

Appendix G Nurse (stage 2) overview and documents

G1 Overview of information collected during the nurse stage

Table G.1 summarises the information collected during the nurse stage. Some of the information collected by nurses was limited to particular age groups.

Table G.1: Information collected during the nurse stage	
Measurement or procedure	Participant
Details of prescribed medications	All ages
Blood pressure	Aged 4 years and over
Infant length measurements	Aged 18-23 months
Waist and hip circumferences	Aged 11 years and over
Demi-span ⁱ	Aged 65 years and over and those aged 16-64 years where height could not be measured
Mid Upper Arm Circumference (MUAC)	Aged 2-15 years
24-hour urine collection	Aged 4 years and over fully out of nappies
Non-fasting blood sampling	Aged 1.5-3 years and diabetics not willing to fast
Fasting blood sampling	Aged 4 years and over

The CAPI nurse interview and documents used during the nurse stage are shown in the remainder of this Appendix.

ⁱ Demi-span was measured in participants for whom, for postural reasons, a measure of height would give a poor measure of stature (e.g. in some elderly people, or for people with certain disabilities). Demi-span is strongly related to a person's height and is the distance between the sternal notch and the finger roots with the arm out-stretched laterally.

National Diet and Nutrition Survey (NDNS)

P8752 Year 3

Program Documentation

Nurse Schedule

This 'paper version of the program' has been created to indicate the wording and content of the interviewer questionnaire.

- Instructions for the nurse are given in capital letters, and questions the interviewer is to ask the respondent are given as normal text.
- Items which appear in the actual program but which have been excluded here for clarity include: Repetition of respondent's name on each question; Checks on the accuracy of answer codes in relation to each other; Prompts for back-coding during the edit process.

Contents:

HOUSEHOLD GRID	2
NURSE SCHEDULE.....	4
INFANT LENGTH	10
<i>FOR RESPONDENTS AGED 18 MONTHS TO 2 YEARS</i>	10
PRESCRIBED MEDICATIONS	12
MID-UPPER ARM CIRCUMFERENCE	13
<i>FOR RESPONDENTS AGED 15 AND UNDER</i>	13
BLOOD PRESSURE	15
<i>FOR RESPONDENTS AGED 5 AND OVER WHO ARE NOT PREGNANT</i>	15
DEMI-SPAN.....	20
<i>FOR ALL RESPONDENTS AGED 65 AND OVER OR THOSE WITH AN UNRELIABLE HEIGHT MEASUREMENT</i>	20
WAIST AND HIP.....	22
<i>FOR RESPONDENTS AGED 11 AND OVER WHO ARE NOT PREGNANT</i>	22
BMI TO GP CONSENT.....	25
URINE INTRODUCTION	26
<i>FOR ALL RESPONDENTS AGED 4 AND OVER (AND NOT IN NAPPIES) WHO ARE NOT PREGNANT.....</i>	26
URINE COLLECTION	31
<i>FOR ALL RESPONDENTS AGED 4 AND OVER (AND NOT IN NAPPIES) WHO ARE NOT PREGNANT.....</i>	31
BLOOD SAMPLE	38
<i>FOR ALL RESPONDENTS WHO ARE NOT PREGNANT</i>	38
DRUGS.....	53

HOUSEHOLD GRID

Intro

NURSE: The following information is to be taken from page 2 of the NRF.

1 Continue

Name

NURSE: Enter the name of RESPONDENT NUMBER from the NRF.

: STRING [20]

Sex

NURSE: Code the sex of RESPONDENT NUMBER from the NRF.

1 Male

2 Female

AgeOf

NURSE: Enter the age of RESPONDENT NUMBER from the NRF.

: 0..120

AgeOfM

Age in months

: 00..1440

DOB

82709 CAPI_NURSE_v1.1

NURSE: Enter the date of birth of RESPONDENT NUMBER from the NRF.

OC

NURSE: Enter the code for RESPONDENT NUMBER from NRF.

1 Agreed nurse

2 Refused nurse

3 No diary data

DemiS

NURSE: From NRF please say whether RESPONDENT NUMBER requires a demi-span measurement.

1 Yes

2 No

ParName1

NURSE: Enter the name of the 1st parent giving consent for RESPONDENT NUMBER from NRF.

: STRING [20]

ParName2

NURSE: Enter the name of the 2nd parent giving consent for RESPONDENT NUMBER from NRF.

If only 1 parent just press <Enter>

: STRING [20]

NDNS YEAR 3 CAPI_NURSE

BMI

NURSE: From NRF please enter BMI calculation for RESPONDENT NUMBER.

If no BMI available code 'Don't Know' <Ctrl K>

: 5.0..50.0

NURSE SCHEDULE

RName

Name of respondent.

: STRING [20]

RAge

Age of respondent.

Range: 0..120

RDoB

DoB of respondent

: DATETIME

MonthAge

Age of infant respondent (in months).

: 0..97

RDemiS

Requires demi-span?

1 Yes

2 No

WeekAge

Age of infant respondent (in weeks).

: 0..997

RSex

Sex of respondent.

1 Male

2 Female

DrugClot

Any anti-coagulant drugs recorded in the drugs section?

1 Yes

2 No

NSeqNo

Nurse Schedule number.

: 0..2

RefInfo

Name is recorded as having refused a nurse visit.

Please check if he/she has changed his/her mind.

1 Change "Yes, now agrees to nurse visit"

2 Still "No, still refuses nurse visit"

NDNS YEAR 3 CAPI_NURSE

Info

NURSE: You are in the Nurse Schedule for...

Person *(Person number)*
Name *(Respondent name)*
Age *(Respondent age at date of 1st Interviewer visit)*
DOB *(Respondent date of birth)*
Sex *(Respondent sex)*
Height *(Respondent Height cm)*
Weight *(Respondent Weight kg)*
BMI *(Respondent BMI)*

LInfo

1 Yes "Yes, I will do the interview now"
2 No "No, I will not be able to do this interview"

InfoS

Safety copy of Info

1 Yes "Yes, I will do the interview now",
2 No "No, I will not be able to do this interview"

StrtNur

Start time of the interview

: TIMETYPE

MachDate

Automatically recorded date of interview

: DATETYPE

NEndDate

Date at end of interview

: DATETYPE

DateOK

NURSE : Today's date according to the laptop is *(Date)*.

Is this the correct date?

1 Yes
2 No

NurDate

NURSE: Enter the date of this interview

: DATETYPE

NDoBD

Can I just check your date of birth?

NURSE : Enter day, month and year of (respondent's name)'s date of birth separately.

Enter the **day** here.

: 1..31

NDoBM

NURSE : Enter the code for the **month** of (respondent's name)'s date of birth.

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

NDoBY

NURSE: Enter the **year** of (respondent's name)'s date of birth.

: 1890..2008

NDoB

Date of birth (derived)

: DATETYPE

DoBDisc

NURSE: Please explain the difference between date of birth the Interviewer recorded (Date of birth of respondent) and date of birth you have just recorded (Date of birth derived).

:OPEN

HHAge

Age of respondent based on Nurse entered date of birth and date at time of household interview.

: 0..120

ConfAge

: 0..120

IF (Age ≤ 15) THEN

CParInt

NURSE: A child can **only** be interviewed with the permission of, and in the presence of, their parent or a person who has (permanent) legal parental responsibility (*specify names*). No measurements should be carried out without the agreement of both the parent **and** the child.

N.B Written child assent, where appropriate, should also be sought from children who are able to give it.

- 1 Continue

IF (Age IN 16..49) AND (Sex = Female) THEN

PregNTJ

Can I check, are you pregnant or breastfeeding at the moment?

- 1 Yes
- 2 No

HlthCh

(Can I just check,) have there been any changes to you/your child's general health since you/he/she were/was visited by the interviewer?

- 1 Yes
- 2 No

If (HlthCh = Yes) THEN

HlthChWh

INTERVIEWER: PLEASE RECORD DETAILS OF THE RESPONDENT'S CHANGE IN GENERAL HEALTH.

: OPEN

IF (PregNTJ = No) THEN

MedCNJD

Are /(Is) you/(child's name) taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you (him/her) by a doctor or a nurse?

NURSE: If statins have been prescribed by a doctor please code them here. If they have been bought without a prescription code at Statins question

NURSE: INCLUDE DIETARY SUPPLEMENTS AS LONG AS PRESCRIBED.

MEDICINES SHOULD BE BEING TAKEN NOW, OR BE CURRENT PRESCRIPTIONS FOR USE 'AS REQUIRED.'

- 1 Yes
- 2 No

IF (Age >= 16) AND (MedCNJD = No) THEN

Statins

Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without the prescription of a doctor?

- 1 Yes
- 2 No

IF (Statins = Yes) THEN

StatinA

Have you taken/used any statins in the last 7 days?

- 1 Yes
- 2 No

IF (MedCNJD = Yes) THEN

MedIntro

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you/(child's name) by a doctor?

- 1 Continue

DrCod1

NURSE: To do the drug coding now, press <Ctrl Enter>, select (*DrugCode*) with the highlight bar and press <Enter>.

1 Continue

IF (Sex = Female) AND (Age = 10-15) THEN

UPreg

NURSE: Has the respondent (or her parent) told you that she is pregnant or breastfeeding?

Do **not** ask for this information - only code whether or not it has been volunteered.

1 Pregnant "Yes, told me she is pregnant/breastfeeding"

2 NotTold "No, **not** told me she is pregnant/breastfeeding"

NoBP

NURSE: No blood pressure reading to be done.

Press <1> and <Enter> to continue.

1 Continue

IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN

PregMes

NURSE: Respondent is pregnant.

No measurements to be done.

1 Continue

NoCodes

NURSE: No blood to be taken.

- Circle consent codes 12, 14, 16, 18 on front of the Consent Booklet.

Press <1> and <Enter> to continue.

1 Continue

(Age = 0-4) OR (IF PregNTJ = Yes) OR (IF UPreg = Pregnant)

IF no NoCodeB = RESPONSE, THEN WE SHOULD ROUTE NURSES TO "THANKS" and route them out of the CAPI

NoCodeB

NURSE: NO MEASUREMENTS TO BE TAKEN.

-Circle codes 02, 04, 06, 08, 10, 12, 14, 16, 18, on the front of the Consent Booklet.

Press <1> and <Enter> to continue."

1 Continue

AllCheck

Check before leaving the respondent:

That (*respondent's name*) has a Consent Booklet.

That full GP details are entered on front of the Office Consent Booklet.

The name by which GP knows respondent.

That all details are completed on front of the Office Consent Booklet.

That all necessary signatures have been collected in both consent booklets.

That appropriate codes have been ringed on the front of the office consent booklet.

(For those who have agreed a return visit to either give a blood samples or a 24 urine sample, there will be further consents to collect at the return visit).

Press <1> and <Enter> to continue.

1 Continue

NDNS YEAR 3 CAPI_NURSE

EndReach

NURSE: End of questionnaire reached

Press <1> and <Enter> to continue."

1 Continue

NurOut

NURSE: Why were you not able to complete the nurse schedule for person (*Person Number: Respondent Name*)?

Thank

NURSE: Thank respondent for his/her co-operation.

Then press <1> and <Enter> to finish.

1 Continue

INFANT LENGTH
FOR RESPONDENTS AGED 18 MONTHS TO 2 YEARS

IF (Age < 2) THEN

LgthMod

NURSE: Now follows the **Infant Length** module.

1 Continue

LgthInt

(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 | Agree | "Length measurement agreed" |
| 2 | Refuse | "Length measurement refused" |
| 3 | Unable | "Unable to measure length for other reason" |

IF (LgthInt = 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

LgthRel

NURSE: Is this measurement reliable?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Length=999.9) THEN

YNoLgth

NURSE: Give reason for not obtaining a length measurement

- | | | |
|---|--------|-----------------------------|
| 1 | Refuse | "Measurement refused" |
| 2 | TryNot | "Attempted, not obtained" |
| 3 | NoTry | "Measurement not attempted" |

IF (YNoLgth = Refuse.. TryNot or NoTry) OR (LgthInt = Refuse OR Unable) THEN

NoAttL

NURSE: Give reason for (*refusal/not obtaining measurement/not attempting the measurement*).

- | | | |
|----|--------|---------------------------------|
| 1 | Asleep | "Child asleep" |
| 2 | Fright | "Child too frightened or upset" |
| 3 | Shy | "Child too shy" |
| 4 | Lie | "Child would not lie still" |
| 95 | Other | "Other reason(s)" |

NDNS YEAR 3 CAPI_NURSE

IF (NoAttL = Other) THEN

OthNLth

NURSE: Enter details of other reason(s) for not obtaining/attempting the length measurement.

: STRING [100]

IF (Length <> 999.9) THEN

MbkLgth

NURSE: Write the results of the length measurement on respondent's Measurement Record Card.

1 Continue

PRESCRIBED MEDICATIONS

{Following questions asked as a loop:}

IF (MedCNJD = Yes) THEN

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."

: STRING[50]

MedBIA

Have/(Has) you/(child's name) taken/used (*text from MedBI*) in the last 7 days?

1 Yes

2 No

MedBIC

NURSE CHECK: Any more drugs to enter?

1 Yes

2 No

MID-UPPER ARM CIRCUMFERENCE

FOR RESPONDENTS AGED 15 AND UNDER

IF (Age <15) AND (UPreg = NO) THEN

MUACInt

(As I mentioned earlier,) I would like to measure your/(respondent's name)'s upper arm circumference.

NURSE: **IF ASKED:** This gives us information about the distribution of fat.

- | | | |
|---|--------|---|
| 1 | Agree | "Respondent agrees to have upper arm circumference measured" |
| 2 | Refuse | "Respondent refuses to have upper arm circumference measured" |
| 3 | Unable | "Unable to measure upper arm circumference for reason other than refusal" |

IF (MUACInt = Agree) THEN

CUpArm

NURSE: Measure circumference of non-dominant arm and record in centimetres.

If measurement not obtained, enter '99.9'

: 5.0..100.0

IF (CUpArm = 5.0..99.8) THEN

CUpRel

Is the (*first/second/third*) measurement reliable?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (CUpArm = 99.9 (*both attempts*)) THEN

CRespUp

NURSE CHECK:

- | | | |
|---|---------|-----------------------------|
| 1 | Refused | "Both measurements refused" |
| 2 | TryNot | "Attempted not obtained" |
| 3 | NoTry | "Measurement not attempted" |

IF (CUpArm <> 99.9 (*both attempts*)) THEN

CUpMeas

NURSE CHECK: Arm circumference measured with respondent:

- | | | |
|---|----------|--------------|
| 1 | Standing | "Standing" |
| 2 | Sitting | "Sitting" |
| 3 | Lying | "Lying down" |

CWhArm

NURSE: Did you take the measurement from the dominant or non-dominant arm?

- | | |
|---|--|
| 1 | Dominant, |
| 2 | Non-dominant (if not measured from right arm enter in memo/remark) |

IF (CRespUp = Refused OR TryNot OR NoTry) OR (CUpArm = 99.9) THEN

NoCUpArm

NURSE: Give reason(s) for (*only obtaining one measurement/refusal/not obtaining measurement/measurement not being attempted.*)

: STRING [140]

NDNS YEAR 3 CAPI_NURSE

IF (CUpArm = 5.0..99.8) THEN

ArmRes

NURSE: Offer to write results of arm circumference measurement on respondent's **Measurement Record Card**. Complete new card if required.

1 Continue

BLOOD PRESSURE
FOR RESPONDENTS AGED 5 AND OVER WHO ARE NOT PREGNANT

ASK ALL AGED 5+ EXCEPT PREGNANT WOMEN

BPMMod

NURSE: Now follows the **Blood Pressure** module.

1 Continue

IF (Age >15) THEN

BPIntro

(As I mentioned earlier) We would like to measure your/(child's name)'s blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.

1 Continue

IF (Age 5 -15) THEN

BPBlurb

NURSE: Read out to parent (*if applicable*):

(As I mentioned earlier) we would like to measure your/(child's name)'s blood pressure. If you wish, I will write the results on your/(his/her) Measurement Record Card.

I will not, however, be able to tell you what the results mean. This has to be calculated using your/(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 you/(he/she) have/(has) high blood pressure.

However, if you would like us to, we will send your/(his/her) results to your/(his/her) GP who is better placed to interpret them.

In the unlikely event that (respondent's name) should be found to have a high blood pressure for your/(his/her) age and height, we shall advise your/(his/her) GP (with your permission) that your/(his/her) blood pressure should be measured again.

1 Continue

BPConst

NURSE: Does the respondent agree to blood pressure measurement?

- | | | |
|---|--------|--|
| 1 | Agree | "Yes, agrees" |
| 2 | Refuse | "No, refuses" |
| 3 | Unable | "Unable to measure BP for reason other than refusal" |

IF (BPConst = Agree) AND (Age >=13) 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 | Eat | "Eaten" |
| 2 | Smoke | "Smoked" |
| 3 | Drink | "Drunk alcohol" |
| 4 | Exercise | "Done (vigorous) exercise" |
| 5 | None | "(None of these)" |

IF (BPCnst = Agree) AND (Age 5 - 12) THEN

ConSubX2

May I just check, has (respondent's name) eaten, or done any vigorous exercise, in the past 30 minutes?

CODE ALL THAT APPLY.

- | | | |
|---|----------|--------------------------|
| 1 | Eat | "Eaten" |
| 2 | Exercise | "Done vigorous exercise" |
| 3 | None | "Neither" |

DINNo

NURSE: Please record the Omron serial number.

: 001..999

CufSize

NURSE: Select cuff and attach to the respondent's **right** arm.

Ask the respondent to sit still for five minutes.

READ OUT: 'I am going to leave you to sit quietly now for 5 minutes. During that time you must not read and your legs are to remain uncrossed. After the 5 minutes, I will carry out 3 recordings with a minute between them. While I am doing these recordings I will not speak to you, and you must not speak to me. Once I have completed the recordings I will tell you what they are.'

Record cuff size chosen.

- | | | |
|---|--------|---------------------|
| 1 | Small | "Small (15-22 cm)" |
| 2 | Medium | "Medium (22-32 cm)" |
| 3 | Large | "Large (32-42 cm)" |

Sys to Pulse repeated for up to three blood pressure readings

Sys

NURSE: Enter the **(first/second/third) systolic reading** (mmHg).

If reading not obtained, enter 999.

: 001..999

Dias

NURSE: Enter the **(first/second/third) diastolic reading** (mmHg).

If reading not obtained, enter 999.

: 001..999

Pulse

NURSE: Enter the **(first/second/third) pulse reading** (bpm).

If reading not obtained, enter 999.

: 001..999

Full

All readings OK

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (AT LEAST ONE '999' RESPONSE) THEN

YNoBP

NURSE: Enter reason for not recording any full BP readings.

- | | | |
|---|---------|---|
| 1 | Tried | "Blood pressure measurement attempted but not obtained" |
| 2 | NoTry | "Blood pressure measurement not attempted" |
| 3 | Refused | "Blood pressure measurement refused" |

RespBPS

- | | | |
|---|---------|-----------|
| 1 | Three | "Three" |
| 2 | Two | "Two" |
| 3 | One | "One" |
| 4 | Tried | "Tried" |
| 5 | NoTry | "NoTry" |
| 6 | Refused | "Refused" |

IF (RespBPS = Two..Refused) OR (BPConst = Refuse) THEN

NAttBPD

NURSE: Record why (*only two readings obtained/only one reading obtained/reading not obtained/reading not attempted/reading refused/unable to take reading*).

CODE ALL THAT APPLY.

- | | | |
|---|----------|---|
| 1 | PC | "Problems with PC" |
| 2 | Upset | "Respondent upset/anxious/nervous" |
| 3 | Error844 | "Error 844' reading" |
| 4 | Shy | "Too shy (<i>children</i>)" |
| 5 | Fidget | "Child would not sit still long enough (<i>children</i>)" |
| 6 | Other | "Other reason(s) (specify at next question)" |
| 7 | Cuff | "Problems with Cuff fitting/painful" |
| 8 | Omron | "Problems with Omron readings (zeros, no readings)" |
| 9 | Laptop | "Problems with laptop" |

IF (NAttBPD = Other) THEN

OthNBP

NURSE: Enter full details of other reason(s) for not obtaining/attempting three BP readings.

: STRING [140]

IF (RespBPS = One, Two or Three) THEN

DifBPC

NURSE: Record any problems taking readings.

CODE ALL THAT APPLY.

- | | | |
|---|----------|--|
| 1 | NoProb | "No problems taking blood pressure" |
| 2 | LeftOnly | "Reading taken on left arm because right arm not suitable" |
| 3 | Upset | "Respondent was upset/anxious/nervous" |
| 4 | Other | "Other problems (specify at next question)" |
| 5 | Cuff | "Problems with cuff fitting/painful" |
| 6 | Omron | "Problems with Omron readings (zeros, no readings)" |

IF (DifBPC = Other) THEN

OthDifBP

NURSE: Record full details of other problem(s) taking readings.

: STRING [140]

IF (RespBPS = One, Two or Three) THEN

GPRRegBP

Are/(Is) you/(child's name) registered with a GP?

1 Yes

2 No

IF (GPRRegBP = Yes) THEN

GPSEND

May we send your/(child's name)'s blood pressure readings to your/(his/her) GP?

1 Yes

2 No

IF (GPSEND = No) THEN

GPRRefC

NURSE: Specify reason(s) for refusal to allow BP readings to be sent to GP.

CODE ALL THAT APPLY.

1 NeverSee "Hardly/Never sees GP"

2 GPKnows "GP knows respondent's BP level"

3 Bother "Does not want to bother GP"

4 Other "Other (specify at next question)"

IF (GPRRefC = Other) THEN

OthRefC

NURSE: Give full details of reason(s) for refusal.

: STRING [140]

IF (GPRReg <> Yes) OR (GPSEND = No) THEN

Code02

NURSE: Circle consent **code 02** on front of Consent Booklet.

1 Continue

IF (GPSEND = Yes) THEN

Code01

NURSE:

a) Complete 'Blood pressure to GP in both the Consent Booklet and the Respondent Copy.

b) Ask respondent/(respondent's parent) to read, sign and date the form in both the Consent Booklet and the Respondent Copy.

c) Check that GP name, address and phone no. are recorded on the Consent Form.

d) Check the name by which GP knows respondent.

e) Circle consent **code 01** on front of the Consent Booklet.

1 Continue

IF (RespBPS = One, Two or Three) THEN

BPOffer

NURSE: Offer blood pressure results to respondent/(respondent's parent).

(Displays readings)

NDNS YEAR 3 CAPI_NURSE

Enter these on (respondent's name)'s **Measurement Record Card** (complete new record card if required).

1 Continue

DEMI-SPAN

**FOR ALL RESPONDENTS AGED 65 AND OVER OR THOSE WITH AN
UNRELIABLE HEIGHT MEASUREMENT**

ASK ALL AGED 65+ OR AGED 16-64 WITH UNRELIABLE HEIGHT MEASUREMENT

SpanIntro

NURSE: Now follows the **Measurement of Demi-span**.

1 Continue

SpanInt

I would now like to measure the length of your arm. Like height, it is an indicator of size.

NURSE CODE:

- | | | |
|---|--------|---|
| 1 | Agree | "Respondent agrees to have demi-span measured" |
| 2 | Refuse | "Respondent refuses to have demi-span measured" |
| 3 | Unable | "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 measurements differ by more than 3cm.

IF (SpanInt = Agree) THEN

Span

NURSE: Enter the *(first/second/third)* demi-span measurement in centimetres.

If measurement not obtained, enter '999.9'.

Range: 5.0..1000.0

IF (Span <> 999.9) THEN

SpanRel

NURSE: Is the *(first/second/third)* measurement reliable?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Span = 999.9 (both attempts)) THEN

YNoSpan

NURSE: Give reason for not obtaining at least one demi-span measurement.

- | | | |
|---|--------|------------------------------|
| 1 | Refuse | "Measurement refused" |
| 2 | TryNot | "Attempted but not obtained" |
| 3 | NoTry | "Measurement not attempted" |

IF (YNoSpan = Refuse OR TryNot OR NoTry) THEN

NotAttM

NURSE: Give reason for *(refusal/not obtaining measurement/measurement not being attempted)*.

- | | | |
|---|--------|---|
| 1 | Bent | "Cannot straighten arms" |
| 2 | Bed | "Respondent confined to bed" |
| 3 | Stoop | "Respondent too stooped" |
| 4 | NotUnd | "Respondent did not understand the procedure" |
| 5 | Other | "Other" |

NDNS YEAR 3 CAPI_NURSE

IF (NotAttM = Other) THEN

OthAttM

NURSE: Give full details of other reason for (*refusal/not obtaining measurement/measurement not being attempted*).

: STRING [140]

IF (Span <> 999.9) THEN

SpnM

NURSE CHECK: Demi-span was measured with the respondent:

CODE ALL THAT APPLY.

- | | | |
|---|---------|--|
| 1 | Wall | "Standing against the wall" |
| 2 | NoWall | "Standing not against the wall" |
| 3 | Sitting | |
| 4 | Lying | "Lying down" |
| 5 | LeftArm | "Demi-span measured on left arm due to unsuitable right arm" |

IF (Span <> 999.9) THEN

DSCard

NURSE: Write results of demi-span measurement on respondent's Measurement Record Card.

- 1 Continue

WAIST AND HIP

FOR RESPONDENTS AGED 11 AND OVER WHO ARE NOT PREGNANT

ASK ALL RESPONDENTS AGED 11+ EXCEPT PREGNANT WOMEN

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.

NURSE CODE:

- | | | |
|---|--------|---|
| 1 | Agree | "Respondent agrees to have waist/hip ratio measured" |
| 2 | Refuse | "Respondent refuses to have waist/hip ratio measured" |
| 3 | Unable | "Unable to measure waist/hip ratio for reason other than refusal" |

Repeat for up to three waist-hip measurements.

Third measurement taken only if first two measurements differ by more than 3cm.

IF (WHIntro = Agree) THEN

Waist

NURSE: Measure the waist and hip circumferences **to the nearest mm**.

Enter the *(first/second/third)* waist measurement in centimetres.

(Remember to include the decimal point.)

If measurement not obtained, enter '999.9'.

Range: 40.0..1000.0

IF (WHIntro = Agree) THEN

Hip

NURSE: Measure the waist and hip circumferences **to the nearest mm**.

Enter the *(first/second/third)* measurement of hip circumference in centimetres.

(Remember to include the decimal point.)

If measurement not obtained, enter '999.9'.

Range: 50.0..1000.0

IF (WHIntro = Agree) THEN

RespWH

Imputed

- | | | |
|---|---------|-----------------|
| 1 | Both | "Both obtained" |
| 2 | One | "One obtained" |
| 3 | Refused | "Refused" |
| 4 | NoTry | "NoTry" |

IF (Waist = 999.9 (either attempt)) OR (Hip = 999.9 (either attempt)) THEN

YNoWH

NURSE: Enter reason for not getting both measurements.

- | | | |
|---|---------|------------------------------|
| 1 | Refused | "Both measurements refused" |
| 2 | TryNot | "Attempted but not obtained" |
| 3 | NoTry | "Measurement not attempted" |

**IF (RespWH = One OR Refused OR NoTry) OR (YNoWH = Refused) THEN
WHPNABM**

NURSE: Give reason(s) *(for refusal/why unable/for not obtaining measurement/for not attempting/why only one measurement obtained)*.

CODE ALL THAT APPLY.

- | | | |
|---|----------|---|
| 1 | ChairBnd | "Respondent is chairbound" |
| 2 | Bed | "Respondent is confined to bed" |
| 3 | Stoop | "Respondent is too stooped" |
| 4 | NotUnd | "Respondent did not understand the procedure" |
| 5 | Other | "Other (SPECIFY AT NEXT QUESTION)" |

**IF (WHPNABM = OthWH) THEN
OthWH**

NURSE: Give full details of 'other' reason(s) for not getting full waist/hip measurement.
: STRING [140]

**IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist (1st) <> 999.9 AND
Waist (1st) <> EMPTY) OR (Waist (2nd) <> 999.9 AND Waist (2nd) <> EMPTY)) THEN
WJRel**

NURSE: Record any problems with **waist** measurement:

- | | | |
|---|----------|---|
| 1 | NoProb | "No problems experienced, reliable waist measurement" |
| 2 | ProbRel | "Problems experienced - waist measurement likely to be reliable " |
| 3 | ProbSIUn | "Problems experienced - waist measurement likely to be slightly unreliable " |
| 4 | ProbUn | "Problems experienced - waist measurement likely to be unreliable " |

**IF (WJRel = ProbRel OR ProbSIUn OR ProbUn) THEN
ProbWJ**

NURSE: Record whether problems experienced are likely to increase or decrease the **waist** measurement.

- | | | |
|---|----------|-------------------------|
| 1 | Increase | "Increases measurement" |
| 2 | Decrease | "Decreases measurement" |

**IF AT LEAST ONE HIP MEASUREMENT OBTAINED IF ((Hip (1st) <> 999.9 AND Hip
(1st) <> EMPTY) OR (Hip (2nd) <> 999.9 AND Hip (2nd) <> EMPTY)) THEN
HJRel**

NURSE: Record any problems with **hip** measurement:

- | | | |
|---|----------|---|
| 1 | NoProb | "No problems experienced, reliable hip measurement" |
| 2 | ProbRel | "Problems experienced - hip measurement likely to be reliable " |
| 3 | ProbSIUn | "Problems experienced - hip measurement likely to be slightly unreliable " |
| 4 | ProbUn | "Problems experienced - hip measurement likely to be unreliable " |

**IF (HJRel = ProbRel OR ProbSIUn OR ProbUn) THEN
ProbHJ**

NURSE: Record whether problems experienced are likely to increase or decrease the hip measurement.

- | | | |
|---|----------|-------------------------|
| 1 | Increase | "Increases measurement" |
| 2 | Decrease | "Decreases measurement" |

NDNS YEAR 3 CAPI_NURSE

IF (RespWH = Both OR One) THEN

WHRes

NURSE: Offer to write results of waist and hip measurements, where applicable, onto respondent's Measurement Record Card.

1 Continue

BMI TO GP CONSENT

IF (GPRegBP <> Yes) THEN

GPRegBM

NURSE CHECK: Is respondent registered with a GP?

- | | | |
|---|-----|-------------------------------------|
| 1 | Yes | "Respondent registered with GP" |
| 2 | No | "Respondent not registered with GP" |

ConsBMI

During the first stage, the interviewer measured your height and weight and from this, your Body Mass Index (BMI) was calculated. BMI is a way of telling if you're a healthy weight for your height.

May we send your BMI calculation to your GP?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (ConsBMI = Yes) THEN

Code03

NURSE: Obtain signature in both the Consent Booklet and the Respondent Copy.

Circle consent **code 03** on front of the Consent Booklet.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

IF (ConsBMI = No) THEN

Code04

"NURSE: The respondent does **not** want their BMI calculation sent to their GP.

Circle consent **code 04** on front of the Consent Booklet.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

URINE INTRODUCTION

***FOR ALL RESPONDENTS AGED 4 AND OVER (AND NOT IN NAPPIES)
WHO ARE NOT PREGNANT***

UrDisp

NURSE: NOW FOLLOWS THE 24 HOUR URINE MODULE.

- 1 Continue

IF (PAge >=13) THEN

UrInt

We are interested in measuring useful diet indicators in the urine such as sodium, potassium, urea and nitrogen. To do this we would like to collect a sample of your urine over a 24 hour period. We cannot get this information from your food diary or in any other way.

- 1 Continue

If (PAge = 4-12) THEN

UrIntC

We are interested in measuring useful diet indicators in the urine such as sodium, potassium, urea and nitrogen. To do this we would like to collect a sample of (child's name) urine over a 24 hour period. We cannot get this information from their food diary or in any other way.

- 1 Continue

IF (PAge = 4- 6) THEN

Nappies

Does (child's name) wear nappies at all nowadays?

NURSE: EVEN IF CHILD JUST WEARS NAPPIES AT NIGHT, CODE AS 'Yes'.

- 1 Yes
2 No

IF (PAge > 6) OR (PAge = 4-6 AND Nappies = No) THEN

UrLeaf1

To make sure that we can measure diet indicators accurately, we need to collect all urine passed within a 24 hour period. Please read this leaflet, it explains about what it involves.

NURSE: EXPLAIN ABOUT THE MEASUREMENT AND GIVE LEAFLET TO RESPONDENT. ALLOW THEM TIME TO READ IT AND ASK ANY QUESTIONS.

- 1 Continue

IF (PAge >=13) THEN

UrCons

Are you willing to participate in the 24 hour urine sample?

- 1 Yes
2 No

IF (PAge = 4-12) THEN

UrPCons

And are you willing for (child's name) to participate in the 24 hour urine sample?

- 1 Yes
2 No

IF (UrCons = Yes) OR (UrPCons = Yes) THEN

PABAInt

NURSE: THE NEXT COUPLE OF QUESTIONS ARE TO DETERMINE IF IT IS SAFE FOR THE RESPONDENT TO TAKE PABA TABLETS.

1 Continue

UrChk1

NURSE: HAS THE RESPONDENT TOLD YOU THAT THEY ARE TAKING ANY OF THE FOLLOWING?

...Co-Trimoxazole BNF CODE 50108
...Septrin BNF CODE 50108
...Sulfadiazine BNF CODE 50108
...Trimethoprim BNF CODE 50108
...Sulfamethoxazole BNF CODE 50108
...Monotrim BNF CODE 50108
...Sultrin BNF CODE 70202

(THESE ARE ALL SULHPONAMIDES)

1 Yes

2 No

IF (UrChk1 = No) THEN

UrChk2

Can I check, are/(is) you/(child's name) allergic to any of the following things?

- hair dye
- sunscreen
- vitamins

1 Yes

2 No

IF (UrChk1 = Yes) or (UrChk2 = Yes) THEN

NoPABA1

NURSE: THIS RESPONDENT MUST NOT TAKE PABA TABLETS BECAUSE THEY HAVE TOLD YOU THEY ARE (TAKING SULPHONAMIDES) / (TOLD YOU THEY ARE ALLERGIC TO HAIR DYE, SUNSCREEN OR VITAMINS) / (NOT BEEN ABLE TO TELL YOU IF THEY ARE TAKING SULPHONAMIDES) / (NOT BEEN ABLE TO TELL YOU IF THEY ARE ALLERGIC TO HAIR DYE, SUNSCREEN OR VITAMINS). THIS PERSON CAN STILL GIVE A 24 HOUR SAMPLE BUT SHOULD NOT BE GIVEN PABA. RING CONSENT CODE 06 AT QUESTION 9 ON THE FRONT OF THE OFFICE CONSENT BOOKLET.

1 Continue

IF (UrChk1 = No) or (UrChk2 = No) THEN

UrPABA

To make sure that we can measure diet indicators accurately, we need to collect all urine passed within a 24 hour period. This also involves taking three tablets called PABA within the same period so we can see how complete the urine sample is.

Please read this leaflet, it explains about what it involves.

NURSE: EXPLAIN ABOUT THE PABA TABLETS AND CONTRAINDICATIONS FOR USE. GIVE PABA INFORMATION LEAFLET TO RESPONDENT. ALLOW THEM TIME TO READ IT AND ASK ANY QUESTIONS.

1 Continue

IF (PAge >= 16) THEN

UPABCon

NURSE: IS THE RESPONDENT WILLING TO TAKE PABA TABLETS?

- 1 Yes
- 2 No

IF (PAge <16) THEN

UPABPCon

NURSE: IS THE PARENT OR LEGAL GUARDIAN WILLING FOR CHILD TO TAKE PABA TABLETS?

- 1 Yes
- 2 No

If (UPABCon = Yes) OR (UPABPCon = Yes)

PABAPck

NURSE: EXPLAIN TO THE RESPONDENT THAT YOU WILL NEED TO COLLECT THE PABA PACKAGING WHEN YOU COME BACK TO SUB-SAMPLE THEIR URINE. THIS IS JUST SO THAT YOU CAN SEND IT BACK TO HNR SO THEY CAN BE SURE HOW MANY TABLETS WERE TAKEN AND CAN THEREFORE ANALYSE THE URINE ACCURATELY.

- 1 Continue

IF (UPABCon = Yes) THEN

UPABCon1

NURSE: EXPLAIN THE NEED FOR WRITTEN CONSENT TO TAKE PABA.ASK RESPONDENT TO INITIAL FIRST BOX IN '24 HOUR URINE CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET. ASK RESPONDENT TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN BOTH COPIES (IF NOT ALREADY DONE).

- 1 Yes "Written consent obtained for PABA"
- 2 No "Written consent not obtained for PABA"

IF (UPABPCon = Yes) THEN

UPABCon2

NURSE: EXPLAIN THE NEED FOR WRITTEN CONSENT TO TAKE PABA. ASK PARENT/LEGAL GUARDIAN TO INITIAL FIRST BOX IN '24 HOUR URINE CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET. ASK PARENT/LEGAL GUARDIAN TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN BOTH COPIES (IF NOT ALREADY DONE).

- 1 Yes "Written consent obtained for PABA"
- 2 No "Written consent not obtained for PABA"

IF (UPABCon = No) OR (UPABCon1 = No) OR (UPABCon2 = No) THEN

NoPABA2

NURSE: THIS RESPONDENT HAS NOT CONSENTED TO TAKE PABA. THIS PERSON CAN STILL GIVE A 24 HOUR SAMPLE BUT SHOULD NOT BE GIVEN PABA. RING CONSENT CODE 06 ON THE FRONT OF THE OFFICE CONSENT BOOKLET.

- 1 Continue

IF (PAge >= 16) AND (UrCons = Yes) THEN

ULABCon1

NURSE: EXPLAIN THE NEED FOR WRITTEN CONSENT FOR LABORATORY ANALYSIS OF URINE SAMPLE. ASK RESPONDENT TO INITIAL SECOND BOX IN '24 HOUR URINE. CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET.

ASK RESPONDENT TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN BOTH COPIES (IF NOT ALREADY DONE).

- | | | |
|---|-----|---|
| 1 | Yes | "Written consent obtained for lab analysis" |
| 2 | No | "Written consent not obtained for lab analysis" |

IF (UrCons = Yes) OR (UrPCons = Yes) THEN

ULABCon2

NURSE: EXPLAIN THE NEED FOR WRITTEN CONSENT FOR LABORATORY ANALYSIS OF URINE SAMPLE.

ASK PARENT/LEGAL GUARDIAN TO INITIAL SECOND BOX IN '24 HOUR URINE CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET.

ASK PARENT/LEGAL GUARDIAN TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN BOTH COPIES (IF NOT ALREADY DONE).

- | | | |
|---|-----|---|
| 1 | Yes | "Written consent obtained for lab analysis" |
| 2 | No | "Written consent not obtained for lab analysis" |

IF ((PAge >= 16) AND (UPABCon = Yes)) OR ((PAge < 16) AND (UPABPCon = Yes)) THEN

Code05

NURSE: CIRCLE CONSENT CODE 05 (CONSENT TO TAKE PABA) AT QUESTION 9 ON FRONT OF THE OFFICE CONSENT BOOKLET.

- 1 Continue

IF ((PAge >= 16) AND (UPABCon = No)) OR ((PAge < 16) AND (UPABPCon = No)) THEN

Code06

NURSE: CIRCLE CONSENT CODE 06 (NO CONSENT TO TAKE PABA) AT QUESTION 9 ON FRONT OF THE OFFICE CONSENT BOOKLET.

- 1 Continue

IF ((PAge >= 16) AND (ULabCon1 = Yes)) OR ((PAge < 16) AND (ULabCon2 = Yes)) THEN

Code07

NURSE: CIRCLE CONSENT CODE 07 (CONSENT FOR LAB ANALYSIS) AT QUESTION 9 ON FRONT OF THE OFFICE CONSENT BOOKLET.

- 1 Continue

IF ((PAge >= 16) AND (ULabCon1 = No)) OR ((PAge < 16) AND (ULabCon2 = No)) THEN

Code08

NURSE: CIRCLE CONSENT CODE 08 (NO CONSENT FOR LAB ANALYSIS) AT QUESTION 9 ON FRONT OF OFFICE CONSENT BOOKLET.

- 1 Continue

IF (ULabCon1 = Yes) OR (ULabCon2 = Yes) THEN

UrExpl

NURSE: MAKE SURE YOU HAVE EXPLAINED ALL PROCEDURES AND PROTOCOLS ABOUT WHAT IS INVOLVED FULLY TO THE RESPONDENT OR PARENT/LEGAL GUARDIAN.

- 1 Continue

UrAppt

NURSE: PLEASE DO THE FOLLOWING....

- 1) AGREE A DATE WITH THE RESPONDENT WHEN THEY WILL COLLECT URINE FOR 24 HOURS (STARTING COLLECTION ON ANY DAY EXCEPT A THURSDAY).
- 2) MAKE AN APPOINTMENT WITH THE RESPONDENT TO COLLECT THEIR SAMPLE, IDEALLY ON EITHER THE DAY THEY STOP COLLECTING URINE OR THE FOLLOWING DAY (i.e. the day after collection finished). SCHOOL AGED CHILDREN SHOULD ALWAYS BE ASKED TO COLLECT THEIR URINE ON A NON-SCHOOL DAY.
- 3) EXPLAIN THE COLLECTION PROTOCOL.
- 4) IF THE RESPONDENT IS TAKING PABA, REMIND THEM THAT YOU WILL BE COLLECTING THE PACKAGING AT YOUR RETURN VISIT.
- 5) COMPLETE SECTION A OF THE 24 HOUR URINE COLLECTION FORM.
- 6) GIVE THE RESPONDENT THE URINE COLLECTION SHEET AND ASK THEM TO COMPLETE SECTION B DURING THEIR COLLECTION PERIOD.

1 Continue

IF (Nappies = Yes) OR (UrCons = No) OR (UrPCons = No) OR (ULabCon1 = No) OR (ULabCon2 = No) THEN

NoUri

NURSE: NO URINE SAMPLE TO BE TAKEN.

CIRCLE CONSENT CODES 06, 08, 10 ON FRONT OF OFFICE CONSENT BOOKLET.

1 Continue

URINE COLLECTION

FOR ALL RESPONDENTS AGED 4 AND OVER (AND NOT IN NAPPIES) WHO ARE NOT PREGNANT

UrCInt

NURSE: EXPLAIN THAT YOU ARE HERE TO COLLECT THE URINE SAMPLE.
FOLLOW PROTOCOLS TO MIX, WEIGH AND COLLECT 4 ALIQUOTS OF URINE.

1 Continue

UrColl

NURSE: HAS (RESPONDENT'S NAME) PROVIDED A URINE SAMPLE?

1 Yes

2 No

IF (UrColl = Yes) THEN

UrJugs

NURSE: On collection, which containers have urine inside?

1 Five "5 litre container only"

2 Two "2 Litre container only"

3 Both "Both the 5 litre and 2 litre containers"

IF (UrJugs = Five) OR (UrJugs = Both) THEN

UrWt1

NURSE: WEIGH THE 5 LITRE CONTAINER.

Enter the weight of total urine sample. Enter weight in kilograms, with 2 decimal places.

If measurement not obtained, enter '9.99'.

: 0.01..9.99

UrWt2

NURSE: Enter the weight of total urine sample. Enter weight in kilograms, with 2 decimal places. If measurement not obtained, enter '9.99'.

: 0.01..9.99

IF (UrWt1 - UrWt2 > 0.02) THEN

UrWt3

NURSE: Enter the weight of total urine sample. Enter weight in kilograms, with 2 decimal places. If measurement not obtained, enter '9.99'.

0.01..9.99

IF (UrJugs = Two) OR (UrJugs = Both) THEN

Ur2LWt1

NURSE: WEIGH THE 2 LITRE CONTAINER

Enter the weight of total urine sample. Enter weight in kilograms, with 2 decimal places.

If measurement not obtained, enter '9.99'.

0.01..9.99

Ur2LWt2

NURSE: Enter the weight of urine sample from the 2 litre container. Enter weight in kilograms, with 2 decimal places. If measurement not obtained, enter '9.99'.

NDNS YEAR 3 CAPI_NURSE

: 0.01..9.99

IF (Ur2LWt1 - Ur2LWt2 > 0.02) THEN

Ur2LWt3

NURSE: Enter the weight of urine sample from the 2 litre container. Enter weight in kilograms, with 2 decimal places. If measurement not obtained, enter '9.99'.

: 0.01..9.99

UrSDay

On what date did you start your urine collection?

NURSE: Enter day, month and year separately.

Enter the day here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 1..31

UrSMon

Enter the code for the month here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET."

- | | |
|----|-----------|
| 1 | January |
| 2 | February |
| 3 | March |
| 4 | April |
| 5 | May |
| 6 | June |
| 7 | July |
| 8 | August |
| 9 | September |
| 10 | October |
| 11 | November |
| 12 | December |

UrSYr

Enter the year here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 2008..2019

UrSDate

On what date did you start your urine collection?

: DATETYPE

UrSHrs

At what time did you start your urine collection?

NURSE: Enter hours and minutes separately.

Enter the hours here.

N.B. Please use the 24-hour clock, e.g. for 2pm enter 14, for 12 midnight enter 0.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 0..23

UrSMin

Enter the minutes here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

NDNS YEAR 3 CAPI_NURSE

: 0..59

UrSTime

At what time did you start your urine collection?

: TIMETYPE

UrEDay

On what date did you finish your urine collection?

NURSE: Enter day, month and year separately.

Enter the day here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET."

: 1..31

UrEMon

Enter the code for the month here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

- | | |
|----|-----------|
| 1 | January |
| 2 | February |
| 3 | March |
| 4 | April |
| 5 | May |
| 6 | June |
| 7 | July |
| 8 | August |
| 9 | September |
| 10 | October |
| 11 | November |
| 12 | December |

UrEYr

Enter the year here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 2008..2019

UrEDate

On what date did you start your urine collection?

: DATETYPE

UrEHrs

At what time did you finish your urine collection?

NURSE: Enter hours and minutes separately.

Enter the hours here.

N.B. Please use the 24-hour clock, e.g. for 2pm enter 14, for 12 midnight enter 0.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 0..23

UrEMin

Enter the minutes here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 0..59

UrETime

At what time did you start your urine collection?

: TIMETYPE

ChkMss

Did you/(child's name) miss collecting any samples during the 24 hour period?

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

1 Yes

2 No

IF (ChkMss = Yes) THEN

HowManM

How many did you/(child's name) miss?

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 1..10

IF (ChkMss = Yes) THEN

DatMssD

Date of (*first/second/third/fourth/fifth*) missed sample.

NURSE: Enter day, month and year separately.

Enter the day here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

:1..31

DatMssM

Enter the month here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

1 January

2 February

3 March

4 April

5 May

6 June

7 July

8 August

9 September

10 October

11 November

12 December

DatMssY

Enter the year here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 2008..2019

DatMss

Date of missed sample.

: DATETYPE

TimMssH

Time of (*first/second/third/fourth/fifth*) missed sample.

NURSE: Enter hours and minutes separately.

Enter the hours here.

N.B. Please use the 24-hour clock, e.g. for 2pm enter 14, for 12 midnight enter 0.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

:0..23

TimMssM

Enter the minutes here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

:0..59

TimMss

Time of missed sample.

:TIMETYPE

IF (UPABCon1 = Yes) OR (UPABCon2 = Yes) THEN

AIIPABA

I now need to record information about the PABA tablets you took.

Did you take all three PABA tablets?

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

NURSE: PLEASE REMEMBER TO OBTAIN THE PABA BLISTER PACK AND RETURN IT TO HNR, REGARDLESS OF HOW MANY TABLETS HAVE BEEN TAKEN.

1 Yes

2 No

IF (AIIPABA = No) THEN

ChkPABA

Did you/(child's name) take any of the PABA tablets?

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

NURSE: PLEASE REMEMBER TO OBTAIN THE PABA BLISTER PACK AND RETURN IT TO HNR, REGARDLESS OF HOW MANY TABLETS HAVE BEEN TAKEN.

1 Yes

2 No

IF (AIIPABA = Yes) OR (ChkPABA = Yes) THEN

DatPABD

Date (*first/second/third*) PABA tablet taken.

NURSE: If (*first/second/third*) PABA tablet not taken enter CTRL/K.

NURSE: Enter day, month and year separately.

Enter the day here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

:1..31

DatPABM

Enter the month here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

1 January

2 February

3 March

4 April

5 May

NDNS YEAR 3 CAPI_NURSE

- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

DatPABY

Enter the year here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 2008..2019

IF (AllPABA = Yes) OR (ChkPABA = Yes) THEN

DatPAB

Date (*first/second/third*) PABA tablet taken

: DATETYPE

TimPABH

Time (*first/second/third*) PABA tablet taken.

NURSE: Enter hours and minutes separately.

Enter the hours here.

N.B. Please use the 24-hour clock, e.g. for 2pm enter 14, for 12 midnight enter 0.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 0..23

TimPABM

Enter the minutes here.

NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

: 0..59

TimPAB

Time PABA tablet taken.

: TIMETYPE

IF (PAge >= 16) THEN

Diet

Were/(was) you/(child's name) taking any dietary supplements on the days you collect the urine sample?

- 1 Yes
- 2 No

IF (Diet = Yes) THEN

DWhat

What did you/(child's name) take?

NURSE RECODE NAME OF SUPPLEMENT TAKEN

: STRING[60]

DMore

Any others?

- 1 Yes

2 No

IF (PAge >= 16) THEN

StrUrA

May we have your consent to store any remaining urine for future analysis?

- 1 Yes "Storage consent given"
- 2 No "Consent refused"

IF (PAge<16) THEN

StrUrC

May we have your consent to store any of (child's name)'s remaining urine for future analysis?

- 1 Yes "Storage consent given"
- 2 No "Consent refused"

IF (StrUrA = Yes) OR (StrUrC = Yes) THEN

Code09

ASK RESPONDENT/(PARENT / LEGAL GUARDIAN) TO INITIAL THIRD BOX IN '24 HOUR URINE CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET
CIRCLE CONSENT CODE 9 AT QUESTION 9 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

- 1 Continue

IF (StrUrA = No) OR (StrUrC = No) THEN

Code10

NURSE: CIRCLE CONSENT CODE 10 (NO CONSENT FOR URINE STORAGE) AT QUESTION 9 ON FRONT OF THE OFFICE CONSENT BOOKLET.

PRESS <1> AND <ENTER> TO CONTINUE

- 1 Continue

Thanks

NURSE: THANK THE RESPONDENT FOR THEIR CO-OPERATION AND REMIND THEM THAT THEIR £10 GIFT VOUCHERS WILL BE POSTED TO THEM FROM THE OFFICE.

NURSE: REMEMBER TO LEAVE THE PALE GREY £10 PROMISSORY NOTE WITH THE RESPONDENT.

PRESS <1> AND <ENTER> TO CONTINUE

- 1 Continue

BLOOD SAMPLE

FOR ALL RESPONDENTS WHO ARE NOT PREGNANT

ASK ALL RESPONDENTS AGED 4+ EXCEPT PREGNANT WOMEN

BIIntro

NURSE: NOW FOLLOWS THE **BLOOD SAMPLE** MODULE.

NURSE: EXPLAIN THE PURPOSE AND PROCEDURE OF THE FASTING BLOOD SAMPLE. GIVE RESPONDENT RELEVANT LEAFLETS.

1 Continue

IF (Age < 4) THEN

NFBIntro

NURSE: NOW FOLLOWS THE **BLOOD SAMPLE** MODULE.

NURSE: EXPLAIN THE PURPOSE AND PROCEDURE OF THE FASTING BLOOD SAMPLE. GIVE RESPONDENT RELEVANT LEAFLETS.

1 Continue

IF (AGE <=16) THEN

ClotB

May I just check, do/(does) you/(child's name) have a clotting or bleeding disorder or are/(is) you/(he/she) currently on anti-coagulant drugs such as Warfarin?

(NURSE: Aspirin therapy is not a contraindication for blood sample.)

1 Yes

2 No

IF (AGE <=16) AND (ClotB = No) THEN

Fit

May I just check, have/(has) you/(child's name) ever had a fit (including epileptic fit, convulsion, convulsion associated with high fever)?

1 Yes

2 No

IF (AGE >=16) THEN

ClotBA

May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin? (NURSE: Aspirin therapy is not a contraindication for blood sample.)

NOTE TO NURSE: CLOPIDOGREL, PERSANTIN, DIPYRIDAMOLE AND OTHER ANTI-PLATELET DRUGS ARE NOT A CONTRAINDICATION FOR BLOOD SAMPLE

1 Yes

2 No

IF (Age >=16) AND (ClotB = No) THEN

FitA

May I just check, have you had a fit (including epileptic fit or convulsion,) in the last five years?

1 Yes

2 No

IF (Age >= 16) AND (ClotB = No) AND (Fit = No) THEN

BSWill

Would you be willing to have a fasting blood sample taken?

NURSE: THE RESPONDENT SHOULD FAST FOR 8 HOURS. REMIND HIM/HER THAT THEY SHOULD DRINK WATER AS NORMAL.

- | | | |
|---|--------|---|
| 1 | Yes | "Yes" |
| 2 | No | "No" |
| 3 | Unable | "Respondent unable to give a blood sample
for reason other than refusal (please specify at next question)" |

IF (Age < 16) AND (ClotB = No) AND (Fit = No) THEN

CBSCnst

ASK PARENT

Are you willing for your child to have a blood sample taken?

CHILDREN AGED 4 AND OVER SHOULD PROVIDE A FASTING SAMPLE.

- | | | |
|---|--------|---|
| 1 | Yes | |
| 2 | No | |
| 3 | Unable | "Respondent unable to give a blood sample
for reason other than refusal (please specify at next question)" |

IF (BSWill = No) OR (CBSCnst = No) THEN

RefBSC

NURSE: Record why blood sample refused.

CODE ALL THAT APPLY.

- | | | |
|----|----------|--|
| 1 | PrevDiff | "Previous difficulties with venepuncture" |
| 2 | Fear | "Dislike/fear of needles" |
| 3 | RecTest | "Respondent recently had blood test/health check" |
| 4 | Ill | "Refused because of current illness" |
| 5 | HIV | "Worried about HIV or AIDS" |
| 6 | NoPaed | "No paediatric phlebotomist available" |
| 7 | Parent | "Parent doesn't agree with it/thinks child too young" |
| 8 | Busy | "Too busy" |
| 9 | Time | "Time constraints (i.e. appointment timings not convenient)" |
| 97 | Other | "Other" |

IF (RefBSC = Other) THEN

OthRefBS

NURSE: Give full details of other reason(s) for refusing blood sample.

: STRING [135]

UnReas

NURSE: Record why respondent unable to give a blood sample (i.e. reason other than refusal).

: STRING[100]

IF (Age >= 4) AND (BSWill = Yes) OR (CBCConst = Yes) THEN

Diabetes

NURSE: HAS THE RESPONDENT TOLD YOU THAT THEY ARE DIABETIC AND UNWILLING TO FAST?

IF RESPONDENT IS DIABETIC AND CONCERNED ABOUT FASTING, PRESS F9 FOR GUIDANCE ABOUT THE DIFFERENT MEASURES THAT A DIABETIC COULD TAKE AND STILL GIVE A FASTING BLOOD SAMPLE.

CODE BELOW WHETHER RESPONDENT WILLING TO GIVE A FASTING BLOOD SAMPLE.

Acceptable procedures according to medication:

...Respondents on oral hypoglycaemic medication should be able to fast without complications.

...Respondents on a combination of nighttime insulin and daytime tablets should also be able to fast unless they are known to have low blood sugar levels first thing in the morning. If they do have low blood sugar in the morning, they could still fast but should reduce their nighttime insulin by a small amount and have breakfast as soon as possible after the blood is taken.

...Respondents on insulin alone can also provide a fasting sample, but should be given special consideration. They should omit their morning insulin and should be seen as early in the day as possible.

In every case, diabetics should have breakfast as soon as possible after blood is taken.

Note that the option of providing a non-fasting sample is only open to diabetics and respondents under the age of 4. Blood should not be taken from respondents who are willing to provide a sample but are not prepared to fast.

- | | | |
|---|---------|---|
| 1 | NotDiab | "Not diabetic/not mentioned" |
| 2 | Yes | "Diabetic and willing to give fasting blood" |
| 3 | No | "Diabetic and not willing to give fasting blood sample" |

IF (Diabetes = No) THEN

DiabNF

NURSE: THIS PERSON SHOULD GIVE A NON-FASTING BLOOD SAMPLE. THIS BLOOD SAMPLE SHOULD BE TAKEN AT THE SAME TIME AS A FASTING BLOOD SAMPLE FROM OTHER HOUSEHOLD MEMBERS (IF APPLICABLE).

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

IF (Diabetes = NotDiab OR Yes) THEN

IsTime

NURSE: IS THE TIME CURRENTLY BEFORE 10 AM?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (IsTime = Yes) AND (Computer time = before 10am) THEN

Eat

Can I check, have you had anything to eat or drink (excluding water) in the last 8 hours?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Diabetes = No) OR ((Age < 11) AND (Nurse = paediatric phlebotomist)) THEN

NFastBI

NURSE: THIS RESPONDENT COULD GIVE A NON-FASTING BLOOD SAMPLE NOW. BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

Are the labs open (i.e. is it Monday - Thursday)/expecting a sample?
Is there anyone else in the household who will give blood?
If so, could you take blood from both respondents at the same time (i.e. a return visit)?
CONSIDER THESE QUESTIONS AND CODE:

- 1 Yes Yes, I will take the blood sample now
- 2 No No, I will return at a later date to take the blood sample

IF (NFastBI = No) THEN

NFSAppt

NURSE: ARRANGE AN APPOINTMENT WITH (respondent's name) TO TAKE A BLOOD SAMPLE. THIS SHOULD BE ON A MONDAY TO THURSDAY MORNING ONLY

- 1 Continue

IF (Eat = No) THEN

FastBI

NURSE: THIS RESPONDENT COULD GIVE A FASTING BLOOD SAMPLE NOW. BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:
IF CHILD UNDER 4: ARE YOU A TRAINED PAEDIATRIC PHLEBOTOMIST? (IF NO, CODE 2)

Are the labs open/expecting a sample?
Is there anyone else in the household who will give blood?
If so, you should take blood from both respondents at the same time.
CONSIDER THESE QUESTIONS AND CODE:

- 1 Yes "Yes, I will take the fasting blood sample now"
- 2 No "No, I will return at a later date to take the blood sample"

IF (FastBI = No) THEN

FBAppt

NURSE: ARRANGE AN APPOINTMENT WITH (respondent's name) TO TAKE A BLOOD SAMPLE. THIS SHOULD BE BEFORE 10AM, MONDAY TO THURSDAY ONLY

- 1 Continue

IF (Age <= 16) THEN

Amelnt

NURSE: 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.
Ask respondent/parent whether they think they will want to use Ametop. If they do, you need to schedule your return appointment before 9.30am.

- 1 Continue

IF BLOOD SAMPLE NOT TAKEN ON FIRST VISIT THEN

IntFBT

NURSE: NOW FOLLOWS THE MODULE TO OBTAIN BLOOD SAMPLES.

- 1 Continue

IF (AGE <16) THEN

TClotB

May I just check again, do/(does) you/(child's name) have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin?

(NURSE: Aspirin therapy is not a contraindication for blood sample.)

- 1 Yes
- 2 No

IF (TClotB=No) THEN

TFit

May I just check also, have/(has) you/(child's name) ever had a fit (including epileptic fit, convulsion, convulsion associated with high fever)?

- 1 Yes
- 2 No

IF (AGE > 16) THEN

TClotBA

May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin?

NURSE: Aspirin therapy is not a contraindication for blood sample

NOTE TO NURSE: CLOPIDOGREL, PERSANTIN, DIPYRIDAMOLE AND OTHER ANTI-PLATELET DRUGS ARE NOT A CONTRAINDICATION FOR BLOOD SAMPLE.

- 1 Yes
- 2 No

IF (AGE > 16) THEN

TFitA

May I just check, have you had a fit (including epileptic fit or convulsion,) in the last five years?

- 1 Yes
- 2 No

IF (TFitC = No) AND (Age >=4) THEN

TEat

Can I check, have you had anything to eat or drink (excluding water) in the last 8 hours?

- 1 Yes
- 2 No

IF (TFitC = No) AND (Age <4) THEN

ChEat

Can I check, has (respondent's name) had anything to eat or drink (excluding water) in the last 8 hours?

- 1 Yes
- 2 No

IF (TEat = Yes) OR (ChEat = Yes) THEN

ReArr

NURSE: The respondent has eaten something and cannot give a fasting blood sample today. Try to rearrange the appointment for another day.

- 1 Appt "Appointment rearranged to take blood"
- 2 NoAppt "Not able to make another appointment"

IF (2nd visit AND ReArr = NoAppt) OR (3rd visit) THEN

TBSStop

No Blood Samples should be taken from ^PName. Ring codes 12,14, 16, 18 on the consent booklet

- 1 Continue

IF (2nd visit AND ReArr = Appt) THEN

TBSNoV2

No Blood Samples should be taken from (respondent's name) now. You will need to make another visit to take blood.

- 1 Continue

IF (Age >= 16) THEN

TBSWill

Would you be willing to have a fasting/(non-fasting) blood sample taken?

- 1 Yes
- 2 No
- 3 Unable "Respondent unable to give a blood for reason other than refusal (please specify at next question)"

IF (Age < 16) THEN

TCBSCnst

ASK PARENT

Are you willing for your child to have a fasting/(non-fasting) blood sample taken?

NURSE: CHECK THAT CHILD IS WILLING ALSO, EXPLAIN PROCESS AND REASSURE THEM. ONLY TRAINED PAEDIATRIC PHLEBOTOMISTS SHOULD TAKE BLOOD FROM CHILDREN UNDER 11.

- 1 Yes
- 2 No
- 3 Unable "Respondent unable to give a blood for reason other than refusal (please specify at next question)"

IF (TCBSCnst = Yes) THEN

AmetopUse

(ASK PARENT)

Do you want Ametop gel to be used?

- 1 Yes
- 2 No

IF (AmetopUse = Yes) THEN

Allergy

(ASK PARENT)

Have/(Has) you/(he/she) 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

IF (Allergy = Yes) THEN

NoAmetop

NURSE: 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

1 Yes "Yes, willing"

2 No "No, no blood sample"

IF (Allergy = No) THEN

DoAmetop

NURSE: **Blood sample with Ametop gel.**

- Check you have all applicable signatures.

- Apply Ametop gel following instructions.

- Wait at least half an hour before attempting blood sample.

1 Continue

IF (BSWill = No) OR (CBSCnst = No) THEN

TRefBSC

NURSE: Record why blood sample refused.

CODE ALL THAT APPLY.

PrevDiff "Previous difficulties with venepuncture",

Fear "Dislike/fear of needles",

RecTest "Respondent recently had blood test/health check",

Ill "Refused because of current illness",

HIV "Worried about HIV or AIDS",

NoPaed "No paediatric phlebotomist available",

Parent "Parent doesn't agree with it/thinks child too young",

Busy "Too busy",

Time "Time constraints (i.e. appointment timings not convenient)",

Other "Other"

TOTHRef

NURSE: Give full details of other reason(s) for refusing blood sample.

: STRING [135]

TUnReas

NURSE: Record why respondent unable to give a blood sample (i.e. reason other than refusal).

: STRING [100]

IF (TBSWill = Yes) OR ((TCBSCnst = Yes) AND (AmetopUse = No)) OR ((TCBSCnst = Yes) AND (AmetopUse = Yes) AND (Allergy = No)) OR ((TCBSCnst = Yes) AND (AmetopUse = Yes) AND (Allergy = Yes) AND (NoAmetop = Yes)) THEN BSConsC

NURSE: Explain need for written consent from parent:

Before I can take any blood, I have to obtain the written consent from both parent and child/(written consent from you).

1 Continue

IF (Age = 18 months - 15) THEN

GuardCon

NURSE CHECK: Is a parent or person with legal responsibility willing to give consent?

1 Yes

2 No

IF (GuardCon = No) THEN

Ignore

NURSE: Record details of why consent refused.

: STRING [140]

Code11C

NURSE:

- ASK PARENT/LEGAL GUARDIAN TO INITIAL FIRST BOX IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET.

- MAKE SURE (*child's*) NAME IS FILLED IN BOTH COPIES.

- ASK PARENT/LEGAL GUARDIAN TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN BOTH COPIES.

- TICK THE BOX "With the use of Ametop"

- CIRCLE CONSENT CODE 11 AT QUESTION 9 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

Code11A

NURSE:

- ASK RESPONDENT TO INITIAL FIRST BOX IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET.

- MAKE SURE RESPONDENT'S NAME IS FILLED IN BOTH COPIES.

- ASK RESPONDENT TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN BOTH COPIES.

- CIRCLE CONSENT CODE 11 AT QUESTION 9 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (TBSStop=1) THEN

Code12

NURSE: CIRCLE CONSENT CODE 12 (NO CONSENT FOR BLOOD SAMPLING) AT QUESTION 9 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

**IF (GPRegBP <> Yes) OR (GPRegBM <> Yes) OR (Age = 18 months – 3) THEN
GPRegFB**

NURSE CHECK: Is respondent registered with a GP?

- | | | |
|---|-----|-------------------------------------|
| 1 | Yes | "Respondent registered with GP" |
| 2 | No | "Respondent not registered with GP" |

IF (GPRegFB = Yes) THEN

SendSam

May we send the results of your/(child's name)'s blood sample analysis to your/(his/her) GP?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (SendSam = Yes) THEN

Code13

"NURSE:

- Obtain initials and signature in **both** the Consent Booklet and the Respondent Copy.
- Check name by which GP knows respondent.
- Check GP name, address and phone no. are recorded on front of the Consent Booklet.
- Circle consent **code 13** on front of the Consent Booklet.

1 Continue

IF (SendSam = No) THEN

SenSaC

Why do you not want your/(child's name)'s blood sample results sent to your/(his/her) GP?

- | | | |
|---|----------|---------------------------------|
| 1 | NeverSee | "Hardly/never sees GP" |
| 2 | RecSamp | "GP recently took blood sample" |
| 3 | Bother | "Does not want to bother GP" |
| 4 | Other | "Other" |

IF (SenSaC = Other) THEN

OthSam

NURSE: Give full details of reason(s) for not wanting results sent to GP.

: STRING [140]

IF (SendSam = No) THEN

Code14

NURSE: Circle consent **code 14** on front of the Consent Booklet.

1 Continue

SnDrSam

Would you like to be sent the results of your/(child's name)'s blood sample analysis?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (SnDrSam = Yes) THEN

Code17

NURSE: Circle consent **code 17** on front of the Consent Booklet.

1 Continue

IF (SnDrSam = No) THEN

Code18

NURSE: Circle consent **code 18** on front of the Consent Booklet.

1 Continue

IF (SendSam = No) AND (SnDrSam = No) THEN

GPDisc

NURSE: THIS RESPONDENT DOES NOT WANT THEIR RESULTS SENT TO THEIR GP. PLEASE ASK THEM TO READ AND SIGN THE DISCLAIMER IN THE RESPONDENT AND OFFICE CONSENT BOOKLETS.

1 Continue

IF (TBSWill = Yes) THEN

ConStorB

ASK Respondent: May we have your consent to store any remaining blood for future analysis?

NURSE: IF ASKED, 'THE BLOOD WOULD BE USED FOR TESTS RELATING TO NUTRITION AND HEALTH. THE TESTS WOULD BE APPROVED BY AN ETHICS COMMITTEE'. NURSE: IF ASKED, EXPLAIN THE RESPONDENT CAN WITHDRAW THEIR CONSENT AT ANY TIME, WITHOUT GIVING ANY REASON, BY ASKING THE INVESTIGATORS IN WRITING FOR BLOOD TO BE REMOVED FROM STORAGE AND DESTROYED.

- 1 Yes "Storage consent given",
2 No "Consent refused"), NODK, NORF

IF (ConStorB = Yes) THEN

Code15

NURSE:

- Obtain initials and signatures in **both** the Consent Booklet and the Respondent Copy.
- Circle consent **code 15** on front of the Consent Booklet.

1 Continue

IF (ConStorB = No) THEN

Code16

NURSE: Circle consent **code 16** on front of the Consent Booklet.

1 Continue

IF (Age >= 16) THEN

TakeSAd

NURSE: First check you have **all applicable signatures**, then:

A) Take blood samples in the following order:

-1. EDTA (2.6ml) tube **red** cap, label E N1 (3)
-2. serum (4.5ml) tube **brown** cap, label SE N1 (5)
-3. serum (4.5ml) tube **white** cap, label SE N2 (6)
-4. Lithium heparin (7.5ml) tube **orange** cap, label LH N1 (7)
-5. Lithium heparin (7.5ml) tube **orange** cap, label LH N2 (8)
-6. Fluoride (1.2 ml) tube **yellow** cap, label F N1 (10)

.....7. Lithium/heparin (4.5ml) tube **orange** cap, label LH N3 (9)

.....8. EDTA (2.7ml) tube **red** cap, label E N2 (4)

B) Check the date of birth again with the respondent to ensure you have the right labels for the right respondent

C) Stick the barcoded label HORIZONTALLY over the label which is already on the tube.

D) Stick appropriate barcoded label on the field lab and Addenbrookes despatch notes.

E) Remember to attach labels FOL 1 (37) and FOL 2 (38) to the 3 carbonised copies of the completed Addenbrookes biochemistry despatch note using a paper clip.

- Check to ensure you have used the correct barcoded labels for THIS

respondent:....Serial number: (*displayed*)

PLEASE REMEMBER TO DELIVER A PACK OF MICRO-TUBES (ADULT AGED 16+)

TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

1 Continue

SampF1A

NURSE: Code if the 1st EDTA (red, 2.6ml) tube filled (label E N1 (3)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age >= 16) THEN

SampF2A

NURSE: Code if the 1st serum (brown, 4.7ml) tube filled (label SE N1 (5)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age >= 16) THEN

SampF3A

NURSE: Code if the 2nd serum (white, 4.5ml) tube filled (label SE N2 (6)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age >= 16) THEN

SampF4A

NURSE: Code if the 1st Lithium/heparin (orange, 7.5ml) tube filled (label LH N1 (7)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age >= 16) THEN

SampF5A

NURSE: Code if the 2nd Lithium heparin (orange, 7.5ml) tube filled (label LH N2 (8)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age >= 16) THEN

SampF6A

NURSE: Code if the fluoride (yellow, 1.2ml) tube filled (label F N1 (10)).

NDNS YEAR 3 CAPI_NURSE

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age >= 16) THEN

SampF7A

NURSE: Code if 3rd lithium heparin (orange, 4.5 ml) tube filled (label LH N3 (9)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age >= 16) THEN

SampF8A

NURSE: Code if 2nd EDTA (red, 2.6ml) tube filled (label E N2 (4)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age = 7 – 15) THEN

TakeSCO

NURSE: First check you have **all applicable signatures**, then:

A) Take blood samples in the following order:

-1. EDTA (2.6ml) tube **red** cap, label E N1 (3)
-2. Lithium heparin (7.5ml) tube **orange** cap, label LH N1 (7)
-3. Serum (2.7ml) tube **brown** cap, label SE N1 (5)
-4. Serum (2.7ml) tube **white** cap, label SE N2 (6)
-5. Lithium heparin (2.7ml) tube **orange** cap, label LH N2 (8)
-6. Fluoride (1.2 ml) tube **yellow** cap, label F N1 (10)

B) Check the date of birth again with the respondent to ensure you have the right labels for the right respondent

C) Stick the barcoded label HORIZONTALLY over the label which is already on the tube.

D) Stick appropriate barcoded label on the field lab and Addenbrookes despatch notes.

E) Remember to attach labels FOL 1 (37) and FOL 2 (38) to the 3 carbonised copies of the completed Addenbrookes biochemistry despatch note using a paper clip.

- Check to ensure you have used the correct barcoded labels for THIS

respondent.....Serial number: (*displayed*)

PLEASE REMEMBER TO DELIVER A PACK OF MICRO-TUBES (CHILD AGED 7-15)
TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

IF (Age = 7 – 15) THEN

SampF1CO

NURSE: Code if the EDTA (red, 2.6ml) tube filled (label E N1 (3)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age = 7 – 15) THEN

SampF2CO

NURSE: Code if the 1st lithium heparin (orange, 7.5ml) tube filled (label LH N1 (7))

- | | | |
|---|------|---------------------|
| 1 | YesF | "Yes, FULLY filled" |
|---|------|---------------------|

- | | | |
|---|------|-------------------------|
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age = 7 – 15) THEN

SampF3CO

NURSE: Code if the 1st serum (brown, 2.6ml) tube filled (label SE N1 (5)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age = 7 – 15) THEN

SampF4CO

NURSE: Code if the 2nd serum (white, 4.5ml) tube filled (label SE N2 (6)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age = 7 – 15) THEN

SampF5CO

NURSE: Code if the 2nd lithium heparin (orange, 2.7ml) tube filled (label LH N2 (8))."

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age = 7 – 15) THEN

SampF6CO

NURSE: Code if Fluoride (yellow, 1.2ml) tube filled (label F N1 (10)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age = 18 months - 6) THEN

TakeSCY

NURSE: First check you have **all applicable signatures**, then:

A) Take blood samples in the following order:

-1. EDTA (2.6ml) tube **red** cap, label EN1 (3)
-2. Lithium/heparin (4.5ml) tube **orange** cap, label LH N1 (7)
-3. Serum (1.2ml) tube **brown** cap, label SE N1 (5)
-4. Serum (2.7ml) tube **white** cap, label SE N2 (6)

B) Check the date of birth again with the respondent to ensure you have the right labels for the right respondent

C) Stick the barcoded label HORIZONTALLY over the label which is already on the tube.

D) Stick appropriate barcoded label on the field lab and Addenbrookes despatch notes.

E) Remember to attach labels FOL 1 (37) and FOL 2 (38) to the 3 carbonised copies of the completed Addenbrookes biochemistry despatch note using a paper clip.

- Check to ensure you have used the correct barcoded labels for this respondent:···Serial number: (*displayed*)

PLEASE REMEMBER TO DELIVER A PACK OF MICRO-TUBES (CHILD AGED 18mths-6yrs) TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

IF (Age = 18 months - 6) THEN

SampF1CY

NURSE: Code if the EDTA (red, 2.6ml) tube filled (label E N1 (3)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age = 18 months - 6) THEN

SampF2CY

NURSE: Code if the Lithium heparin (orange, 4.5ml) tube filled (label LH N1 (7)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age = 18 months - 6) THEN

SampF3CY

NURSE: Code if the 1st serum (brown, 1.1ml) tube filled (label SE N1 (5)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

IF (Age = 18 months - 6) THEN

SampF4CY

NURSE: Code if the 2nd serum (white, 2.7ml) tube filled (label SE N2 (6)).

- | | | |
|---|------|-------------------------|
| 1 | YesF | "Yes, FULLY filled" |
| 2 | YesP | "Yes, PARTIALLY filled" |
| 3 | No | "No, not filled" |

SampTak

Blood sample outcome (*COMPUTED*):

- | | | |
|---|------|--|
| 1 | YesF | "Blood sample obtained - all full" |
| 2 | YesP | "Blood sample obtained - not all full" |
| 3 | No | "No blood sample obtained" |

IF (SampTak = YesF OR YesP) THEN

SamDifC

NURSE: Record any problems in taking blood sample.

CODE ALL THAT APPLY.

- | | | |
|---|---------|--|
| 1 | NoProb | "No problem" |
| 2 | Small | "Incomplete sample" |
| 3 | BadVein | "Collapsing/poor veins" |
| 4 | TakeTwo | "Second attempt necessary" |
| 5 | Faint | "Some blood obtained, but respondent felt faint/fainted" |
| 6 | NoTour | "Unable to use tourniquet" |
| 7 | Other | "Other (SPECIFY AT NEXT QUESTION)" |

IF (SamDifC = Other) THEN

OthBDif

NURSE: Give full details of other problem(s) in taking blood sample.

NDNS YEAR 3 CAPI_NURSE

: STRING [140]

IF (SampTak = No) THEN

NoBSC

NURSE: Code reason(s) why no blood obtained.

CODE ALL THAT APPLY.

- | | | |
|---|------------|---|
| 1 | NoVein | "No suitable or no palpable vein/collapsed veins" |
| 2 | Anxious | "Respondent was too anxious/nervous" |
| 3 | Faint | "Respondent felt faint/fainted" |
| 4 | Other (97) | "Other" |

IF (NoBSC = Other) THEN

OthNoBSM

NURSE: Give full details of reason(s) no blood obtained.

IF (SampTak = No) THEN

Code10

NURSE:

- Cross out consent codes **11, 13, 15 and 17** if already circled on front of the Consent Booklet.
- Replace with consent codes **12, 14, 16 and 18** on front of the Consent Booklet.

- 1 Continue

ThanksB

NURSE: THANK THE RESPONDENT FOR THEIR CO-OPERATION AND REMIND THEM THAT THEIR £15 GIFT VOUCHERS WILL BE POSTED TO THEM FROM THE OFFICE.

NURSE: REMEMBER TO LEAVE THE YELLOW £15 PROMISSORY NOTE WITH THE RESPONDENT.

- 1 Continue

DRUGS

DrC1

NURSE : Enter code for (*drug*).

: STRING [6]

YTake1

Do you take (*drug*) because of a heart problem, high blood pressure or for some other reason?

Heart "Heart problem",

HBP "High blood pressure",

Other "Other reason"

TakeOth1

NURSE : Give full details of reason(s) for taking (*drug*).

Press <Esc> when finished.

: OPEN