

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. Where information was only collected in one fieldwork year (rather than in both Year 5 and 6) or was limited to particular age groups, this is specified.

Table I.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
Demispan 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; Year 5 only.
24-hour urine collection	Aged 4 years and over fully out of nappies; Year 5 only
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 Demispan 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). Demispan 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)

N10041 Year 9

Program Documentation

Nurse Schedule

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

- Instructions for the nurse are given in capital letters, and questions the nurse 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
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
BLOOD SAMPLE	38
<i>FOR ALL RESPONDENTS WHO ARE NOT PREGNANT</i>	38
DRUGS	53

HOUSEHOLD GRID

Person

Person number
: 1..2

HHGridNo

Household grid number
: 1..10

Name

Name
: STRING [20]

Sex

1 Male
2 Female

AgeOf

Age
: 0..120

AgeOfM

Age in months
: 00..1440

OC

Agreed nurse?
1 Agreed
2 Refused
3 Unsure

Press <Ctrl Enter> to select a nurse schedule for the person you want to interview, or to quit this form.

NURSE SCHEDULE

IF (participant agreed nurse visit) THEN

Info

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

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

- | | | |
|---|-----|---|
| 1 | Yes | “Yes, I will do the interview now” |
| 2 | No | “No, I will not be able to do this interview” |

IF (participant was unsure about nurse visit) THEN

Info

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

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

NURSE: THIS PARTICIPANT WAS UNSURE ABOUT THE NURSE VISIT WHEN ASKED BY THE INTERVIEWER.

- | | | |
|---|-----|---|
| 1 | Yes | “Yes, I will do the interview now” |
| 2 | No | “No, I will not be able to do this interview” |

IF (Info = Yes) THEN

StrtNur

Start time of the interview

: TIMETYPE

MachDate

Automatically recorded date of interview

: DATETYPE

NEndDate

Date at end of interview

: DATETYPE

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 (*participant's name*)'s date of birth separately.
Enter the **day** here.

: 1...31

NDoBM

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

: 1890..2015

NDoB

Date of birth (derived)

: DATETYPE

IF (NDoB <> RDoB) THEN

DoBDisc

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

:OPEN

HHAge (Derived)

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

: 0..120

ConfAge (Derived)

: 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*), "parent".

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.

Press <1> and <Enter> to continue.

1 Continue

InfSH

Have you read and understood the (*parent/guardian*) nurse information sheet and have I answered any questions you may have?

- 1 Yes "Read and understood info sheet",
- 2 No "Not read or understood info sheet"

If (InfoSh=Yes)

Code01

NURSE: ASK PARTICIPANT (Parent/Guardian) TO INITIAL **STATEMENT 1** BOX IN THE CONSENTS' SECTION IN THE OFFICE BOOKLET **AND** THE PERSONAL CONSENT BOOKLET.

MAKE SURE YOU USE THE CORRECT AGE CONSENT FORM.

MAKE SURE PARTICIPANT'S NAME IS FILLED IN IN **BOTH** COPIES.

ASK PARTICIPANT TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN **BOTH** COPIES.

CIRCLE **CONSENT CODE 01** AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET

Press <1> and <Enter> to continue,

- 1 Continue

If (InfSh=No)

NURSE: Please double-check participant's willingness to take part in the visit.

Code02

NURSE: CIRCLE **CONSENT CODE 02** AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

- 1 Continue

IF (InfSh=Yes) THEN

WDraw

NURSE: Are you aware your / your child's participation is voluntary and that you/they can withdraw at any time?"

- 1 Yes "I understand voluntary and can withdraw",
- 2 No "I don't understand voluntary and can withdraw"

If (WDraw=Yes)

Code03

NURSE: ASK PARTICIPANT (Parent/Guardian) TO INITIAL **STATEMENT 2** BOX IN THE CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET **AND** THE PERSONAL CONSENT BOOKLET.

MAKE SURE YOU USE THE CORRECT AGE CONSENT FORM.

MAKE SURE PARTICIPANT'S NAME IS FILLED IN IN **BOTH** COPIES.

ASK PARTICIPANT'S TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN **BOTH** COPIES.

CIRCLE **CONSENT CODE 03** AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

- 1 Continue

IF (WDraw=No)

NURSE: Please double-check participant's willingness to take part in the visit.Code04

CIRCLE **CONSENT CODE 04** AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (WDraw=Yes) AND (HHAge IN (5..15) THEN

ChAss

NURSE: GO THROUGH THE CHILD ASSENT FORM.

IF POSSIBLE AND CHILD AGREES, ASK THE CHILD TO COMPLETE (CIRCLING EACH STATEMENT), SIGN AND DATE THE FORM.

YOU AS THE NURSE MUST ALSO SIGN THE FORM.

HAS CHILD ASSENT BEEN GIVEN?

1 Yes

2 No

If (ChAss=No)

ChAssN

NURSE: WHY HAS CHILD ASSENT NOT BEEN GIVEN?

BECAUSE THE PARENT / LEGAL GUARDIAN HAS CONSENTED TO THEIR CHILD'S PARTICIPATION YOU CAN STILL CONTINUE WITH THIS VISIT.

1 Yng "Child too young to read and/or write",

2 Und "Child too young to understand the study or their participation",

3 Other "Other answer"

IF (ChAssN=Other)

ChAssNO

NURSE: Please state other reason why child assent has not been given."

:OPEN

IF (Sex=Female) AND (Age = 16- 49) THEN

PregNTJ

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

1 Yes

2 No

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

UPreg

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

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

Pregnant – Yes told me she is pregnant/ breastfeeding

NotTold – No **not** told me she is pregnant/ breastfeeding

IF PregNTJ = Yes OR UPreg = Pregnant THEN

PregMes

NURSE: Participant is pregnant.

No measurement to be done.

Press <1> and <Enter> to continue.

NCPregJ = Pregnant (Computed)

ELSE NCPregJ = NotPreg (Computed)

NoCodeB

NURSE: NO MEASUREMENT TO BE TAKEN.

CIRCLE **CONSENT CODES 02, 04, 06, 08, 10, 12, 14 AND 16** AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

IF (NCPregJ = NotPreg) THEN

HlthCh

(Can I just check,) have there been any changes to your/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 PARTICIPANT'S CHANGE IN GENERAL HEALTH.

: OPEN

MedCNJD

Are you /is (*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 (NCPregJ=NotPreg) AND (age >= 16) 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?

Press <1> and <Enter> to continue.

- 1 Continue

PRESCRIBED MEDICATIONS

{Following questions asked as a loop:}

IF (MedCNJD = Yes) THEN

MedBI

NURSE: Enter name of drug no. (number)

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

REFUSALS

NoBP

NURSE: No blood pressure reading to be done.

Press <1> and <Enter> to continue.

1 Continue

IF (Age >=8) AND ((BSWill = No) OR (ClotB = Yes or NONRESPONSE) OR (Fit = Yes OR NONRESPONSE) OR (Age = 2-3) OR (GuardCon = No) OR ((AmetopUse= Yes) AND Allergy = Yes) AND (NoAmetop = No)) OR (CBSConst = No)) THEN

NoCodes

NURSE: NO BLOOD TO BE TAKEN.

CIRCLE **CONSENT CODES 10, 12, 14, and 16** AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF NCPregJ = Pregnant THEN

NoCodeB

NURSE: NO MEASUREMENTS TO BE TAKEN.

CIRCLE **CONSENT CODES 02, 04, 06, 08, 10, 12, 14 and 16** AT QUESTION 8 ON THE FRONT OF THE OFFICE CONSENT BOOKLET.

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

1 Continue

IF NCPregJ = NotPreg THEN

AllCheck

NURSE: Check before leaving the respondent:

#That (*participant's name*) has their Personal Consent Booklet.

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

#The name by which GP knows participant is entered on the front of the Office Consent Booklet.

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

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

#That appropriate codes have been circled at Question 8 on the front of the office consent booklet. (For those who have agreed a return visit to give a blood samples, 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.

IF (DoBlood [NSeqNo]= NotDone) THEN

Don't forget to make an appointment to come back and take the blood sample.

Press <1> and <Enter> to continue.

1 Continue

NurOut

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

1 NotToBe (800) "Refuses nurse visit - not to be interviewed",

2 Complete (810) "Nurse schedule completed",

NDNS YEAR 9 CAPI_NURSE

- 3 NoContact (820) "No contact made",
- 4 PerRef (830) "Refusal by person",
- 5 ProxRef (840) "Proxy refusal",
- 6 Broken (850) "Broken appointment",
- 7 IllHome (860) "Ill (at home)",
- 8 IllHosp (870) "Ill (in hospital)",
- 9 Away (880) "Away (other reason)",
- 10 Other (890) "Other reason for schedule not being completed"

IF (Info = Yes) OR (InfSh = No) OR (WDraw = No) THEN

Thank

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

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

1 Continue

StrtTime

Start time for : (Module name)

Just press <Enter>

: ARRAY [0..10] OF TIMETYPE

Elapsed

Timing for : (Module name)

Just press <Enter>."

: ARRAY [0..10] OF TTime,

INFANT LENGTH

FOR participants AGED 18 MONTHS TO 2 YEARS

IF (Age < 2) THEN

LgthMod

NURSE: Now follows the *Infant Length* module

Please press <1> and <Enter> to continue.

1 Continue

IF (Age < 2) THEN

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 = RESPONSE) and (Length <> 999.9) THEN

LgthRel

NURSE: Is this measurement reliable?

- 1 Yes
- 2 No

IF (Length=999.9 or EMPTY) 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.. NoTry) OR (LgthInt = Refuse, 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 = RESPONSE) and (Length <> 999.9) THEN

MbkLgth

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

Press <1> and <Enter> to continue

1 Continue

BLOOD PRESSURE

FOR PARTICIPANTS AGED 4 AND OVER WHO ARE NOT PREGNANT

ASK ALL AGED 4+ EXCEPT PREGNANT WOMEN

BPMod

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

Press <1> and <Enter> to continue.

1 Continue

IF (Age >=16) 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.

Press <1> and <Enter> to continue

IF (Age 4 -15) THEN

BPBlurb

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

(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.

Press <1> and <Enter> to continue.

1 Continue

BPConst

NURSE: Does the participant 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 - 65) THEN

ConSubX

May I just check, have you eaten, smoked, drunk alcohol or done any 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 >65) THEN

ConSubX

May I just check, have you eaten, smoked, drunk alcohol or done any exercise in the past 30 minutes?

CODE ALL THAT APPLY.

- | | | |
|---|----------|-------------------|
| 1 | Eat | "Eaten" |
| 2 | Smoke | "Smoked" |
| 3 | Drink | "Drunk alcohol" |
| 4 | Exercise | "Done exercise" |
| 5 | None | "(None of these)" |

IF (BPConst = Agree) AND (Age 4 - 12) THEN

ConSubX2

May I just check, has (*participant'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.

E.g. if it says 'LOM 111', enter '111'

: 001..999

CufSize

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

Cuff size

- | | | |
|---|--------|---------------------|
| 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 IN ALL THREE SETS OF READINGS) 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 (derived)

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

IF (RespBPS = Two..Refused) OR (BPCConst = Refuse or Unable) THEN

NAttBPD2

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.

- 0 PC "Problems with PC/ laptop"
- 1 Upset "participant upset/anxious/nervous"
- 2 Error1 "Error reading"
- 3 Shy "Too shy (children)"
- 4 Fidget "Child would not sit still long enough"
- 5 Other "Other reason(s) (specify at next question)"
- 6 Cuff "Problems with Cuff fitting/painful"
- 7 Omron "Problems with Omron readings (zeros, no readings)"

IF (NAttBPD2 = 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 "participant 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]

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

GPRefC

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 participant's BP level"

3 Bother "Does not want to bother GP"

4 Other "Other (specify at next question)"

IF (GPRefC = Other) THEN

OthRefC

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

: STRING [140]

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

Code06

NURSE: CIRCLE **CONSENT CODE 06** (NO CONSENT FOR BLOOD PRESSURE TO GP) AT QUESTION 8 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (GPSEND = Yes) THEN

Code05

NURSE: FOR ADULTS OR CHILDREN AGED 4 TO 15 ASK PARTICIPANT TO INITIAL CONSENT STATEMENT 3 'BLOOD PRESSURE RESULTS TO GP' IN THE OFFICE AND PERSONAL CONSENT BOOKLET.

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

CHECK THAT GP NAME, ADDRESS AND PHONE NUMBER ARE RECORDED ON FRONT OF OFFICE CONSENT BOOKLET.

CHECK NAME BY WHICH GP KNOWS PARTICIPANT, AND ENTER ON FRONT OF OFFICE CONSENT BOOKLET.

CIRCLE **CONSENT CODE 05** AT QUESTION 8 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

BPOffer

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

(Displays readings)

Systolic Diastolic Pulse

- i)
- ii)
- iii)

Enter these on *(participant's name)*'s **Measurement Record Card** Press <1> and <Enter> to continue

1 Continue

IF (age >= 16) AND (conrais = 1) THEN

TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO participant:

Your blood pressure is high today.

Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.

You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.

NURSE: If RESPONDENT IS ELDERLY, ADVISE HIM/ HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.

IF (age >= 16) AND (modrais = 1) THEN

TICK THE MODERATELY RAISED BOX AND READ OUT TO participant

Your blood pressure is a bit high today.

Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.

You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.

IF (age >= 16) AND (milrais = 1) THEN

TICK THE MILDLY RAISED BOX AND READ OUT TO participant

Your blood pressure is a bit high today.

Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.

You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not.

IF (age >= 16) AND (normbp = 1) THEN

TICK THE NORMAL BOX AND READ OUT TO participant

Your blood pressure is normal.

DEMI-SPAN

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

SpanIntro

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

Press <1> and <Enter> to continue.

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	"participant agrees to have demi-span measured"
2	Refuse	"participant 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	"participant confined to bed"
3	Stoop	"participant too stooped"
4	NotUnd	"participant 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 participant:

CODE ALL THAT APPLY.

- | | | |
|---|---------|--|
| 1 | Wall | "Standing against the wall or another flat surface" |
| 2 | NoWall | " Not standing against the wall or another surface" |
| 3 | Sitting | "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 participant's Measurement Record Card.

Demi-span

(Result 1)

(Result 2)

Press <1> and <Enter> to continue.

- 1 Continue

WAIST AND HIP***FOR participants AGED 11 AND OVER WHO ARE NOT PREGNANT*****WHMod**NURSE: Now follows the *Waist and Hip Circumference Measurement*.

Press <1> and <Enter> to continue.

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	"participant agrees to have waist/hip ratio measured"
2	Refuse	"participant 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 | "participant is chairbound" |
| 2 | Bed | "participant is confined to bed" |
| 3 | Stoop | "participant is too stooped" |
| 4 | NotUnd | "participant 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, <i>reliable</i> waist measurement" |
| 2 | ProbRel | "Problems experienced - waist measurement <i>likely to be reliable</i> " |
| 3 | ProbSIUn | "Problems experienced - waist measurement likely to be <i>slightly unreliable</i> " |
| 4 | ProbUn | "Problems experienced - waist measurement <i>likely to be unreliable</i> " |

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, <i>reliable</i> hip measurement" |
| 2 | ProbRel | "Problems experienced - hip measurement <i>likely to be reliable</i> " |
| 3 | ProbSIUn | "Problems experienced - hip measurement likely to be <i>slightly unreliable</i> " |
| 4 | ProbUn | "Problems experienced - hip measurement <i>likely to be unreliable</i> " |

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.

(results displayed)

Press <1> and <Enter> to continue.

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

BMI TO GP CONSENT

IF (GPRegBP <> Yes) THEN

GPRegBM

NURSE CHECK: Is participant registered with a GP?

- 1 Yes "participant registered with GP"
- 2 No "participant not registered with GP"

IF (GPRegBP = Yes) THEN

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?

NURSE: Tell them that it was calculated to be **(BMI measurement)**/ tell them that it is not available from first stage interview.

- 1 Yes
- 2 No

IF (ConsBMI = Yes) THEN

Code07

NURSE: ASK participant TO INITIAL STATEMENT 4 IN 'BMI (TO GP) CONSENT' SECTION IN THE OFFICE CONSENT BOOKLET **AND** THE PERSONAL CONSENT BOOKLET.

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

CIRCLE **CONSENT CODE 07** AT QUESTION 8 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue

- 1 Continue

IF (ConsBMI = No) OR (PBMI<>RESPONSE) THEN

Code08

NURSE: THE participant DOES **NOT** WANT THEIR BMI CALCULATION SENT TO THEIR GP/ WE DO NOT HAVE A BMI MEASUREMENT FOR THIS participant SO WE CANNOT SEND IT TO THEIR GP.

CIRCLE **CONSENT CODE 08** (NO CONSENT FOR FOR BMI TO GP) AT QUESTION 8 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue

- 1 Continue

BLOOD SAMPLE

FOR ALL participants WHO ARE NOT PREGNANT

IF (Age >4) AND (Pregnant = No)

BLIntro

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

NURSE: EXPLAIN THE PURPOSE AND PROCEDURE OF THE FASTING BLOOD SAMPLE.

GIVE PARTICIPANT RELEVANT LEAFLETS.

Press <1> and <Enter> to continue.

1 Continue

IF (age <16) THEN

ClotB

ASK PARENT ('parent name'): 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: DO NOT TAKE SAMPLE IF PARTICIPANT IS TAKING: Warfarin, Sinthrome (Acenocoumarol), Pehnindione, Pradaxa (Dabigatran Etexilate), Xarelto (Rivaroxaban), Apixaban (Eliquis), Dabigatran etexilate (Pradaxa), Rivatoxaban (Xarelto)

TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING: Aspirin (Caprin; Nu-Seals), Flamasacard, Clopidogrel (Plavix) Dipyridamole (Persantin, Persantin Retard, Asasantin Retard), Prasugrel (Efient), Eptifibate (Inteligrin), Tirofiban (Aggrastat)

1 Yes

2 No

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

Fit

ASK PARENT ('parent name'): 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: DO NOT TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING: Warfarin, Sinthrome (Acenocoumarol), Pehnindione, Pradaxa (Dabigatran Etexilate), Xarelto (Rivaroxaban), Apixaban (Eliquis), Dabigatran etexilate (Pradaxa), Rivatoxaban (Xarelto)

TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING: Aspirin (Caprin; Nu-Seals), Flamasacard, Clopidogrel (Plavix) Dipyridamole (Persantin, Persantin Retard, Asasantin Retard), Prasugrel (Efient), Eptifibate (Inteligrin), Tirofiban (Aggrastat)

1 Yes

2 No

IF (age >= 16) AND (ClotBA=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 (ClotBA = No) AND (FitA = No) THEN

BSWill

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

NURSE: THE PARTICIPANT SHOULD FAST FOR 8 HOURS. REMIND HE/SHE THAT THEY CAN AND SHOULD DRINK WATER AS NORMAL.

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

IF (age>=4 – 16) AND (ClotB = No) AND (Fit = No) THEN

CBSCnst

ASK PARENT (*'parent'*): Are you willing for your child to have a blood sample taken?

IF (AXMDAge=10) AND (CAgeNow = 11) THEN

NURSE: AS PARTICIPANT HAS TURNED 11 YEARS SINCE THE INTERVIEWER STAGE, YOU SHOULD TAKE THE BLOOD SAMPLE NOT A PAEDIATRIC PHLEBOTOMIST OR AN 'EXTENDED ROLE' NURSE (I.E. COMPLETED TRAINING TO TAKE BLOOD FROM CHILDREN AGED 6-10INC). N.B. FOR ALL OTHER PARTS OF THE VISIT INTERVIEW AGE IS STILL SET AS 10 YEARS FROM THE INTERVIEWER STAGE.

IF (Age <11) THEN

NURSE: AS PARTICIPANT IS 10 YEARS OR UNDER, A PAEDIATRIC PHLEBOTOMIST OR AN "EXTENDED ROLE" NURSE (I.E. COMPLETED TRAINING TO TAKE BLOOD FROM CHIDLREN AGED 6-10 INC) MUST TAKE THE BLOOD SAMPLE.

IF (Age >=4) THEN

CHILDREN AGED 4 AND OVER SHOULD PROVIDE A FASTING SAMPLE.

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

IF (BSWill = Yes) or (CBSCnst = Yes) THEN

LabChk

NURSE: CHECK THE PARTICIPANT'S DATE OF BIRTH AND GENDER AGAINST THE BARCODED LABELS ON THE MONOVETTE TUBES.

Date of birth:

Gender:

IF ANY DETAIL IS INCORRECT CONTACT HNR IMMEDIATELY

Press <1> and <Enter> to continue

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 "Participant 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 or 'extended role' nurse 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]

IF (BSWill = Unable) OR (CBSConst = Unable) THEN

UnReas

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

: STRING[100]

IF ((age < 16) AND (ClotB = Yes) OR (Fit = Yes)) OR ((age >= 16) AND (ClotBA = Yes) OR (FitA = Yes)) THEN

BSStop

NURSE: No Blood Samples should be taken from (participant name)

Ring **consent codes 10, 12, 14 and 16** on the consent booklet

To continue with this schedule on the first visit, press <1> and <Enter>

1 Continue

IF (age >= 4) AND ((BSWill = Yes) OR (CBSConst = Yes)) THEN

Diabetes

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

IF PARTICIPANT 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 PARTICIPANT WILLING TO GIVE A FASTING BLOOD SAMPLE.

Acceptable procedures according to medication:

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

...participants 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.

...participants on insulin alone can also provide a fasting sample, but should be given special consideration. They should postpone 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 participants under the age of 4. Blood should not be taken from participants 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).

Press <1> and <Enter> to continue.

1 Continue

IF (Diabetes = NotDiab OR Yes) THEN

IsTime

NURSE: IS THE TIME CURRENTLY BEFORE 10 AM?

(The computer says time is (*time on laptop*))

- 1 Yes
- 2 No

IsTimeT

Time that *IsTime* was first asked.

: TIMETYPE

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 (Age >=4 -11) AND (BSWill = Yes) OR (CBSConst= Yes) AND (Diabetes = No) THEN

NFastBI

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

IF ((age < 11) AND (Nurse = paediatric phlebotomist))

ARE YOU A TRAINED PAEDIATRIC PHLEBOTOMIST OR A NURSE WHO HAS TAKEN ON THE 'EXTENDED ROLE' (I.E. CAN TAKE BLOODS FROM CHILDREN AGED 6-10 YEARS INC)?

(IF NO, CODE 2)

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 participants 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 (Age >=11) AND (BSWill = Yes) OR (CBSConst= Yes) AND (Diabetes = No) THEN

NFastBI

NURSE: THIS participant 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 CAN ONLY BE ON A MONDAY TO THURSDAY MORNING.

Press <1> and<Enter> to continue.

- 1 Continue

IF (Eat = No) AND (AGE<11)) THEN

FastBI

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

ARE YOU A TRAINED PAEDIATRIC PHLEBOTOMIST OR A NURSE WHO HAS TAKEN ON THE 'EXTENDED ROLE' (I.E. CAN TAKE BLOODS FROM CHILDREN AGED 6-10 YEARS INC)?

Are the labs open and expecting a sample?

Is there anyone else in the household who will give blood?

If so, you should take blood from both participants 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 (Eat = No) AND ((AGE >11) OR ((CAgeNow =11) AND (PSeqNo<>1))) THEN

FastBI

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

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 participants 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 (*participant's name*) TO TAKE A BLOOD SAMPLE. THIS SHOULD BE BEFORE 10AM, MONDAY TO THURSDAY

ONLY

PRESS <1> AND <ENTER> TO CONTINUE.

- 1 Continue

IF (age < 6) THEN

Amelnt

NURSE: Explain that there is the option of using Ametop gel, but that a sample can be given without it.

Give parent/participant the Ametop information sheet and allow them time to read it.

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

Press <1> and <Enter> to continue.

- 1 Continue

IF (age = 6-15) THEN

Amelnt

NURSE: Explain that there is the option of using Cryogesic spray or Ametop gel, but that a sample can be given without them.

Give parent/participant the Cryogesic and Ametop information sheets and allow them time to read them.

Ask participant/parent whether they think they will want to use Cryogesic spray or Ametop gel. If they do, you need to schedule your return appointment before 9.30am.

Press <1> and <Enter> to continue.

- 1 Continue

IF (age >= 16) THEN

Amelnt

NURSE: Explain that there is the option of using Cryogesic spray, but that a sample can be given without it.

Give parent/participant the Cryogesic information sheet and allow them time to read it.

Ask participant/parent whether they think they will want to use Cryogesic spray. If they do, you need to schedule your return appointment before 9.30am.

Press <1> and <Enter> to continue.

- 1 Continue

IF BLOOD SAMPLE NOT TAKEN ON FIRST VISIT THEN

IntFBT

NURSE: NOW FOLLOWS THE MODULE TO OBTAIN BLOOD SAMPLES.

Press <1> and <Enter> to continue.

1 Continue

DateFBT

Date at start of QFBTaken block

: DATETYPE

TimeFBT

Date at start of QFBTaken block

: DATETYPE

IF (PVisit<>1) AND (age <16) THEN

TClotB

ASK PARENT:

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

NURSE: DO NOT TAKE SAMPLE IF PARTICIPANT IS TAKING: Warfarin, Sinthrome (Acenocoumarol), Pehnindione, Pradaxa (Dabigatran Etexilate), Xarelto (Rivaroxaban), Apixaban (Eliquis), Dabigatran etexilate (Pradaxa), Rivatoxaban (Xarelto)

TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING: Aspirin (Caprin; Nu-Seals), Flamasacard, Clopidogrel (Plavix) Dipyridamole (Persantin, Persantin Retard, Asasantin Retard), Prasugrel (Efient), Eptifibate (Inteligrin), Tirofiban (Aggrastat)

1 Yes

2 No

IF (age < 16) AND (TClotB=No) THEN

TFit

ASK PARENT:

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

1 Yes

2 No

IF (PVisit<>1) AND (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)

NURSE: DO NOT TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING: Warfarin, Sinthrome (Acenocoumarol), Pehnindione, Pradaxa (Dabigatran Etexilate), Xarelto (Rivaroxaban), Apixaban (Eliquis), Dabigatran etexilate (Pradaxa), Rivatoxaban (Xarelto)

TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING: Aspirin (Caprin; Nu-Seals), Flamasacard, Clopidogrel (Plavix) Dipyridamole (Persantin, Persantin Retard, Asasantin Retard), Prasugrel (Efient), Eptifibate (Inteligrin), Tirofiban (Aggrastat)

1 Yes

2 No

IF (age > 16) AND (TClotBA= No) 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 (PVisit<>1) AND (TFitA = No) AND (Age >=4) AND (PDiabetes = 3) AND (TClotB OR TClotBA = No)THEN

TEat

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

NURSE: Please note this participant is a diabetic and is willing to give a non-fasting blood sample

- 1 Yes
- 2 No

IF (PVisit<>1) AND (TFitA = 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 (PVisit = 2 AND TEat =YES) Then

TBSStop

NO BLOOD SAMPLES SHOULD BE TAKEN FROM (*participant's name*). CIRCLE **CONSENT CODES 10, 12, 14 AND 16** AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.

To continue with this schedule on the first visit, press <1> and <Enter>

- 1 Continue

IF (Age <4) THEN

ChEat

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

- 1 Yes
- 2 No

IF (PVisit <> 3) AND (PDiabetes <> 3) AND (TEat = Yes) OR (ChEat = Yes) THEN

ReArr

NURSE: The participant 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 (*participant name*). CIRCLE **CONSENT CODES 10, 12, 14 and 16** AT QUESTION 8 ON THE FRONT OF THE OFFICE CONSENT BOOKLET.

To continue with this schedule on the first visit, press <1> and <Enter>.

- 1 Continue

IF (2nd visit AND ReArr = Appt) THEN

TBSNoV2

NO BLOOD SAMPLES SHOULD BE TAKEN FROM (*participant's name*) NOW. YOU WILL NEED TO MAKE ANOTHER VISIT TO TAKE BLOOD.

To continue with this schedule on the first visit, press <1> and <Enter>.

- 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 "participant unable to give 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.

IF (age <11) THEN

EXTENDED ROLE NURSES CANNOT TAKE CHILD BLOODS AFTER 20 SEPT 2013 UNLESS THEY HAVE BEEN ON THE PAEDIATRIC VENEPUNCTURE PROGRAMME.

ELSEIF (CAgeNow<11) THEN

ONLY TRAINED PAEDIATRIC PHLEBOTOMISTS OR "EXTENDED ROLE" NURSES (I.E. COMPLETED TRAINING TO TAKE BLOOD FROM CHILDREN AGED 6-10 INC) SHOULD TAKE BLOOD FROM CHILDREN UNDER 11.

Remember up to 2 attempts at blood are now allowed for under 16's. The 2nd attempt must be from the other arm to the 1st.

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

IF (age>=6) THEN

CryUse

(ASK PARENT)

Do you want Cryogesic spray to be used?

- 1 Yes
- 2 No

IF (CryUse= Yes) THEN

CryAll

(ASK PARENT)

Has (child name)/ have you ever had a bad reaction to ethyl chloride?

NURSE: If participant doesn't know enter Ctrl+k. The participant can still use cryogesic spray.

- 1 Yes
- 2 No

IF (CryAll=Yes) AND (Age = 6-15) THEN

NoCry1

NURSE: Cryogesic spray cannot be used. Is participant willing to give a blood sample with the use of Ametop gel?

Code 1 if 'Yes, willing to give blood sample with Ametop gel'

Code 2 if 'Not with Ametop but will give a blood sample'

Code 3 if 'Not willing to give blood sample without Cryogesic'.

- 1 Yes "Willing to sample with Ametop"
- 2 NoAm "Not with Ametop but will give sample"
- 3 None "No blood sample"

IF (CryAll=Yes) AND (age>=16) THEN

NoCry2

NURSE: Cryogesic spray cannot be used. Is respondent willing to give a blood sample without Cryogesic spray?

Code 1 if 'Yes, willing to give blood sample without Cryogesic spray'

Code 2 if 'Not willing to give blood sample without Cryogesic'.

- 1 Yes "Willing to sample without Cryogesic"
- 2 None "No blood sample"

IF (CryAll=No) OR (CryAll= Don't know) THEN

DoCry

NURSE: **Blood sample with Cryogesic spray.**

- Apply Cryogesic spray following instructions.

Press <1> and <Enter> to continue.

1 Continue

IF (Age <6 OR Age = 6 -16) AND (CryUse= No OR NOCry1 = 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 participant 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.**

- Apply Ametop gel following instructions.

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

Press <1> and <Enter> to continue.

1 Continue

Derived: CryOrAm

Whether used Cryogesic or Ametop (DV)

1 Cryogesic

2 Ametop

3 Neither

4 NoBlood

If (CryOrAm = NoBlood) THEN

CryAmNo

NURSE: participant cannot give blood.

Press <1> and <Enter> to continue.

1 Continue

IF (TBSWill = No) OR (TCBSCnst = No) OR (TBSWill = Yes) OR (TCBSCnst=Yes) AND (CryOrAm=NoBlood) THEN

TRefBSC

NURSE: Record why blood sample refused.

CODE ALL THAT APPLY.

1 PrevDiff "Previous difficulties with venepuncture",

2 Fear "Dislike/fear of needles",

3 RecTest "participant 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 or 'extended role nurse 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)",
10	Other	"Other"

IF (TRefBSC = Other) THEN

TOTHRef

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

: STRING [135]

IF (TBSWill = Unable) OR (TCBSCConst= Unable) THEN

TUnReas

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

: STRING [100]

IF (TBSWill = Yes) OR (TCBSCConst = Yes) AND (CryOrAm <> NoBlood)

BSConsC

NURSE: EXPLAIN NEED FOR WRITTEN CONSENT (from parent):

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

IF (Age 5-16) THEN

NURSE: IF THE CHILD IS ABLE PLEASE SEEK CHILD ASSENT.

Press <1> and <Enter> to continue.

1 Continue

IF (Age = 18 months - 15 years) 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]

IF (GuardCon = Yes) THEN

Code 09C

NURSE:

- ASK PARENT/LEGAL GUARDIAN TO INITIAL **STATEMENT 4 FOR CHILDREN AGED 4-15 OR STATEMENT 3 FOR CHILDREN AGED 1.5-3** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET **AND** THE PERSONAL CONSENT BOOKLET.
- MAKE SURE CHILD'S NAME IS FILLED IN IN **BOTH** COPIES
- ASK PARENT/LEGAL GUARDIAN TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN **BOTH** COPIES (IF NOT ALREADY DONE SO).
- CIRCLE **CONSENT CODE 09** AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.
- IF THE CHILD IS AGED 5-15 YEARS ASK THEM TO FILL IN THE CHILD ASSENT FORM WHERE POSSIBLE.

Press <1> and <Enter> to continue.

1 Continue

IF(Age > 15) THEN

Code09A

NURSE:

- ASK PARTICIPANT TO INITIAL **STATEMENT 5** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET **AND** THE PERSONAL CONSENT BOOKLET.
- MAKE SURE YOU USE THE CORRECT AGE CONSENT FORM
- MAKE SURE PARTICIPANT'S NAME IS FILLED IN IN **BOTH** COPIES
- ASK PARTICIPANT TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN **BOTH** COPIES (IF NOT ALREADY DONE SO).
- CIRCLE **CONSENT CODE 09** AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (TBSStop was triggered) THEN

Code10

NURSE: CIRCLE **CONSENT CODE 10** (NO CONSENT FOR BLOOD SAMPLING) AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF ((TBSSwill = Yes) OR (TCBSSConst=Yes)) AND (CryOrAm <>NoBlood) AND ((Code09A=RESPONSE) OR (Code09C = RESPONSE)) THEN

ConStorB

NURSE: **ASK PARENT/LEGAL GUARDIAN / ASK PARTICIPANT**

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 SAMPLE WOULD BE ANONYMISED. THIS MEANS FUTURE RESEARCHERS WOULD NOT KNOW WHO YOU ARE. THE TESTS WOULD BE APPROVED BY AN ETHICS COMMITTEE'.

NURSE: IF ASKED, EXPLAIN THE PARTICIPANT 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"

IF (ConStorB=Yes) THEN

Code11

NURSE: **ASK PARENT/LEGAL GUARDIAN / ASK PARTICIPANT TO INITIAL STATEMENT 6 FOR ADULTS, STATEMENT 5 FOR CHILDREN AGED 4-15 OR STATEMENT 4 FOR CHILDREN AGED 1.5-3 BOX** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET.

- CIRCLE **CONSENT CODE 11** AT QUESTION 8 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (ConStorB=No) THEN

Code12

CIRCLE **CONSENT CODE 12** (NO CONSENT FOR BLOOD STORAGE) AT QUESTION 8 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF ((TBSWill = Yes) OR (TCBSCnst=Yes)) AND (CryOrAm <> NoBlood) AND ((Code09A=RESPONSE) OR (Code09C = RESPONSE)) THEN

SnDrSam

(ASK PARENT)

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

1 Yes

2 No

IF (SnDrSam = Yes) THEN

Code 13

NURSE:

- **ASK PARENT/LEGAL GUARDIAN / ASK PARTICIPANT TO INITIAL STATEMENT 7 FOR ADULTS, STATEMENT 6 FOR CHILDREN AGED 4-15 OR STATEMENT 5 FOR CHILDREN AGE 1.5-3 IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET AND THE PERSONAL CONSENT BOOKLET.**
- CIRCLE **CONSENT CODE 13** AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (SnDrSam = No) THEN

Code 14

NURSE: CIRCLE **CONSENT CODE 14** AT QUESTION 8 ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF ((PGPRegBP <>1) AND (PGPRegBM <>1)) OR (Age = 18 months – 3 years) THEN
GPreFB

NURSE CHECK: Is participant registered with a GP?

1 participant registered with GP

2 participant not registered with GP

IF (GPreFB = Yes) THEN

SendSam

ASK PARENT/LEGAL GUARDIAN / ASK PARTICIPANT

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

1 Yes

2 No

IF (SendSam= No) THEN

SenSaC

ASK PARENT/LEGAL GUARDIAN / ASK PARTICIPANT

Why do you not want your child's/your blood sample results sent to his/her/your 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 reasons(s) for not wanting results sent to GP.

: STRING [140]

IF (SendSam=Yes) THEN

Code15

NURSE:

- ASK PARENT/LEGAL GUARDIAN / PARTICIPANT TO INITIAL **STATEMENT 8 FOR ADULTS, STATEMENT 7 FOR CHILDREN AGED 4-15 OR STATEMENT 6 FOR CHILDREN AGED 1.5-3** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET **AND** THE PERSONAL CONSENT BOOKLET.
- CHECK THAT GP NAME, ADDRESS AND PHONE NUMBER ARE RECORDED ON FRONT OF OFFICE CONSENT BOOKLET (IF NOT ALREADY DONE).
- CHECK NAME BY WHICH GP KNOWS PARTICIPANTS, AND ENTER ON FRONT OF OFFICE CONSENT BOOKLET (IF NOT ALREADY DONE).
- CIRCLE **CONSENT CODE 15** AT QUESTION 8 ON FRONT OF OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (GPRegFB=No) OR (SendSam = No) THEN

Code16

NURSE:

- CIRCLE **CONSENT CODE 16** AT QUESTION 8 (NO CONSENT FOR BLOOD SAMPLE RESULTS TO GP) ON FRONT OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (Code14 = RESPONSE) AND (Code16 = RESPONSE) THEN

NoRes

You have indicated that you do not wish to receive your child's/your blood sample results or have them sent to your GP.

NURSE: CHECK THAT THIS IS THE CASE WITH THE PARTICIPANT. IF NECESSARY GO BACK AND AMEND.

IF SPEAKING TO THE PARENT/GAURDIAN OF A CHLD AGED 15 OR UNDER EXPLAIN TO THE PARTICIPANT THAT IN THIS CASE THEY WILL NEED TO AGREE FOR THE SURVEY DOCTOR TO CONTACT THEM IF NEEDED (E.G. RESULT IS OUT OF RANGE). **IF THEY DON'T AGREE TO THIS A BLOOD SAMPLE CAN NOT BE TAKEN FOR CHILDREN.**

Press <1> and <Enter> to continue.

1 Continue

IF (Code14 = RESPONSE) AND (Code16 = RESPONSE) THEN

Code17

NURSE:

- THIS PARTICIPANT DOES NOT WANT THEIR RESULTS SENT TO THEM OR THEIR GP. PLEASE ASK THEM TO READ AND **INITIAL THE STATEMENT IN THE GREY BOX ON THE RELEVANT CONSENT FORM** IN THE OFFICE AND PARTICIPANT CONSENT BOOKLETS:
- STATEMENT 9 FOR 16+ YEARS

NDNS YEAR 9 CAPI_NURSE

- STATEMENT 8i FOR 4-15 YEARS
- STATEMENT 7i FOR 1.5-3 YEARS
- CIRCLE **CONSENT CODE 17** ON THE FRONT PAGE OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

IF (Code13 = RESPONSE) OR (Code15 = RESPONSE) THEN

Code18

NURSE:

THE PARTICIPANT HAS AGREED TO FEEDBACK FROM BLOOD SAMPLE RESULTS (TO GP AND/OR TO THEMSELVES).

CIRCLE **CONSENT CODES 18 AND 20** ON THE FRONT OF PAGE OF THE OFFICE CONSENT BOOKLET

Press <1> and <Enter> to continue.

1 Continue

IF (Code14 = RESPONSE) AND (Code16 = RESPONSE) AND (age <16) THEN

SurDoc

NURSE: TO TAKE A BLOOD SAMPLE FROM THE CHILD THE PARENT/LEGAL GUARDIAN

MUST INITIAL OR TICK STATEMENT 8ii ON THE 4-15 CONSENT FORM OR STATEMENT 7ii ON THE 1.5-3 CONSENT FORM.

IF THEY DO NOT CONSENT TO THE SURVEY DOCTOR CONTACTING THEM IF NEEDED (E.G. WITH AN OUT OF NORMAL RANGE BLOOD ANALYTE RESULT) YOU MUST NOT TAKE A BLOOD SAMPLE.

Do you agree to the survey doctor contacting you to discuss, if necessary, any results that are directly relevant to your child's health?

- 1 Yes
- 2 No

IF (SurDoc=Yes) THEN

Code19

NURSE:

ASK PARENT/LEGAL GUARDIAN TO INITIAL **STATEMENT 8ii FOR CHILDREN AGED 4-15 OR STATEMENT 7ii FOR CHILDREN AGED 1.5-3** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE OFFICE CONSENT BOOKLET **AND** THE PERSONAL CONSENT BOOKLET. CIRCLE **CONSENT CODE 19** ON THE FRONT OF PAGE OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (SurDoc=No)

Code20

NURSE:

- A BLOOD SAMPLE **CAN NOT BE TAKEN** FROM THE CHILD.
- CIRCLE **CONSENT CODE 20** ON THE FRONT OF PAGE OF THE OFFICE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (CryOrAm = Cryogestic) THEN

DoCry

NURSE: **Blood sample with Cryogestic spray.**

- Apply Cryogestic spray following instructions.

Press <1> and <Enter> to continue.

1 Continue

IF (Age >=16) THEN

TakSAd1

NURSE: First check you have **all applicable signatures and the relevant boxes have been initialled or ticked on the consent form**. Secondly, check the Date of Birth and Gender on the labels to make sure they are correct. If they aren't contact HNR before a blood sample is taken. Then ...

A) Taken blood samples in the following order:

1. EDTA (2.6ml) tube **red** cap, label EN1 (3)
2. Serum (9.0ml) tube **white** cap, label SEN1 (4)
3. Lithium heparin (7.5ml) tube **orange** cap, label LHN1 (5)
4. Lithium heparin (7.5ml) tube **orange** cap, label LHN2 (6)
5. Fluoride (1.2ml) tube **yellow** cap, label FN1 (7)
6. Lithium heparin (4.5ml) tube **orange** cap, label LHN3 (8)
7. EDTA (2.6ml) tube **red** cap, label EN2 (9)

B) Check the date of birth and gender again with the participant to ensure you have the right labels for the right participant. Contact HNR immediately if they don't match.

C) Stick the barcoded label HORIZONTALLY on the tube. Line the top of the barcoded label with the top of the label already on the tube. This will give a clear area along the length of the tube.

D) Stick appropriate barcoded label on the field lab (FL1 (13) and FL2 (14)) and Addenbrookes despatch notes (Adx1, Adx2 and Adx3 (10-12)).

E) Remember to attach labels FOL 1 (23) and FOL 2 (24) to the 3 carbonised copies of the completed Addenbrookes research analysis request form using a paperclip.

Press <1> and <Enter> to continue.

1 Continue

IF (Age >=16) THEN

TakSAd2

NURSE:

All 3 copies of the Addenbrookes research Analysis request form, the FOL1 FOL2 labels and EDTA tube should be posted in the white jiffy envelope to the Addenbrookes hospital.

Please take careful note of the order (and therefore numbering) of the Addenbrookes and Monovette labels.

- Check to ensure you have used the correct barcoded labels for THIS participant..... Serial number:

PLEASE REMEMBER TO DELIVER A PACK OF MICROTUBES (PARTICIPANT AGED 16 + - PINK LABELLED MICROTUBES PACK), FIELD LAB LABELS 15-22 AND FIELD LAB DESPATCH NOTE TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

Press <1> and <Enter> to continue.

1 Continue

IF (Age = 7-15) THEN

TakSCO1

NURSE: First check you have **all applicable signatures and the relevant boxes have been initialled OR ticked on the consent form**. Secondly, check the Date of Birth and Gender on the labels to make sure they are correct. If they aren't contact HNR before a blood sample is taken. Then...

A) Take blood samples in the following order (Child 7-15 years - GREEN labelled monovette pack):

1. EDTA (2.6ml) tube **red** cap, label EN1 (3)
2. Serum (7.5ml) tube **white** cap, label SEN1 (4)
3. Lithium heparin (7.5ml) tube **orange** cap, label LHN1 (5)
4. Lithium heparin (7.5ml) tube **orange** cap, label LHN2 (6)
5. Fluoride (1.2ml) tube **yellow** cap, label FN1 (7)

B) Check the date of birth and gender again with the participant to ensure you have the right labels for the right participant. Contact HNR immediately if they don't match.

C) Stick the barcoded label HORIZONTALLY on the tube. Line the top of the barcoded label with the top of the label already on the tube. This will give a clear area along the length of the tube.

D) Stick appropriate barcoded label on the field lab (FL1 (13) and FL2 (14)) and Addenbrookes despatch notes (Adx1, Adx2 and Adx3 (10-12)).

E) Remember to attach labels FOL 1 (23) and FOL 2 (24) to the 3 carbonised copies of the completed Addenbrookes research analysis request form using a paperclip.

Press <1> and <Enter> to continue.

1 Continue.

IF (Age = 7-15) THEN

TakSCO2

NURSE:

All 3 copies of the Addenbrookes research Analysis request form, the FOL1 FOL2 labels and EDTA tube should be posted in the white jiffy envelope to the Addenbrookes hospital.

Please take careful note of the order (and therefore numbering) of the Addenbrookes and Monovette labels.

- Check to ensure you have used the correct barcoded labels for this participant..... Serial number:

PLEASE REMEMBER TO DELIVER A PACK OF MICROTUBES (PARTICIPANT AGED 7-15 – GREEN LABELLED MICROTUBE PACK), FIELD LAB LABELS 15-22 AND FIELD LAB DESPATCH NOTE TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

Press <1> and <Enter> to continue

1 Continue

IF (Age= 18 months – 6 years)

TakSCY

NURSE: First check you have **all applicable signatures and the relevant boxes have been initialled OR ticked on the consent form**. Secondly, check the Date of Birth and Gender on the labels to make sure they are correct. If they aren't contact HNR before a blood sample is taken. Then...

A) Take blood samples in the following order (Child 1.5-6 years – BLUE labelled monovette pack):

1. EDTA (2.6ml) tube **red** cap, label EN1 (3)
2. Serum (4.5ml) tube **white** cap, label SEN1 (4)
3. Lithium heparin (4.5ml) tube **orange** cap, label LHN1 (5)

B) Check the date of birth and gender again with the participant to ensure you have the right labels for the right participant. Contact HNR immediately if they don't match.

C) Stick the barcoded label HORIZONTALLY on the tube. Line the top of the barcoded label with the top of the label already on the tube. This will give a clear area along the length of the tube.

D) Stick appropriate barcoded label on the field lab (FL1 (13) and FL2 (14)) and Addenbrookes despatch notes (Adx1, Adx2 and Adx3 (10-12)).

- Check to ensure you have used the correct barcoded labels for this participant..... Serial number:

PLEASE REMEMBER TO DELIVER A PACK OF MICROTUBES (PARTICIPANT AGED 18mths-6yrs – BLUE LABELLED MICROTUBES PACK), FIELD LAB LABELS 15-22 AND FIELD LAB DESPATCH NOTE TO YOUR LOCAL LAB WHEN YOU DELIVER THESE SAMPLES!

Press <1> and <Enter> to continue

1 Continue

IF (Age >=16) THEN

SampF1A

NURSE: Code if the 1st EDTA (red, 2.6ml) tube filled (label EN1 (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 serum (white, 9.0ml) tube filled (label SEN1 (4)).

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

IF AND (Age >=16) THEN

SampF3A

NURSE: Code if the 1st Lithium heparin (orange, 7.5ml) tube filled (label LHN1 (5)).

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

IF (Age >=16) THEN

SampF4A

NURSE: Code if the 2nd Lithium heparin (orange, 7.5ml) tube filled (label LHN2 (6)).

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

IF (Age >=16) THEN

SampF5A

NURSE: Code if the fluoride (yellow, 1.2ml) tube filled (label FN1 (7)).

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

IF (Age >=16) THEN

SampF6A

NURSE: Code if the 3rd Lithium heparin (orange, 4.5ml) tube filled (label LHN3 (8)).

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

IF (Age >=16) THEN

SampF7A

NURSE: Code if the 2nd EDTA (red, 2.6ml) tube filled (label EN2 (9)).

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

IF (Age = 7-15) THEN

SampF1CO

NURSE: Code if the EDTA (red, 2.6ml) tube filled (label EN1 (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 serum (white, 7.5ml) tube filled (label SEN1 (4)).

- 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 Lithium heparin (orange, 7.5ml) tube filled (label LHN1 (5)).

NDNS YEAR 9 CAPI_NURSE

- 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 Lithium heparin (orange, 7.5ml) tube filled (label LHN2 (6)).

- YesF "Yes, FULLY filled",
- YesP "Yes, PARTIALLY filled",
- No "No, not filled"

IF (Age = 7-15) THEN

SampF5CO

NURSE: Code if the fluoride (yellow, 1.2ml) tube filled (label FN1 (7)).

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

IF (Age= 18 months – 6 years)

SampF1CY

NURSE: Code if the EDTA (red, 2.6ml) tube filled (label EN1 (3)).

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

IF (Age= 18 months – 6 years)

SampF2CY

NURSE: Code if the Serum (white, 4.0ml) tube filled (label SEN1 (4)).

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

IF (Age= 18 months – 6 years)

SampF3CY

NURSE: Code if the Lithium heparin (orange, 1.1ml) tube filled (label LHN1 (5)).

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

SampTak (Derived from SampF1A – SampF3CY)

Blood sample outcome:

- 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 IF (SampTak = YesP)

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 participant felt faint/fainted",
- 6 NoTour "Unable to use tourniquet",
- 7 Other "Other (SPECIFY AT NEXT QUESTION)"

IF (SamDifC = Other) THEN

OthBDif

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

: STRING [140]

IF (SampTak = No) THEN

NoBSC

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

CODE ALL THAT APPLY.

NoVein "No suitable or no palpable vein/collapsed veins",

Anxious "participant was too anxious/nervous",

Faint "participant felt faint/fainted",

Other "Other"

IF (NoBSC = Other) THEN

OthNoBSM

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

: STRING [140]

ThanksB

NURSE: THANK THE PARTICIPANT FOR THEIR COOPERATION AND GIVE THEM THEIR £20 GIFT CARD..

Press <1> and <Enter> to continue.

1 Continue

GCard

Gift card number for participant

: STRING [30]

VpSTime

Time of answering VpProb

TIMETYPE

VpSDate

Date of answering VpProb

DATETYPE

IF (PVPerNo = 2) AND (age <11) THEN

PhlebID

Enter the paediatric phlebotomist's or 'extended role' nurse's ID number who took the blood sample.

Or, if you as an 'extended role' nurse took the blood sample enter your ID number.

Just enter the 4 digit number.

: 0001...9997

IF (PVPerNo = 2) AND (age <11) THEN

VPForm

Please remind the paediatric phlebotomist or 'extended role' nurse to complete the paper copy of the venepuncture checklist.

If you as an 'extended role' nurse took the blood sample then please complete the checklist yourself.

Press <1> and <Enter> to continue.

1 Continue

VpHand

Was the participant left handed or right handed?

1 Left "Left handed"

2 Right "Right handed"

VpArm

Which arm did you use to take blood?

- 1 Left "Left arm"
- 2 Right "Right arm"

VpSkin

Code the skin condition of the arm used.

- 1 Intact "Skin intact"
- 2 NotIntac "Skin not intact"

VpAlco

Did you use an alcohol wipe?

- 1 Yes
- 2 No

IF (PDoCryAme = 1) THEN

CryTimH

You used cryogestic spray on this participant.
What time did you apply the Cryogestic spray?
Record the time using a 24 hour clock.
Enter the **hour** here.

0..23

IF (PDoCryAme = 1) THEN

CryTimM

NURSE: Enter the **minutes** here.

0..59

IF (PDoCryAme = 1) THEN

CryTime

What time did you apply the Cryogestic spray? (DV)
: TIMETYPE

IF (PDoCryAme = 1) THEN

CrySens

Was the participant sensitive to Cryogestic spray?
IF THERE WAS A SEVERE LOCAL REACTION, participant IS LIGHTHEADED OR SEDATED,
CONTACT SURVEY DOCTOR

- 1 Yes
- 2 No

IF (PDoCryAme = 1) THEN

CryExpD

Record the expiry date of the Cryogestic spray used.
Enter the **day** here.

1..31

IF (PDoCryAme = 1) THEN

CryExpM

NURSE: Enter the code for the **month** here.

- 1 January,
- 2 February,
- 3 March,
- 4 April,
- 5 May,
- 6 June,
- 7 July,

NDNS YEAR 9 CAPI_NURSE

- 8 August,
- 9 September,
- 10 October,
- 11 November,
- 12 December

IF (PDoCryAme = 1) THEN

CryExpY

NURSE: Enter the **year** here.

2016-2021

IF (PDoCryAme = 1) THEN

CryExp

Expiry date of the Cryogestic spray used (Derived)

: DATETYPE

IF (PDoCryAme = 1) THEN

CryBat

Record the batch number of the Cryogestic

: STRING [20]

IF (PDoCryAme = 2) THEN

AmeTimH

You used AMETOP gel on this participant.

What time did you apply the AMETOP gel?

Record the time using a 24 hour clock.

Enter the **hour** here.

0..23

IF (PDoCryAme = 2) THEN

AmeTimM

NURSE: Enter the **minutes** here.

: 0..59

IF (PDoCryAme = 2) THEN

AmeTime

What time did you apply the Ametop gel? (Derived)

: TIMETYPE

IF (PDoCryAme = 2) THEN

AmeSens

Was the participant sensitive to AMETOP Gel?

IF THERE WAS A SEVERE LOCAL REACTION, PARTICIPANT IS LIGHTHEADED OR
SEDATED, CONTACT SURVEY DOCTOR

IF (PDoCryAme = 2) THEN

AmeExpM

NURSE: Enter the code for the **month** here.

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

11 November,
12 December

IF (PDoCryAme = 2) THEN

AmeExpY

NURSE: Enter the **year** here.
2016..2050

IF (PDoCryAme = 2) THEN

AMEeXP

Expiry date of the Ametop used (Derived)
DATETYPE

IF (PDoCryAme = 2) THEN

AmeBatch

Record the batch number of the Ametop
: STRING [20]

VpSam

Code the number of attempts made to take blood.

REMEMBER UP TO 2 ATTEMPTS AT TAKING BLOODS CAN NOW BE MADE FOR BOTH ADULTS AND CHILDREN.

1	First	"Sample taken on first attempt"
2	Second	"Sample taken on second attempt"
3	Failed	"Both attempts failed"

VpPress

Code who applied pressure to the puncture site.

1	Nurse	
2	Phleb	"Phlebotomist or 'extended role' nurse"
3	Respondent	
4	Parent	
5	Partner	"Partner or spouse"

VpSens

Was the participant sensitive to the tape or plaster?

1	Sense	"Sensitive to tape/plaster"
2	Notsense	"Not sensitive to tape/plaster"
3	NotChec	"(Did not check)"

VpProb

Was there any abnormality noted after 5 minutes?

(Please remember to recheck the site after completion of the blood sample module.)

1	Sense	"Sensory deficit"
2	Haematoma	
3	Swelling	
4	Other	"Other (describe at next question)"
5	None	

IF (VpProb= Other) THEN

VpOther

Record the details of the other abnormality fully.
: STRING [135]

IF (VpProb<>None) THEN

VpDetail

You have coded that an abnormality was noted after 5 minutes.

Please record the action you took when you noticed this abnormality in the Office Consent

Booklet.

There is space at the back of the Office Consent Booklet for you to write up these details fully.

Press <1> and <Enter> to continue

1 Continue

VpCheck

Did you re-check the puncture site after completion of the blood sample module?

1 Yes "Yes, site was re-checked"

2 No "No, site was not re-checked"

IF (PVPerno = 2) AND (Age < 11) THEN

PhlebVP

NURSE: PLEASE REMEMBER TO COLLECT THE COMPLETED VENEPUNCTURE CHECKLIST FROM THE PAEDIATRIC PHLEBOTOMIST OR 'EXTENDED ROLE' NURSE AND RETURN IT TO THE OFFICE.

EXTENDED ROLE NURSE: PLEASE COMPLETE THE VENEPUNCTURE CHECKLIST AND RETURN TO THE OFFICE

Press <1> and <Enter> to continue.

1 Continue

DRUGS

DrC1

NURSE : Enter code for (*Drug name*).

Enter 999996 if unable to code/ Enter 999999 if unable to code

: STRING [6]

IF (SUBSTRING (DrC1, 1,2) = '02') and (DrC1 <> '021200') AND (Age >15) THEN

YTake1

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

1. Heart "Heart problem"

2. HBP "High blood pressure"

3. Other "Other reason"

IF (YTake1 = Other) THEN

TakeOth1

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

Press <Esc> when finished.