The Health Survey for England 2006 - Nurse Schedule

ImothWh
Which ones?
NURSE: TYPE IN NAME OF ANY OTHER IMMUNISATIONS. WHERE POSSIBLE COPY DIRECTLY FROM RED BOOK.
Text (maximum 100 characters)
ENDIF

Imoth
If (Imoth = Yes) OR (Imoth = Yes) THEN
ImRedB
NURSE: CODE: Did parent consult health record (red book) for information or immunisations?
If Yes: Was the information in the health record?
1 Consulted and information available
2 Consulted but information not available
3 Did not consult health record
ENDIF

IF CHILD AGED UNDER 2 YEARS BUT OVER 6 WEEKS:

LthMod
NURSE: NOW FOLLOWS THE INFANT LENGTH MODULE.
PLEASE PRESS <1> AND <Enter> TO CONTINUE.

1 Continue

LthInt
(As I mentioned earlier.) I would like to measure (child's name)s length.
If ASKED: This gives us information about your child's growth.
1 Length measurement agreed
2 Length measurement refused
3 Unable to measure length for other reason

If LthInt=Agree THEN
Length
NURSE: MEASURE INFANT'S LENGTH AND RECORD IN CENTIMETRES.
If MEASUREMENT NOT OBTAINED, ENTER '999.9'.
Range: 40.0-999.9

If Length <= 999.9 THEN
LthRel
NURSE: Is this measurement reliable?
1 Yes
2 No

ELSE (IF Length = 999.9)
YNolth
NURSE: GIVE REASON FOR NOT OBTAINING A LENGTH MEASUREMENT.
1 Measurement refused
2 Attempted, not obtained
3 Measurement not attempted
ENDIF
ENDIF

If (YNolth IN [Refuse..NoTry]) OR (LthInt IN [Refuse,Unable]) THEN
NoAth.

ENDIF

The Health Survey for England 2006 - Nurse Schedule

ImothWh
Which ones?
NURSE: TYPE IN NAME OF ANY OTHER IMMUNISATIONS. WHERE POSSIBLE COPY DIRECTLY FROM RED BOOK.
Text (maximum 100 characters)
ENDIF

Imoth
If (Imoth = Yes) OR (Imoth = Yes) THEN
ImRedB
NURSE: CODE: Did parent consult health record (red book) for information or immunisations?
If Yes: Was the information in the health record?
1 Consulted and information available
2 Consulted but information not available
3 Did not consult health record
ENDIF

IF CHILD AGED UNDER 2 YEARS BUT OVER 6 WEEKS:

LthMod
NURSE: NOW FOLLOWS THE INFANT LENGTH MODULE.
PLEASE PRESS <1> AND <Enter> TO CONTINUE.

1 Continue

LthInt
(As I mentioned earlier.) I would like to measure (child's name)s length.
If ASKED: This gives us information about your child's growth.
1 Length measurement agreed
2 Length measurement refused
3 Unable to measure length for other reason

If LthInt=Agree THEN
Length
NURSE: MEASURE INFANT'S LENGTH AND RECORD IN CENTIMETRES.
If MEASUREMENT NOT OBTAINED, ENTER '999.9'.
Range: 40.0-999.9

If Length <= 999.9 THEN
LthRel
NURSE: Is this measurement reliable?
1 Yes
2 No

ELSE (IF Length = 999.9)
YNolth
NURSE: GIVE REASON FOR NOT OBTAINING A LENGTH MEASUREMENT.
1 Measurement refused
2 Attempted, not obtained
3 Measurement not attempted
ENDIF
ENDIF

If (YNolth IN [Refuse..NoTry]) OR (LthInt IN [Refuse,Unable]) THEN
NoAth.

9
The Health Survey for England 2006 - Nurse Schedule

Vitamin supplements/Nicotine replacements

ALL WITH A NURSE VISIT

Vitamin

At present, are you taking any vitamin or mineral supplements or anything else to supplement your diet or improve your health, other than those prescribed by your doctor?

1  Yes
2  No

Smoke

Can I ask, do you smoke cigarettes, cigars or a pipe at all these days?
CODE ALL THAT APPLY.

IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO'.

1  Yes, cigarettes
2  Yes, cigars
3  Yes, pipe
4  No

IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe) THEN

LastSmok

How long is it since you last smoked a (cigarette, (and/or a) cigar, (and/or a) pipe)?

1  Within the last 30 minutes
2  Within the last 31-60 minutes
3  Over an hour ago, but within the last 2 hours
4  Over two hours ago, but within the last 24 hours
5  More than 24 hours ago
ENDIF

UseNic

We are also interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum, patches or inhalers. Have you used any of these types of products in the last seven days?
NURSE: PLEASE NOTE THIS DOES NOT INCLUDE THE NEW MEDICATION PRESCRIBED TO AID SMOKING CESSATION.

1  Yes
2  No

IF UseNic=Yes THEN

UseGum

First, in the last seven days have you used any nicotine chewing gum?

1  Yes
2  No

IF UseGum=Yes THEN

GumMG

What strength is the nicotine chewing gum you are using - is it 2mg or 4mg?
CODE ONE ONLY. IF BOTH - WHICH MOST RECENTLY? IF CAN'T SAY - ASK TO SEE PACKET

1  2mg
2  4mg
3  Can't say (and no packet available)
ENDIF

The Health Survey for England 2006 - Nurse Schedule

Vitamins/Nicotine replacements

UsePat

In the last seven days have you used nicotine patches that stick on your skin?

1  Yes
2  No

IF UsePat=Yes THEN

NicPats

Can you tell me which brand and strength of nicotine patches you use?
CODE ONE ONLY. DO NOT PROMPT.

IF MORE THAN ONE TYPE - WHICH MOST RECENTLY? IF NOT SURE - ASK TO SEE PACKET

1  Nicorette: 5mg
2  Nicorette: 10mg
3  Nicorette: 15mg
4  Nicotinell TTS: 10 (7mg)
5  Nicotinell TTS: 20 (14mg)
6  Nicotinell TTS: 30 (21mg)
7  Niquitin: 7mg
8  Niquitin: 14mg
9  Niquitin: 21mg
10  Other (SPECIFY AT NEXT QUESTION)
11  Can't say (and no packet available)

IF NicPats=Other THEN

OhNic

STATE NAME AND STRENGTH OF NICOTINE PATCHES
Text: Maximum 140 characters
ENDIF
ENDIF
ENDIF

UseNas

In the last seven days, have you used nicotine nasal spray or a nicotine inhaler?

1  Yes
2  No
ENDIF
The Health Survey for England 2006 - Nurse Schedule

Blood pressure

IF Age of Respondent 0 to 4 years THEN
NoBP
NO BLOOD PRESSURE READING TO BE DONE. ENTER 'I' TO CONTINUE.
1 Continue
ENDIF

IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN
PregMes
RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE. ENTER 'I' TO CONTINUE.
1 Continue
ENDIF

ALL AGED 5+ (EXCEPT PREGNANT WOMEN)
BPMod
NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE. ENTER 'I' TO CONTINUE:
1 Continue

IF Age of Respondent is over 15 years THEN
BPIntro
(As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.
ENTER 'I' TO CONTINUE
1 Continue

ELSE: (Respondent aged 5-15)
BPBlurb
READ OUT TO PARENT/PARENTS (As I mentioned earlier) we would like to measure (name of child’s) blood pressure. If you wish, I will write the results on (his/her) Measurement Record Card. I will not, however, be able to tell you what the results mean.
This has to be calculated using (his/her) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a high blood pressure. However if you would like us to, we will send your results to your GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for (his/her) age and height, we shall advise (his/her) GP (with your permission) that (name of child’s) blood pressure should be measured again.
ENTER 'I' TO CONTINUE
1 Continue
ENDIF

BPConst
NURSE: Does respondent agree to blood pressure measurement?
1 Yes, agrees
2 No, refuses
3 Unable to measure BP for reason other than refusal

The Health Survey for England 2006 - Nurse Schedule

Blood pressure

IF BPConst = Yes, agrees THEN
IF Age of Respondent is 13 years or over THEN
ConSubX
May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?
CODE ALL THAT APPLY.
1 Eaten
2 Smoked
3 Drunk alcohol
4 Done vigorous exercise
5 (None of these)
ELSEIF (Age of Respondent is 5 to 12 years AND BPConst = Yes, agrees) THEN
ConSubX2
May I just check, has (name of child) eaten, or done any vigorous exercise, in the past 30 minutes?
CODE ALL THAT APPLY.
1 Eaten
2 Done vigorous exercise
3 Neither
ENDIF

OMRONNo
RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:
Range: 001-999
CuffSize
SELECT CUFF AND ATTACH TO THE RESPONDENT'S RIGHT ARM.
ASK RESPONDENT TO SIT STILL FOR FIVE MINUTES.
RECORD CUFF SIZE CHOSEN.
1 Child (15-22 cm)
2 Adult (22-32 cm)
3 Large adult (32-42 cm)
AirTemp
RECORD THE AMBIENT AIR TEMPERATURE IN CENTIGRADES TO ONE DECIMAL PLACE.
Range: 00.0-40.0
Map to Dias repeated for up to 3 blood pressure measurements.
BPRead
NURSE: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.
ENSURE THE READY TO MEASURE SYMBOL IS LIT BEFORE PRESSING THE START BUTTON TO THE START MEASUREMENTS.
1 Continue
The Health Survey for England 2006 - Nurse Schedule

Blood pressure

FOR I= 1 TO 3 DO
  Map[i]
  TAKE THREE MEASUREMENTS FROM RIGHT ARM. ENTER
  (FIRST/SECOND/THIRD) MAP READING (mmHg). IF READING NOT OBTAINED,
  ENTER 999.
  IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL ENTER "996".
  Range: 001.999
  Pulse[i]
  ENTER (FIRST/SECOND/THIRD) PULSE READING (bpm).
  IF READING NOT OBTAINED, ENTER 999.
  Range: 001.999
  Sys[i]
  ENTER (FIRST/SECOND/THIRD) SYSTOLIC READING (mmHg).
  IF READING NOT OBTAINED, ENTER 999.
  Range: 001.999
  Dias[i]
  ENTER (FIRST/SECOND/THIRD) DIASTOLIC READING (mmHg).
  IF READING NOT OBTAINED, ENTER 999.
  Range: 001.999
ENDDO

IF NO FULL MEASUREMENT OBTAINED THEN:
  YNoBP
  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
ENDDIF

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER
 THAN THREE FULL READINGS OBTAINED THEN:
  NaNBP
  RECORD WHY ONLY TWO READINGS OBTAINED OR ONLY ONE READING
  OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING
  REFUSED/UNABLE TO TAKE READING, CODE ALL THAT APPLY.
  0 Problems with PC
  1 Respondent upset/anxious/nervous
  2 Error reading
  3 (IF AGED UNDER 16: Too shy)
  4 (IF AGED UNDER 16: Child would not sit still long enough)
  5 Problems with cuff fitting/painful
  6 Problems with equipment (not error reading)
  95 Other reason(s) (SPECIFY AT NEXT QUESTION)
ENDDIF

IF NaNBP = Other THEN
  OthNaNBP
  ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT
  OBTAINING/ATTEMPTING THREE BP READINGS:
  Text: Maximum 140 characters
ENDDIF

15

The Health Survey for England 2006 - Nurse Schedule

Blood pressure

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN
  DifBPC
  RECORD ANY PROBLEMS TAKING READINGS, CODE ALL THAT APPLY.
  1 No problems taking blood pressure
  2 Reading taken on left arm because right arm not suitable
  3 Respondent was upset/anxious/nervous
  4 Problems with cuff fitting/painful
  5 Problems with equipment (not error reading)
  6 Error reading
  95 Other problems (SPECIFY AT NEXT QUESTION)
ENDDIF

IF DifBPC= Other THEN
  OthDifBPC
  NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.
  Text: Maximum 140 characters
ENDDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN
  GpRegBP
  Are you registered with a GP?
  1 Yes
  2 No

IF GpRegBP = Yes THEN
  GpSend
  May we send your blood pressure readings to your GP?
  1 Yes
  2 No

IF GpSend = No THEN
  GpRefC
  Specify reason(s) for refusal to allow BP readings to be sent to
  GP. CODE ALL THAT APPLY.
  1 Hardly/Never sees GP
  2 GP knows respondent’s BP level
  3 Does not want to bother GP
  95 Other (SPECIFY AT NEXT QUESTION)

IF GpRefC = Other THEN
  OthRefC
  NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL.
  Text: Maximum 140 characters
ENDDIF
ENDDIF
ENDDIF
ENDDIF
ENDDIF

IF (GpRegBP <> Yes) OR (GpSend = No) THEN
  Code02
  CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.
  ENTER ‘1’ TO CONTINUE
  1 Continue
ELSEIF GpSend = Yes THEN
  ConsYn1
  a) COMPLETE ‘BLOOD’ 16  PRESSURE TO GP IN BOTH THE
The Health Survey for England 2006 - Nurse Schedule

**Blood pressure**

- Consent booklet and respondent copy.
- Ask respondent to read, sign and date it.
- Check GP name, address and phone no. are recorded on consent form.
- Check name by which GP knows respondent.
- Circle consent code 01 on front of consent booklet.
  1. Continue

**BP Offerer**

Offer blood pressure results to respondent.
- Pulse
  - Systolic
  - Diastolic
  - (First Pulse reading) (First Systolic reading) (First Diastolic reading)
  - (Second Pulse reading) (Second Systolic reading) (Second Diastolic reading)
  - (Third Pulse reading) (Third Systolic reading) (Third Diastolic reading)

Enter on their measurement record card (complete new record card if required).

Advice to respondents on blood pressure reading

**If systolic reading >179 or diastolic reading >114 then**

Tick the considerably raised box and read out to respondent. Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a one-off finding or not.

Nurse: If respondent is elderly, advise him/her to contact GP within next 7-10 days.

**If systolic reading 160-179 or diastolic reading 100-114 (Men aged 16-49 or Women aged 16+) or if systolic reading 170-179 or diastolic reading 105-114 (Men aged 50+) then**

Tick the moderately raised box and read out to respondent. 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 one-off finding or not.

**If systolic reading 140-159 or diastolic reading 85-99 (Men aged 16-49 or Women aged 16+) or if systolic reading 160-169 or diastolic reading 96-104 (Men aged 50+) then**

Tick the mildly raised box and read out to respondent. 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 one-off finding or not.

**If systolic reading <140 and diastolic reading <85 (Men aged 16-49 or Women aged 16+) or if systolic reading <160 and diastolic reading <95 (Men aged 50+) then**

Tick the normal box and read out to respondent. Your blood pressure is normal.

END IF

**Blood sample**

Ask all aged 16+ (except pregnant women)

**Blood Intro**

Nurse: Now follows the blood sample module. Enter ‘1’ to continue.
  1. Continue

**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 anticoagulant drugs such as Warfarin?

NB: Aspirin therapy is not a contraindication for blood sample.

1. Yes
2. No

If ClotB = No THEN

Fit

May I just check, have you ever had a fit (including epileptic fit, convulsion, convulsion associated with high fever)?

1. Yes
2. No

END IF

**If [fit] = No THEN**

Ametop[1]

Explain that there is the option of using AMETOP gel, but that a sample can be given without AMETOP. Give parent/ respondent the AMETOP information sheet and allow them time to read it.

Enter ‘1’ to continue.
  1. Continue

END IF

**If [fit] = No THEN**

BSWILL

Would you be willing to have a blood sample taken?

1. Yes
2. No

If [BSWILL = Yes AND Age of Respondent is 16 years or over] THEN

AmeUse[1]

Do you want Ametop gel to be used?

1. Yes
2. No

If AmeUse[1] = Yes THEN

Allergy[1]

Have you ever had a bad reaction to a local or general anaesthetic bought over the counter at a chemist, or given at the doctor, the dentist or in hospital?

1. Yes
2. No
The Health Survey for England 2006 – Nurse Schedule

Blood sample

IF Allergy[1] = Yes THEN
  NoAme[1]
  AMETOP GEL CANNOT BE USED. IS RESPONDENT WILLING TO GIVE BLOOD SAMPLE WITHOUT AMETOP GEL?
  Code 1 if yes, willing to give blood sample without AMETOP gel.
  Code 2 if no, not willing to give blood sample without AMETOP gel.
  1 Yes, willing
  2 No, no blood sample
ELSEIF Allergy[1] = No THEN
  AmeNow
  NURSE CODE: ARE YOU GOING TO APPLY AMETOP DURING THE FIRST VISIT, OR RETURN FOR A SECOND VISIT?
  1 During the first visit
  2 Return for a second visit.
ELSEIF AmeNow = Second THEN
  Later (a)
  NURSE: BLOOD SAMPLE WITH AMETOP GEL.
  CODE 1 TO CONTINUE WITH REST OF SCHEDULE ON THE FIRST VISIT.
  CODE 2 IF THIS IS THE RETURN VISIT.
  1 Finish rest of schedule (ONLY APPLIES TO FIRST VISIT)
  2 This is the return visit and ready to take blood sample
ENDIF
ENDIF
ENDIF

IF BSWill = No THEN
  RefBSC
  RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.
  1 Previous difficulties with venepuncture
  2 Dislike/fear of needles
  3 Respondent recently had blood test/health check
  4 Refused because of current illness
  5 Worried about HIV or AIDS
  95 Other
ENDIF

IF RefBSC = Other THEN
  OthRefBSC
  GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.
  Text: Maximum 135 characters
ENDIF

ELSEIF BSWill = Yes THEN
  If [AmeUse[1] = No OR AmeNow = Now OR Later = Return OR NoAme[1] = Yes] THEN
    BSConsC
    EXPLAIN NEED FOR WRITTEN CONSENT: Before I can take any blood, I have to obtain written consent from you.
    ENTER '1' TO CONTINUE.
    1 Continue
ENDIF

ENDIF

IF NoAme[1] => No THEN
  BSCons
  FILL IN (CHILD’S/RESPONDENT’S) NAME AND YOUR NAME AT TOP OF FORM (BSC)(CHILD AGED 16-17/BS(A)) ADULT AGED 18+ IN CONSENT BOOKLET.
  TICK THE BOX (With the use of Ametop gel/Without the use of Ametop gel).
  ASK RESPONDENT/CHILD AND PARENT/PARENT” TO READ, SIGN AND DATE PART 1 OF BLOOD SAMPLE CONSENT FORM.
  CIRCLE CONSENT CODE 05 ON THE FRONT OF THE CONSENT BOOKLET.
  ENTER '1' TO CONTINUE.
  1 Continue
ENDIF

ENDIF

IF (NoAme[1] <= No) AND (Later <= Now) THEN
  IF (BSWill = Yes) THEN
    If (RespBPS = Tried..Refused) THEN
      GPSSam
      NURSE CHECK:
      1 Respondent registered with GP
      2 Respondent not registered with GP
      ENDIF
ENDIF

IF (GPRegB = Yes OR GPSam = GP) THEN
  SendSam
  May we send the results of your blood sample analysis to your GP?
  1 Yes
  2 No
ENDIF

IF SendSam = Yes THEN
  BSSign
  OBTAIN [SIGNATURES OF RESPONDENT] IN BOTH CONSENT BOOKLET AND RESPONDENTS COPY OF BLOOD SAMPLE CONSENT FORM.
  CHECK NAME BY WHICH GP KNOWS RESPONDENT.
  CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON FRONT OF CONSENT BOOKLET.
  CIRCLE CONSENT CODE 03 AND CODE 05 ON FRONT OF CONSENT BOOKLET.
  ENTER '1' TO CONTINUE.
  1 Continue
The Health Survey for England 2006 – Nurse Schedule

Blood sample

IF SendSam = No THEN
SendSatC
WHY do you not want your blood sample results sent to your GP?
1 Hardly/never seen GP
2 GP recently took blood sample
3 Does not want to bother GP
4 Other

IF SendSatC = Other THEN
OthSam
GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.
Text: Maximum 140 characters
ENDIF
ENDIF

IF (GP Sam = NoGP OR SendSam = No) THEN
CIRCLE CONSENT CODE 06 ON FRONT OF CONSENT BOOKLET.
ENTER '1' TO CONTINUE.
1 Continue
ENDIF

ConStorB
ASK RESPONSIDENT: May we have your consent to store any remaining blood for future analysis?
1 Yes, Storage consent given
2 No, Consent refused
IF ConStorB = Yes THEN
Code09
OBTAIN (SIGNATURES OF RESPONSIDENT) IN BOTH THE CONSENT BOOKLET AND THE RESPONDENT COPY OF THE BLOOD SAMPLE CONSENT FORM.
CIRCLE CONSENT CODE 09 ON FRONT OF CONSENT BOOKLET.
1 Continue
ELSEIF ConStorB = No THEN
Code10
CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET.
ENTER '1' TO CONTINUE. 
1 Continue
ENDIF

IF (AmeUse[i] = Yes AND NoAme[i] = Yes) THEN
DoAME
BLOOD SAMPLE WITH Ametop gel.
CHECK YOU HAVE ALL APPLICABLE SIGNATURES.
APPLY AMETOP GEL FOLLOWING INSTRUCTIONS.
WAIT AT LEAST 30 MINUTES BEFORE ATTEMPTING BLOOD SAMPLING.
ENTER '1' TO COMPLETE REST OF SCHEDULE OR OTHER SCHEDULES WHILE WAITING.
ENTER '2' WHEN THE HOUR HAS PASSED TO TAKE BLOOD SAMPLE.
1 Complete rest of schedule
2 30 minutes have passed, ready to take blood sample
ENDIF

IF (DoAME = Rest) THEN
TakeSam
CHECK YOU HAVE ALL APPLICABLE SIGNATURES.
TAKE BLOOD SAMPLES:
1 Plain (red) tube
2 Plain (red) tube
3 EDTA (purple) tube
4 Citrate tube
FILL (1 Plain (red) tube/1 Plain (red) tube, 1 EDTA (purple) tube and 1 citrate tube in this order).
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE RED LABEL USING A BLUE BIRO. DO ONE LABEL PER TUBE.
Serial number: (displays serial number)
Date of birth: (displays date of birth)
CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT. STICK THE BLUE LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.
ENTER '1' TO CONTINUE.
1 Continue

SampF1
CODE IF PLAIN RED TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):
1 Yes
2 No

SampF2
CODE IF EDTA PURPLE TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):
1 Yes
2 No

SampF3
CODE IF CITRATE (BLUE) TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):
1 Yes
2 No
ENDIF

IF SampF1 = Yes OR SampF2 = Yes OR SampF3 = Yes THEN
SampTak= Yes
ELSE
SampTak= No
ENDIF

SampTak
COMPUTED: Blood sample outcome.
1 Blood sample obtained
2 No blood sample obtained

IF SampTak = Yes THEN
SampArm
RECORD WHICH ARM BLOOD TAKEN FROM.
1 Right
2 Left
3 Both
The Health Survey for England 2006 – Nurse Schedule

Blood sample

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 respondent felt faint/fainted
6  Unable to use tourniquet
7  Other (SPECIFY AT NEXT QUESTION)

IF SamDifC = Other THEN
OhBDif
GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.
Text: Maximum 140 characters
ENDIF

SnDrSam
Would you like to be sent the results of your blood sample analysis?

1  Yes
2  No

IF SnDrSam = Yes THEN
Code11
CIRCLE CONSENT CODE 09 ON FRONT OF CONSENT BOOKLET.
ENTER 'Y' TO CONTINUE.

1  Continue
ELSEIF SnDrSam = No THEN
Code122
CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET.
ENTER 'Y' TO CONTINUE.

1  Continue
ENDIF
ELSEIF SampTak = No THEN
NoBSC
CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.

1  No suitable or no palpable vein/collapsed veins
2  Respondent was too anxious/nervous
3  Respondent felt faint/fainted
4  Other

IF NoBSM = Other THEN
OhNoBSM
GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.
Text: Maximum 140 characters
ENDIF

Code12
23
The Health Survey for England 2006 - Nurse Schedule

Urine Sample

ASK IF Age of Respondent 16+

UrIDisp
NURSE: Now follows the Urine Sample.
1. Continue

UrIntro
NURSE READ OUT: I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people’s diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population. Would you be willing to provide a urine sample?
1. Respondent agrees to give urine sample
2. Respondent refuses to give urine sample
3. Unable to obtain urine sample for reason other than refusal

IF UrIntro = Agree THEN
UrISamp
NURSE: ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE A URINE SAMPLE
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A BLOOD LABEL AND ATTACH TO URINE SAMPLE TUBE OVER THE GREEN LABEL.
1. Continue

UrIObt
NURSE CHECK:
1. Urine sample obtained
2. Urine sample refused
3. Urine sample not attempted
4. Attempted not obtained
ENDIF

IF (UrIObt = Refused, Not Attempted, Attempted not Obtained) OR (UrIntro=Unable) THEN
UrINobt
NURSE: RECORD WHY URINE SAMPLE NOT OBTAINED
CODE ALL THAT APPLY.
1. Respondent not able to produce any urine
2. Other (specify at next question)

IF (UrINobt = Other) THEN
OthNObt
NURSE: GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED.
Text: Maximum of 140 characters.
ENDIF
ENDIF

Demi-span

IF Respondent aged 65+ THEN
SpanIntro
NURSE: NOW FOLLOWS THE MEASUREMENT OF DEMI-SPAN. ENTER ‘I’ TO CONTINUE.
1. Continue

SpanInt
I would now like to measure the length of your arm. Like height, it is an indicator of size.
1. Respondent agrees to have demi-span measured
2. Respondent refuses to have demi-span measured
3. Unable to measure demi-span for reason other than refusal

Repeat for up to three demi-span measurements.
Third measurement taken only if first two differ by more than 3cm.

IF SpanInt=Agrees THEN
FOR Loop= 1 TO 3 DO
IF (Loop IN [1,2]) OR ((Loop = 3) AND (Span1 <> 999.9) AND (Span2 <> 999.9) AND (ABS(Span1 - Span2) > 3)) THEN
Span[i]
ENTER (FIRST/SECOND/THIRD) MEASUREMENT IN CENTIMETRES.
IF MEASUREMENT NOT OBTAINED, ENTER ‘999.9’.
Range: 45.0-100.0
IF Span <> 999.9 THEN
SpanRel[i]
Is the (first/Second/Third) measurement reliable?
1. Yes
2. No
ENDIF
ENDIF
ENDDO

IF (Span1 = 999.9) AND (Span2 = 999.9) THEN
YNsSpan
NURSE: GIVE REASON FOR NOT OBTAINING AT LEAST ONE DEMI-SPAN MEASUREMENT.
1. Both measurements refused
2. Attempted but not obtained
3. Measurement not attempted
ENDIF
ENDIF

IF NO MEASUREMENT OBTAINED (SpanInt=Refuse OR SpanInt=Unable OR (Span1=999.9 AND Span2=999.9) THEN
NotAtHM
NURSE: GIVE REASON FOR (REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED).
1. Cannot straighten arms
2. Respondent confined to bed
3. Respondent too stooped
4. Respondent did not understand the procedure
5. Other
The Health Survey for England 2006 - Nurse Schedule

Demi-span

IF NotAltM = Other THEN
  OhAltM
  NURSE: GIVE FULL DETAILS OF OTHER REASON FOR (REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED)
  Text: Maximum 140 characters
ENDIF
ELSE (If at least one measurement obtained)
  SpnM
  NURSE CHECK: Demi-span was measured with the respondent: CODE ALL THAT APPLY.
  1 Standing against the wall
  2 Standing not against the wall
  3 Sitting
  4 Demi-span measured on left arm due to unsuitable right arm
ENDIF

DSCard
WRITE RESULTS OF DEMI-Span MEASUREMENT ON RESPONDENT'S MEASUREMENT RECORD CARD. Demi-span: (Measurement 1 and 2 displayed)
ENTER 'T' TO CONTINUE.
  1 Continue
ENDIF

Waist and hip circumference

IF Respondent aged 11+ THEN
  WHMod
  NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.
  1 Continue
  WHIntro
  I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.
  1 Respondent agrees to have waist/hip ratio measured
  2 Respondent refuses to have waist/hip ratio measured
  3 Unable to measure waist/hip ratio for reason other than refusal
IF WHIntro=Agree THEN
  Repeat for up to three waist+hip measurements. Third measurement taken only if difference between first two measurements is greater than 3cm.
FOR Loop=1 TO 3 DO
  IF (Loop IN [1,2]) OR ((Loop = 3) AND (Measure[1].Waist < 999.9) AND (Measure[2].Waist < 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3)) THEN
    Waist
    NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM. ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).
    IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
    Range: 45.0...1000.0
ENDIF
  IF (Loop IN [1,2]) OR ((Loop = 3) AND (Measure[1].Hip < 999.9) AND (Measure[2].Hip < 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3)) THEN
    Hip
    NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM. ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN CENTIMETRES (Remember to include the decimal point).
    IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
    Range: 75.0...1000.0
ENDIF
ENDDO

IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9) THEN
  YNoWH
  ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS
  1 Both measurements refused
  2 Attempted but not obtained
  3 Measurement not attempted
ENDIF

IF NO OR ONE MEASUREMENT OBTAINED (WHIntro=Refuse OR Unable)

28
The Health Survey for England 2006- Nurse Schedule

Waist Hip

OR only one waist/hip measurement obtained) THEN

WHNABM
GIVE REASON(S) FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING
MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT
OBTAINED)(CODE ALL THAT APPLY.
1 Respondent is chairbound
2 Respondent is confined to bed
3 Respondent is too stooped
4 Respondent did not understand the procedure
5 Respondent is embarrassed / sensitive about their size
6 No time/ busy/ already spent enough time on this survey
7 Other (SPECIFY AT NEXT QUESTION)

IF WHNABM = Other THEN

OhHW
GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL
WAIST/HIP MEASUREMENT:
Text: Maximum 140 characters

ENDIF

ENDIF

IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1
<> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN

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 WJRel = Problems experienced THEN

ProbWJ
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR
DECREASE THE WAIST MEASUREMENT.
1 Increases measurement
2 Decreases measurement

ENDIF

ENDIF

IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1
<> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN

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 HJRel = Problems experienced THEN

ProbHJ
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR
DECREASE THE HIP MEASUREMENT.
1 Increases measurement
2 Decreases measurement

ENDIF

ENDIF

IF ONE OR TWO WAIST/HIP
25 MEASUREMENTS OBTAINED THEN

WHRes
OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE
APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.
Waist: (Waist measurements 1 and 2)
Hip: (Hip measurements 1 and 2)
ENTER 'T' TO CONTINUE.

ENDIF

ENDIF
The Health Survey for England - 2006 - Nurse Schedule

Saliva sample

IF Respondent aged 4 - 15 THEN
SalIntr1
NURSE: NOW FOLLOWS THE SALIVA SAMPLE.
1 Continue
SalIntr1
NURSE: IF YOU HAVE NOT ALREADY DONE SO, ASK RESPONDENT FOR A SALIVA SAMPLE.
READ OUT: I would like to take a sample of saliva (spit). This simply involves dribbling saliva down a straw into a tube. The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking
1 Respondent agrees to give saliva sample
2 Respondent refuses to give saliva sample
3 Unable to obtain saliva sample for reason other than refusal

IF SalIntr1=Agree THEN
SalInst
ASK RESPONDENT TO DRIBBLE THROUGH STRAW INTO TUBE/INSERT DENTAL ROLL IN MOUTH AND PROVIDE SALIVA SAMPLE.
1 Continue
SalObt1
NURSE CHECK
1 Saliva sample obtained
2 Saliva sample refused
3 Saliva sample not attempted
4 Attempted but not obtained
ENDIF
ENDIF

IF (SalObt1 = Not attempted or Attempted, not obtained) OR (SalIntr1=Unable) THEN
SalNObt
RECORD WHY SALIVA SAMPLE NOT OBTAINED.
CODE ALL THAT APPLY.
3 Respondent not able to produce any saliva
4 Other (SPECIFY AT NEXT QUESTION)

IF SalNObt = Other THEN
OthNObt
GIVE FULL DETAILS OF REASON(S) WHY SALIVA SAMPLE NOT OBTAINED.
Text: Maximum 140 characters
ENDIF
ENDIF
ENDIF

The Health Survey for England - 2006 - Nurse Schedule

AllCheck
CHECK BEFORE LEAVING RESPONDENT:
• THAT ALL (CHILDREN AGED 2-15/RESPONDENTS) HAVE A CONSENT BOOKLET.
• THAT FULL GP DETAILS ARE ENTERED ON FRONT OF CONSENT BOOKLET.
• THE NAME BY WHICH GP KNOWS RESPONDENT.
• THAT ALL DETAILS ARE COMPLETED ON FRONT OF CONSENT BOOKLET.
• THAT ALL NECESSARY SIGNATURES HAVE BEEN COLLECTED.
• THAT THERE ARE SEVEN APPROPRIATE CONSENT CODES RINGED ON FRONT OF CONSENT BOOKLET.
1 Continue

Thank:
NURSE: END OF QUESTIONNAIRE REACHED. THANK RESPONDENTS FOR THEIR CO-OPERATION.
THEN ENTER 'I' TO FINISH.
### BLOOD PRESSURE TO GP CONSENT FORM

**BP (C)**

**CHILD AGED 5-15**

I, (name) ________________________________

am the parent/guardian of

(child’s name) ________________________________

and I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing his/her General Practitioner (GP) of his/her blood pressure results. I am aware that the results of his/her blood pressure measurement may be used by his/her GP to help monitor his/her health and that his/her GP may wish to include the results in any future report about him/her.

Signed ________________________________

Date ________________________________

### SALIVA SAMPLE CONSENT FORM

**S(c)**

**CHILD AGED 4-15**

I, (name) ________________________________

am the parent/guardian of

(child’s name) ________________________________

and I consent to ________________________________ (qualified nurse) collecting a sample of my saliva on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.

This saliva sample will only be tested for cotinine, a derivative of nicotine. It will not be tested for substance abuse.

The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.

Signed ________________________________

Date ________________________________
BLOOD PRESSURE TO GP CONSENT FORM

BP (A)

(ADULT 16+)

I, (name) __________________________

consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my blood pressure results. I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Signed __________________________ Date __________________

BLOOD SAMPLE CONSENT FORM

BS (A)

(ADULT AGED 16+)

I, (name) __________________________

I consent to _______________________(qualified nurse) taking a sample of my blood on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit. This blood sample will not be used to test for HIV virus or used for genetic testing. The sample will be tested for total and HDL-cholesterol, haemoglobin, ferritin, fibrinogen, glycated haemoglobin, and c-reactive protein.

The purpose and procedure, and possible use of Ametop gel, have been explained to me by the nurse and I have had an opportunity to discuss this with him/her. I have received a written explanation of these matters.

I consent to the sample being taken………………..tick one box:

With the use of Ametop [ ] Without Ametop [ ]

Signed __________________________ Date __________________

II. I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample analysis results total and HDL-cholesterol, haemoglobin, ferritin, fibrinogen, glycated haemoglobin, and c-reactive protein. I am aware that the results of my blood sample analysis may be used by my GP to help him/her monitor my health and that my GP may wish to include the results in any future report about me.

Signed __________________________ Date __________________

III. I consent for any remaining blood being stored for future analysis. This blood sample may be used for future studies of the causes, diagnosis, treatment and outcome of disease, provided that the studies are approved by an NHS ethics committee. I understand that the samples will be stored with no identification except a coded study number. Only authorised members of the research team for this study would be able to find out who the codes referred to. Before being used in future research, some details of my medical history (but not any details which would identify me) may be attached to the sample, but the study number code will then be removed from the blood sample and the medical details. The stored blood will not be available for commercial purposes. When the sample is tested for research, it will no longer be possible to link it to me, so I will not be told the results of the testing. I understand that it will not be possible to remove my results from reports, as the results cannot be linked to me. I understand that I can withdraw my consent to store my blood at any time, without giving any reason, by asking the investigators in writing for my blood to be removed from storage and destroyed.

Signed __________________________ Date __________________
URINE SAMPLE CONSENT FORM

U (A)

(ADULT AGED 16+)

I, (name) ________________________________ consent to __________________ (qualified nurse) agree to the collecting a sample of my urine on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit. This urine sample will be tested to assess salt levels.

This urine sample will only be tested for sodium, potassium and creatinine. It will not be tested for substance abuse.

The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.

Signed ________________________________

Date ________________________________

---

THE HEALTH SURVEY FOR ENGLAND: 2006

DESPATCH NOTE FOR BLOOD, URINE and SALIVA SAMPLES

(Office Copy)

1. AGE GROUP:

16+  1  Plain  EDTA  Citrate  Urine

4-15  2  Saliva

2. BLOOD/SALIVA/URINE TAKEN:

Day  Month  Year

3. BLOOD/SALIVA/URINE DESPATCH:

Day  Month  Year

---

Venepuncture:

Please complete:

1. Did you experience any problems in taking the Venepuncture? If yes, please record these below and state what action you took.

---
THE HEALTH SURVEY FOR ENGLAND: 2006
DESPATCH NOTE FOR BLOOD, SALIVA and URINE SAMPLES
(LABORATORY COPY)

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER: Y

2. SEX:
   Male 1
   Female 2

3. DATE OF BIRTH:
   Day    Month    Year

4. AGE GROUP:
   16+  1  Plain  EDTA  Citrate  Urine
   4-15 2  Saliva

5. BLOOD/SALIVA/URINE TAKEN:
   Day    Month    Year

6. STORAGE CONSENT:
   Given 1
   Not given/not applicable 2

7. NURSE NUMBER:

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

LAB USE ONLY

<table>
<thead>
<tr>
<th>TUBES ENCLODED:</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plain Red</td>
<td>Total cholesterol</td>
</tr>
<tr>
<td>EDTA Purple</td>
<td>Ferritin</td>
</tr>
<tr>
<td>Citrate Blue</td>
<td>HDL cholesterol</td>
</tr>
<tr>
<td></td>
<td>C-reactive protein</td>
</tr>
<tr>
<td>Saliva</td>
<td>Haemoglobin</td>
</tr>
<tr>
<td>Urine</td>
<td>Glycated haemoglobin</td>
</tr>
<tr>
<td></td>
<td>Fibrinogen</td>
</tr>
</tbody>
</table>

IF ITEM 4 ABOVE = 1

STORE IF ITEM 6 DOES NOT = 2