them will then be destroyed.

Tick if consent given ☐

CONSENT FORM 3

Saliva sample

I, *(name)* give my consent to use of samples of my saliva for tests of cortisol and future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the saliva samples and related information will be coded and used anonymously for non-commercial research purposes only, and will not be tested for HIV. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons.

Tick if consent given ☐

Consent to send results to GP

I, *(name)* wish these results to be sent to my general practitioner so that they can be used to help monitor my health. I understand that my GP may wish to include the results in any future report about me:

		Ring one code on each line		
a)	Vision test results	Yes	No	Not measured
b)	Blood pressure and resting pulse rate	Yes	No	Not measured
c)	Hearing test results	Yes	No	Not measured
d)	Height, weight and measures of body size	Yes	No	Not measured
e)	Lung function test results	Yes	No	Not measured
f)	Blood test results for blood cholesterol and glycosylated haemoglobin	Yes	No	Not measured

CONSENT FORM 4 – Archiving of data and Consent to obtain information from National Health Service medical records

I, *(name)*

a. Give my consent for measurements, laboratory test results and other information obtained from me as part of the medical examination of the National Child Development Study to be deposited at the Economic and Social Research Council Data Archive, as part of the National Child Development Study dataset. I understand that the archived information will be coded and used anonymously for research purposes only, and will not include my name or address.

Tick if consent given ☐

b. Give my consent to use of information from my National Health Service medical records in future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the information obtained by the investigators will be coded and used anonymously for research purposes only, and will not include my name or address. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons.

Tick if consent given ☐

NCDS
National Child
Development Study
A study of everyone in Britain
born in one week in 1958

National Centre *for*
Social Research

Thank you for your co-operation

Liz Fuller
National Centre for Social Research
35 Northampton Square
London
EC1V 0AX

Tel: 020 7250 1866

Prof David Strachan
Dept. of Public Health Sciences
St. George's Hospital Medical School
Cranmer Terrace
London SW17 0RE

Tel: 020 8725 2091

P2107

SN: ☐☐☐ ☐☐ ☐

The National Child Development Study 2002-3

MEASUREMENT RECORD CARD

FULL NAME: _____

BLOOD PRESSURE

	Systolic (mmHg)	Diastolic (mmHg)	Pulse (bpm)
(i)			
(ii)			
(iii)			

Blood pressure interpretation:

☐ Normal ☐ Moderately raised

☐ Mildly raised ☐ Considerably raised

Summary of advice given by nurse:

Visit your GP to have your blood pressure checked within:

_____

HEARING THRESHOLDS

	1 kHz	4 kHz
Left ear (decibels)		
Right ear (decibels)		

STANDING HEIGHT: _____ cm

_____ ft/ins

WEIGHT: _____ kg

_____ st/lbs

WAIST AND HIP MEASUREMENT

Waist _____ cms

Hip _____ cms

LUNG FUNCTION

FVC ☐ ♦ ☐☐ litres

FEV_1 ☐ ♦ ☐☐ litres

PF ☐☐☐ litres per minute

Nurse: Name _____

Date of visit _____

NatCen
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SALIVA COLLECTION

Please read the following instructions carefully.

We would like to measure a hormone called cortisol, which is present in saliva, to explore the link between "stress" and health. Cortisol levels vary during the day so saliva needs to be collected in the morning and then a few hours later. It is collected by gently chewing on a sterile cotton wool swab.

- Use the first tube, with a **red dot** on the cap, to collect a sample **about 45 minutes after you wake up.**

- Use the second tube, with a **blue dot**, to collect a sample **3 hours after the first one.** For example, if the first sample is taken at 8am the second would ideally be collected at 11am (before lunch).

The two samples should be taken on the same day. **Please try to follow the times as closely as possible.**

1. Before you take a saliva sample make sure you have not had anything to drink or eat for at least 15 minutes beforehand. If possible do not brush or floss your teeth before the first sample. Just before you do the test rinse your mouth with water.

2. To collect your sample, flip off the top cap of one of the plastic tubes and remove the (sterilised) cotton swab, but do not remove the light plastic coat that covers it.

3. Put the swab in your mouth and gently chew on it. As soon as you feel that the swab is entirely soaked, return the swab back into the plastic tube and put the cap back on.

4. **Label the tube** with the **date and time** that you collected the sample with a black biro.

5. When you have collected the two samples, **please answer the questions overleaf**. It is important that they are answered as accurately as possible so we can interpret the results.

6. Please return the two tubes and this form in the pre-paid envelope to St. George's Hospital Medical School. Please **post the samples as soon as possible** and keep them in the fridge until you can post them.

I forgot!

The two samples need to be taken on the same day. So if you do the first sample but forget the second one ring 020 8725 2091 and we will send you two fresh tubes.

If you miss the early morning sample on the first day, don't take a second measure on that day: start afresh the following morning.

SURVEY NUMBER
OR BARCODE
(completed by nurse)

BARCODE

For completion by cohort member:

When did you take the samples? date ___ / ___ / ___

First sample, 45 minutes after awakening (RED DOT) time _____ am/pm

Second sample, 3 hours after the first sample (BLUE DOT) time _____ am/pm

What time did you wake up <u>on the day</u> you took the samples? time _____ am/pm

If you were awake at any time during the night (between 12pm and 6am) before you took the samples, at what time were you awake? from ____ to ____

*Please **circle yes or no** to the following questions:*

Do you normally work during the night (between 12pm and 6am)? Yes No

Have you had any dental work within the last 3 days? Yes No

At the moment, have you any cuts or other damage inside your mouth that may bleed? Yes No

Thank you very much for your help. Please add any comments below.

For laboratory use:

Samples received at laboratory date ___ / ___ / ___

First sample ID number (RED DOT) ID 1 _____

Second sample ID number (BLUE DOT) ID 2 _____

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Reference: P2107/sal3

[date]

Dear Cohort Member

The National Child Development Study 2002-3

Thank you for helping with our recent medical survey of the National Child Development Study. As we have promised, we will be writing to you in the next few weeks with your test results.

You may recall that the nurse asked if you would take two saliva samples and post them to us. Our records show that we have not yet received the samples. Although it is a few weeks since the nurse visited, your saliva samples would still be very valuable for our studies.

Please could you take the samples as instructed and return these to us as soon as possible. If you have any queries or have mislaid the instruction sheet, sample tubes (salivettes), or pre-paid envelope, please ring me on 020 8725 2091 and we will send you another set.

Thank you. We greatly appreciate your help. If you have recently posted your saliva samples to us, we apologise for troubling you again – there is no need to send a second set of samples.

Yours sincerely,

Melanie D'Souza

Dr Melanie D'Souza
Survey Doctor

Centre for Longitudinal Studies • Institute of Education • 20 Bedford Way • London WC1H 0AL
Tel 0207 612 6860 • Fax 0207 612 6880 • Email cohort@cls.ioe.ac.uk • Director Professor John Bynner

Example of thankyou letter for CMs who asked for their blood results. [Variations shown in square brackets.]

NCDS
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[Name and address]

[Date]

Our ref:

Dear [cohort member's name]

You were visited recently by a nurse as part of the medical follow-up of the National Child Development Study. Your help with this important survey is greatly appreciated. If you agreed that the examination results could be sent to your GP they have been forwarded, explaining that this was with your permission. For your own information, the results of the blood tests are as follows:

Total blood cholesterol	_____ mmol/L	[Within the normal range]
Glycosylated haemoglobin (diabetes check)	_____ %	[Above the normal range (see note below)]
		[Not tested (see note below)]

"Above the normal range": *There is no need for immediate concern as this can occur for several reasons. We suggest that you consult your GP in the near future. The GP can then decide whether or not further investigations should be made.*
"Not tested": *For technical reasons it was not possible to carry out this analysis on your blood sample.*

[Participants with a threshold of 35 dB or more in either ear:]
Your hearing is below the normal range in your __ ear. There is no need for immediate concern as this can occur for several reasons. If you are not already aware of this problem, we suggest that you consult your GP in the near future.

[Participants unable to read the 6/6 card at 1.5m with each eye]
The vision tests suggest that your eyesight may fail the requirements for safe driving. If you are not already aware of this problem, you are advised to attend an optician for a full test of your eyesight and your current spectacles or contact lenses.

Your GP is in the best position to understand and explain the meaning of these results. If the GP considers them to be satisfactory, then nothing further will be done as a result of these tests. If you would like to know more about these results, you should ask your GP to discuss them with you.

Yours sincerely,

Melanie D'Souza
Survey Doctor

Elizabeth Fuller
National Centre for Social Research

Centre for Longitudinal Studies • Institute of Education • 20 Bedford Way • London WC1H 0AL
Tel 0207 612 6860 • Fax 0207 612 6880 • Email cohort@cls.ioe.ac.uk • Director Professor John Bynner

Example of GP letter, used when the CM agreed that some or all of their measurements could be passed to their GP.

NCDS
National Child Development Study
A study of everyone in Britain born in one week in 1958

[GP name, and practice address] [date]

Our ref:

Dear [name of GP]

Re: [cohort member's name, date of birth, address]

Your patient named above was examined recently by a research nurse from the National Centre for Social Research as part of medical studies of the national 1958 birth cohort (National Child Development Study). This survey is supported by the Medical Research Council and carried out in collaboration with the Institute of Education, the Institute of Child Health, London and St George's Hospital Medical School.

Your patient has given written permission for the results of this examination to be communicated to you so that they may be taken into account in future decisions about his or her medical care. A summary of the results appears below. Please refer overleaf for explanatory notes as indicated:

Standing height	____	cm			
Body weight	____	kg	Body mass index	____	kg/m²
Waist circumference	____	cm			
Hip circumference	____	cm			
Blood pressure	____	mmHg		See note 1.	
Resting pulse rate	____	per min			
Spirometry: FEV1	____	litres	(% predicted FEV1	____)	
Spirometry: FVC	____	litres	(% predicted FVC	____)	

	Right		Left		
Hearing threshold at 4kHz	____	dB	____	dB	See note 2.
Hearing threshold at 1kHz	____	dB	____	dB	
Distance visual acuity	____		____		See note 3.

Total cholesterol	____	mmol/L	(Normal range <6.5mmol/L)	See note 4.
LDL cholesterol	____	mmol/L	(Normal range <4.2mmol/L)	
HDL cholesterol	____	mmol/L	(Normal range 1.0-1.5 (males), 1.2-1.8 (females))	
Glycosylated HbA1	____	%	(Non-diabetic range <6.1%)	See note 4.

NOTE: NM = Not measured (including if no blood sample was taken). NA = Not available for other reasons (including if no permission to feedback result was given by patient, or if blood was taken but technical problems occurred in the lab).

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We leave any follow-up of these results to your discretion, but your patient has been advised to consult you in the near future if readings are outside the normal range, as indicated in the notes below.

1. Participants have been given the following feedback by the nurse at the time of the examination:

SBP <140 and DBP <85	*"Your blood pressure is normal"*
SBP 140-159 or DBP 85-99	*"Your blood pressure is a bit high today. You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not"*
SBP 160-179 or DBP 100-114	*"Your blood pressure is a bit high today. You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not"*
SBP 180+ or DBP 115+	*"Your blood pressure is high today. You are advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not"*

2. Participants with a threshold of 35 dB or more in either ear (at either frequency) may benefit from amplification. They have been advised in writing as follows:

"Your hearing is below the normal range in your __ ear. There is no need for immediate concern as this can occur for several reasons. If you are not already aware of this problem, we suggest that you consult your GP in the near future."

3. Results are quoted with spectacles or contact lenses if worn. Participants with a corrected visual acuity of 6/15 or worse in both eyes may fail the requirements for driving. They have been advised in writing as follows:

"The vision tests suggest that your eyesight may fail the requirements for safe driving. If you are not already aware of this problem, you are advised to attend an optician for a full test of your eyesight and your current spectacles or contact lenses."

4. Participants with a total cholesterol or glycosylated haemoglobin result above the laboratory normal range have been informed in writing as follows:

"This reading is above the normal range. There is no need for immediate concern as this can occur for several reasons. We suggest that you consult your GP in the near future. The GP can then decide whether or not further investigations should be made."

If you wish to discuss any of the results, please contact me in writing at the address below, or by telephone on 020 8725 2091.

Yours sincerely,

Melanie D'Souza

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APPENDIX D EDITING AND CODING INSTRUCTIONS

- **Editing and coding instructions**
- **Drug coding booklet (used by nurses and coders)**

NATIONAL CHILD DEVELOPMENT STUDY 2002-3

CAPI & SELF-COMPLETION QUESTIONNAIRES
CODING AND EDITING INSTRUCTIONS

1 INTRODUCTION

This document details the editing to be applied to the CAPI and self-completion questionnaires for the 2002-3 medical follow-up of the National Child Development Study. Problems should be addressed to the research team.

In this study, respondents are known as cohort members (CMs for short), and that is how they will be described in this document.

2 CAPI

2.1 General points

- A **factsheet** is provided to aid the editing of CAPI questionnaires. It contains information for each interview, including questions that need to be coded. Coding decisions should be recorded on the factsheet, or – if the question has not been printed – at the end.
- All soft checks that were triggered by the nurse and which have not been resolved will trigger again in the edit program. Where appropriate these should be investigated. In most cases no editing action is necessary and they should be cancelled by the editor (see Section 3.1 below).
- 'Other' answers will be backcoded to the original question where possible.
- Check whether remarks match responses entered into CAPI (access remarks using ALT+N, followed by Go To command).

Any problems not covered by these editing instructions should be referred to the research team. When in doubt, refer!

2.2 Factsheet definition

The tables below show the variables that will appear on the factsheet for editing. Variables that simply need to be backcoded into a previous variable are unshaded. There is further detail about shaded variables.

As a general rule any 'other' answers in questions which are multicodes will be backcoded to a variable beginning with 'C', e.g Drcutoth is backcoded to Cdrcut. This makes obvious which responses are as originally entered and which are the result of backcoding.

Othreasv	Other reason why no consent to vision tests	Backcode if possible to Notwillv
Othreabp	Other reason why no consent to blood pressure	Backcode if possible to Notwilbp
Othnbp	Other reason why no bp measure obtained/attempted	Backcode if possible to Cnattbpd

Othreash	Other reason why no consent to hearing tests	Backcode if possible to Notwillh
Audnaoth	Other reason why not all measures obtained	Backcode if possible to Caudnall
Audnoth	Other reason why hearing test not attempted	Backcode if possible to Audnot
Othreash	Other reason why no consent to height measure	Backcode if possible to Notwilht
Othreasw	Other reason why no consent to weight measure	Backcode if possible to Notwillw
Othreawh	Other reason why no consent to waist and hip measure	Backcode if possible to Notwilwh
Othreasf	Other reason why no consent to lung function	Backcode if possible to Notwillf
Othprob	Other problems measuring LF	Backcode if possible to Cproblf
Othnoat	Other reasons why lung function measure not attempted/obtained	Backcode if possible to Noattlf
Samdiffc	Problems taking blood sample	Backcode if possible to CSamdifc
Drstoth	Other reasons why stopped drinking	Backcode if possible to Cdrstop1
Drnooth	Other reasons for not drinking	Backcode if possible to Cdrinknot
Drcutoth	Other reasons for cutting down drinking	Backcode if possible to Cdrcut
Drlevoth	Other influences on drinking	Backcode if possible to Cdrlevel
Chad9m	Other mistreatment	Backcode if possible to Cchad9m
Fatigdoth	Other main reason for fatigue	Backcode if possible to Fatigd
Phobdesc	Other situation made anxious	Backcode if possible to Phobb
Phbcdesc	Other situation avoided	Backcode if possible to Phobc

3 CAPI: ADDITIONAL EDITS

3.1 Soft checks

If the nurse has triggered a soft check during the interview, this will come up in the edit. In most cases there is nothing for you to do, since these refer to the measurement entered.

There is one likely exception to this, in the vision section. Viswear records what visual correction (glasses, contact lenses) CMs ever wear. The nurse also codes what is worn for the near and distance vision tests (Nvwear and Dvwear). Soft checks will come up if these do not agree.

Nvwear should match Viswear, for example if a CM wears reading glasses normally, then they should wear them for the test. If the CM is wearing the wrong thing, as recorded by the nurse, there is nothing for you to do. But if no optical correction is worn, you should make sure that the right code has been checked.

- 'no optical correction worn as none available' applies where nothing has been coded in Viswear.
- 'no optical correction worn as none prescribed' applies if any type or combination of glasses or lenses are recorded in Viswear.

Coding Dvwear is similar but a little more complicated. As before you may need to check that the right option has been coded if the CM is not wearing glasses or lenses for the test.

- 'no optical correction worn as none available' applies where nothing has been coded in Viswear (as before).
- 'no optical correction worn for distance vision' applies where 'reading glasses only' is coded in Viswear.
- 'no optical correction worn as none prescribed' applies if **any other type or combination** of glasses or lenses are recorded in Viswear.

3.2 Drinking alcohol: backcoding 'other' reasons

Be careful how you backcode 'other' responses for Cdrstop1, Cdrinknot, Cdrinkcut and Cdlevel. The codes for these variables cannot be fitte on to a single screen, so make sure you check all possible options. Some codes are superficially very similar (see examples below). **Remember, if you are at all unsure, refer the coding decision to the research team.**

Examples of how to code problem answers

Type of reason	Examples	How to code	Why
Changes in personal circumstances, attitude or lifestyle	"I am too busy with children to have time to go out", "I got married so I didn't go out clubbing any more", "I drank when I was a student, but when I got older (marriage and children) I was less interested"	Growing up/moving on	Reasons indicate taking on new responsibilities, entering a new phase of life
Changes in personal circumstances, attitude or lifestyle	"In my old job we used to drink after work, but this doesn't happen in my new one", "Social life changed, didn't go out to pubs any more"	Other changed circumstances	No reason for change given, or change is externally imposed
Driving	"I don't believe in drinking and driving and was driving on a regular basis", "I am always needing to drive and therefore do not drink"	"I drive and alcohol is dangerous for driving"	Does not want to combine drinking and driving, but no indication that this has ever been a problem.
Driving	Any case where alcohol caused **a problem** related to driving e.g. an acident, or loss of licence	"I had problems with drink-driving"	Must mention a problem.
Health	"I am on medication and the doctor told me I mustn't drink", "I have ME and cannot tolerate alcohol"	"Medication and other health"	Cases where health problem is not caused by alcohol

Type of reason	Examples	How to code	Why
Health	"Alcohol gives me migraines", "I am allergic to alcohol"	"Alcohol was damaging my health"	Cases where alcohol is the cause of health problem or ill-effects. Hangovers do not count unless there is a clear indication of physical ill effects (e.g. "being sick with a hangover").
Not interested or doesn't like drinking	"Not interested", "Don't see the point"	"Not interested"	Use this code only if cannot be backcoded to other reason (for example "I do not like the effect alcohol has on me" or I do not like the taste or smell"

3.3 Drinking alcohol: anomalies

You may see cases where the answer to Drstoth or Drnooth suggests that the wrong routing has been followed.

Drstoth should apply only to CMs who have **given up** drinking. If the reply indicates that this is not the case, backcode Cdrstop1 as "Not stopped". Examples would include "Do have occasional tipple", "Do drink, not very often".

Drnooth should apply only to CMs who have **never** drunk alcohol. If the reply indicates that the CM used to drink, backcode Cdrinknot as "Did drink", e.g. "recovered alcoholic".

3.4 Fatigd

The factsheet may include a remark indicating that the CM wanted to record two reasons as equally significant. In this case, if 'stress' is one reason, code this, otherwise leave.

4 DRUG CODING

Approximately one in ten cases of drug codes will come up for checking – these are all cases with a serial number ending in '1'. In those cases you need to check each drug code entered by the nurse. Otherwise you will be asked to code drugs that the nurse has been unable to code – she will have put 999999 in the CAPI to indicate this.

Medications should be coded from the buff booklet, supplemented by the September 2002 editions of the BNF. Drug codes are 6 digits and should be entered as a sequence with no intervening stops, e.g. Ventolin is written in the coding booklet as 03.01.01 and should be entered 030101. Take care in cases where different codes apply, depending on what the drug is used for. For example Zovirax can be used for cold sore, eye complaints or infections – in each case the code is different.

Coding from the BNF is slightly more complicated. Use the index to find the drug, making sure that you have chosen the right section if the drug can be used for different purposes. Drugs are listed in sections and each section has a code. Codes in the BNF are written omitting zeros, so that the code for Ventolin is shown as 3.1.1. Some sections in the BNF have more codes than we need – just code the first six digits (including necessary zeros.

In some cases where you have coded a response, you may be asked why the CM is taking the drug (e.g. Ytake1). Put 'don't know' i.e. CTRL+K.

If you cannot find the code for a drug, enter 999996.

5 SELF-COMPLETION BOOKLETS: GENERAL

- There are two self-completion booklets, yellow and lilac. Most edit checks are specified on the marked-up copies of each of these. Variables that need more complex checks or edits are shown below.
- Currently there are some questions for which we do not have full coding instructions: these should be left for the time being.
- Code missing answers as 9, 99, 999 and so on, depending on the number of columns.
- Unless instructed otherwise, backcode 'other' answers as far as possible to existing codes.
- Several questions ask for a number as the response (e.g. years, miles).
    - If a CM writes in a range (e.g. 30 to 40), correct to the midpoint (e.g. 35).
    - If he writes a lower or upper limit (e.g. up to 40, 50+) correct to the whole number given (e.g. 40, 50).
    - If a number has been written with a fraction, do not round but refer to the team.
- Do not change or remove information. Let inconsistencies stand, once you have checked that they have been correctly keyed. The exception to this is any case where a simple yes/no filter question has been marked as 'no', but the dependent questions indicate that the answer should be 'yes'. In these cases change the 'no' to 'yes'.

As with the CAPI, refer any queries back to the research team.

6 YELLOW SELF-COMPLETION BOOKLET

6.1 Section B – Physical activity

Do not edit Q.B5j&k.

Question B8 – Check that the numbers of journeys by bicycle and walking add up to the totals in the left hand boxes.

6.2 Section D – Eyesight

Code the details of any infections, operations or changes to sight recorded in the box at the start of this section. Codes are as follows:

1 Eye infection
2 Eye operation
3 Eye sight test
4 Change of glasses or contact lenses
5 Change in eyesight
6 Other eye condition/disorder
8 Other response
9 Nothing specified

Multiple codes are acceptable. Since this question refers to changes **within the last month** anything which has obviously happened earlier should be coded '8'.

If you are in any doubt as to how to code a response (including time periods), refer to the research team.

6.3 Section E – Pain

You do not need to code this section.

6.4 Section H – Social life

Question H2 – One code only should be ticked. Back code 'other' if possible.

7 LILAC SELF-COMPLETION BOOKLET

7.1 Section A – General health and diet

Question A11 – Backcode 'other' if possible. If more than one vitamin and/or mineral is listed do not code unless you have no doubt whether taken separately or in combination. For example, 'Calcium and Vitamin D' = not clear, do not backcode; 'Calcium with Vitamin D' = clear, backcode as 'a. combinations of vitamins and minerals'.

You will not be able to backcode all supplements (e.g. glucosamine, garlic, ecinachea).

7.2 Section B – Leisure activities

Questions B1 to B5, average time per episode – Check that times are expressed in hours and minutes e.g. correct 90 minutes to 1 hour 30 minutes.

Do not edit B5 'other exercises'.

7.3 Section E – Women only

Question E3 should be coded as below. If a brand is not given, code according to type of contraceptive (see Q.E4).

Combined oral contraceptives

130602001	Dianette
070301001	Loestrin 20
070301002	Mercilon
070301003	Femodette
070301004	Eugynon 30
070301005	Logynon
070301006	Logynon ED
070301007	Microgynon 30
070301008	Microgynon 30 ED
070301009	Ovranette
070301010	Trinordiol
070301011	BiNovum
070301012	Brevinor
070301013	Loestrin 30
070301014	Norimin
070301015	Ovysmen
070301016	Synphase
070301017	TriNovum
070301018	Cilest
070301019	Marvelon
070301020	Yasmin
070301021	Femodene
070301022	Femodene ED
070301023	Minulet
070301024	Triadene
070301025	Tri-Minulet
070301026	Norinyl-l
070301027	Levonelle-2
070301097	(Combined oral contraceptive) Other brand name
070301098	(Combined oral contraceptive) Brand not specified

Progestogen-only contraceptive pills

070302101	Femulen
070302102	Micronor

070302103 Microval
070302104 Neogest
070302105 Norgeston
070302106 Noriday
070302197 (Progestogen-only pills) Other brand name
070302198 (Progestogen-only pills) Brand not specified

Injected or implanted Progestogen-only contraceptives

070302201 Depo-Provera
070302202 Noristerat
070302203 Implanon
070302298 (Injection/implant) Other brand name
070302298 (Injection/implant) Brand not specified

Other

999999997 Other type of contraceptive (e.g. IUD)
999999999 Not relevant

Question E20 should be coded as below.

Oestrogens

060401101 Premique
060401102 Prempak-C
060401103 Adgyn Combi
060401104 Climagest
060401105 Climesse
060401106 Cyclo-Progynova
060401107 Elleste-Duet
060401108 Estracombi
060401109 Estrapak 50
060401110 Evorel
060401111 Femapak
060401112 Femoston
060401113 Indivina
060401114 Kilofem
060401115 Kilovance
060401116 Novofem
060401117 Nuvelle
060401118 Tridestra
060401119 Trisequens
060401151 Premarin
060401152 Estradiol Implants
060401153 Adgyn Estro
060401154 Aerodiol
060401155 Climaval
060401156 Dermestril
060401157 Dermestril-Septem
060401158 Elleste-Solo

060401159	Elleste-Solo MX
060401160	Estraderm MX
060401161	Estraderm TTS
060401162	Evorel
060401163	Fematrix
060401164	FemSeven
060401165	Menorest
060401166	Oestrogel
060401167	Progynova
060401168	Progynova TS
060401169	Sandrena
060401170	Zumenon
060401171	Hormonin
060401172	Ovestin
060101173	Harmogen
060401174	Evista
060401175	Livial
060401176	Ethynilestradiol

Progestogens

060401201	Duphaston
060401202	Duphaston HRT
060401203	Proluton Depot
060401204	Adgyn Medro
060401205	Provera
060401206	Norethisterone
060401207	Primolut N
060401208	Utovlan
060401209	Micronor HRT
060401210	Crinone
060401211	Cyclogest
060401212	Gestone

Other

999999997	(HRT) Other brand name
999999998	(HRT) Brand not specified
999999999	Not relevant

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2002-3

MEDICINES
CODE BOOK

CODING OF PRESCRIBED MEDICINES : ALPHABETICAL INDEX

C

D

E

F

G

H

I

K

L

M

N

O

P

Q

R

S

T

Codes taken from the British National Formulary No. 42 Sept '01

WAIST/HIP AND HEIGHT CONVERSION CHART

1 inch = 2.54cm
1 foot = 0.305m

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