Appendix I Nurse (stage 2) overview and documents

I1 Overview of information collected during the nurse stage
Table I.1 summarises the information collected during the nurse stage. Some of the information collected by nurses was limited to particular age groups.

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<td>Waist and hip circumferences</td>
<td>Aged 11 years and over</td>
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<td>Demi-span(^i)</td>
<td>Aged 65 years and over and those aged 16-64 years where height could not be measured</td>
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<td>Mid Upper Arm Circumference (MUAC)</td>
<td>Aged 2-15 years</td>
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<td>24-hour urine collection</td>
<td>Aged 4 years and over fully out of nappies</td>
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<td>Aged 1.5-3 years and diabetics not willing to fast</td>
</tr>
<tr>
<td>Fasting blood sampling</td>
<td>Aged 4 years and over</td>
</tr>
</tbody>
</table>

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)

P8753 Year 4  
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.

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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]
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:
DATETYPE

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

ReffInfo
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"
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
NDNS YEAR 4 CAPI_NURSE

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>January</td>
</tr>
<tr>
<td>2</td>
<td>February</td>
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<td>3</td>
<td>March</td>
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<td>9</td>
<td>September</td>
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<td>10</td>
<td>October</td>
</tr>
<tr>
<td>11</td>
<td>November</td>
</tr>
<tr>
<td>12</td>
<td>December</td>
</tr>
</tbody>
</table>

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
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)"
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
    MbgLth
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

MedBl
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]

MedBlA
Have/(Has) you/(child’s name) taken/used (text from MedBl) in the last 7 days?
1 Yes
2 No

MedBlC
NURSE CHECK: Any more drugs to enter?
1 Yes
2 No
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]
IF (CUpArm = 5.0..99.8) THEN
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 (BPConst = 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 (children)"
5 Fidget  "Child would not sit still long enough (children)"
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
GPRegBP
Are/(Is) you/(child’s name) registered with a GP?
1 Yes
2 No
IF (GPRegBP = 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 (GPReg <> 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)
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"
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
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"
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 SULPHONAMIDES)
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 (P Age <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 Yes
2 No

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 Yes
2 No

IF (P Age >= 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.

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.

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

UrClnt
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’.
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’.

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.

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.

UrSDate
On what date did you start your urine collection?

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.

UrSMin
Enter the minutes here.
NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.
NDNS YEAR 4 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
NDNS YEAR 4 CAPI_NURSE

**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.

TimMssM
Enter the minutes here.
NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

TimMss
Time of missed sample.

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

DatPABM
Enter the month here.
NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.
1  January
2  February
3  March
4  April
5  May
NURSE: REFER TO THE 24-HOUR URINE COLLECTION SHEET.

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
REMIN
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..1, NODK, NORF

UrProm
"Urine £10 promisory note to be sent."
: 0..1, EMPTY
BLOOD SAMPLE
FOR ALL RESPONDENTS WHO ARE NOT PREGNANT

ASK ALL RESPONDENTS AGED 4+ EXCEPT PREGNANT WOMEN
BlnIntro
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
NFBlnt
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, convolution, convolution 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 convolution,) 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
2. 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
CBSConst
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 (CBSConst = No) THEN
RefBSC
NURSE: Record why blood sample refused.
CODE ALL THAT APPLY.
1. PrevDiff
2. Fear
3. RecTest
4. Ill
5. HIV
6. NoPaed
7. Parent
8. Busy
9. Time
97. Other

   "Previous difficulties with venepuncture"
   "Dislike/fear of needles"
   "Respondent recently had blood test/health check"
   "Refused because of current illness"
   "Worried about HIV or AIDS"
   "No paediatric phlebotomist available"
   "Parent doesn't agree with it/thinks child too young"
   "Too busy"
   "Time constraints (i.e. appointment timings not convenient)"
   "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 (CBConst = 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:
NDNS YEAR 4 CAPI_NURSE

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 (NFastBl = 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
FastBl
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 (FastBl = 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
Amlnt
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
TCotB
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 (TCotB=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
TCotBA
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
NDNS YEAR 4 CAPI_NURSE

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 (2\textsuperscript{nd} visit AND ReArr = NoAppt) OR (3\textsuperscript{rd} visit) THEN TBSStop
No Blood Samples should be taken from ^PName. Ring codes 12, 14, 16, 18 on the consent booklet
1 Continue

IF (2\textsuperscript{nd} 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
TCBSConst
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 (TCBSConst = 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 (CBSConst = 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"

    **TOfthRef**
    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 ((TCBSConst = Yes) AND (AmetopUse = No)) OR
((TCBSConst = Yes) AND (AmetopUse = Yes) AND (Allergy = No)) OR ((TCBSConst
= 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.
NDNS YEAR 4 CAPI_NURSE

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
endSam
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
TakeSAdn
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 barcoded labels on the field lab and Addenbrookes despatch notes. - 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 4 CAPI_NURSE

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"
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<tr>
<th></th>
<th>Yes</th>
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**IF (Age = 7 – 15) THEN**

**SampF3CO**

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

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**IF (Age = 7 – 15) THEN**

**SampF4CO**

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

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<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
</tr>
<tr>
<td>6</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>No</td>
<td>&quot;No, not filled&quot;</td>
</tr>
<tr>
<td>7</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
</tr>
<tr>
<td>8</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>No</td>
<td>&quot;No, not filled&quot;</td>
</tr>
<tr>
<td>9</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
</tr>
<tr>
<td>10</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>No</td>
<td>&quot;No, not filled&quot;</td>
</tr>
</tbody>
</table>

**IF (Age = 7 – 15) THEN**

**SampF5CO**

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>&quot;Yes, FULLY filled&quot;</th>
<th>No</th>
<th>&quot;No, not filled&quot;</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>&quot;Yes, FULLY filled&quot;</td>
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<tr>
<td>2</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>No</td>
<td>&quot;No, not filled&quot;</td>
</tr>
<tr>
<td>3</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
</tr>
<tr>
<td>4</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>No</td>
<td>&quot;No, not filled&quot;</td>
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<td>5</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
</tr>
<tr>
<td>6</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>No</td>
<td>&quot;No, not filled&quot;</td>
</tr>
<tr>
<td>7</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
</tr>
<tr>
<td>8</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>No</td>
<td>&quot;No, not filled&quot;</td>
</tr>
<tr>
<td>9</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
</tr>
<tr>
<td>10</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>No</td>
<td>&quot;No, not filled&quot;</td>
</tr>
</tbody>
</table>

**IF (Age = 7 – 15) THEN**

**SampF6CO**

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

<table>
<thead>
<tr>
<th></th>
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<th>&quot;Yes, FULLY filled&quot;</th>
<th>No</th>
<th>&quot;No, not filled&quot;</th>
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<tbody>
<tr>
<td>1</td>
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<td>&quot;Yes, FULLY filled&quot;</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>No</td>
<td>&quot;No, not filled&quot;</td>
</tr>
<tr>
<td>3</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
</tr>
<tr>
<td>4</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>No</td>
<td>&quot;No, not filled&quot;</td>
</tr>
<tr>
<td>5</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
</tr>
<tr>
<td>6</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>No</td>
<td>&quot;No, not filled&quot;</td>
</tr>
<tr>
<td>7</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
</tr>
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<td>8</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>No</td>
<td>&quot;No, not filled&quot;</td>
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<td>9</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
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<tr>
<td>10</td>
<td>Yes</td>
<td>&quot;Yes, FULLY filled&quot;</td>
<td>No</td>
<td>&quot;No, not filled&quot;</td>
</tr>
</tbody>
</table>

**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
NDNS YEAR 4 CAPI_NURSE

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 4 CAPL_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.
@/@PRESS <1> AND <ENTER> TO CONTINUE."

: 1..1, NODK, NORF

BLProm
"Blood £15 promisory note to be sent."

: 0..1, EMPTY
DRUGS

DrC1
"@/NURSE : Enter code for AXDrug.
@/@/^LUnCode"
: STRING[6], NODK, NORF

YTake1
"Do you take AXDrug because of a heart problem, high blood pressure or for some other reason?"
: SET OF ( Heart  "Heart problem",
          HBP    "High blood pressure",
          Other  "Other reason" )

TakeOth1
"NURSE : Give full details of reason(s) for taking AXDrug.
@/@@@/@@/@@@/@@@@/@@/@@/@/@@/@/@@/@/@@/@@/@@/@/@/@@/Press <Esc> when finished."
: OPEN