Understanding Society
IP 12

IP 12 Interviewer and Nurse materials

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Interviewer Card - Kantar Public v1

Understanding Society

0800 015 2908
www.understandingsociety.ac.uk/society
contact@understandingsociety.ac.uk

USOC/interviewer card/Kantar Public/issued January 2019

Interviewer Card – NatCen v1

Understanding Society

0800 652 4570
www.understandingsociety.ac.uk/society
contact@understandingsociety.ac.uk

Interviewer instructions

KANTAR PUBLIC=
NatCen
Social Research that works for society

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Understanding Society

Interviewer and nurse Instructions
Innovation Panel 12

Covering elements specific to IP12
TO BE USED IN CONJUNCTION WITH 2019 CORE INSTRUCTIONS

Table of Contents

1. How to use these instructions

Understanding Society is now a well-established study with many of the fieldwork procedures common across several waves including a core panel of dedicated interviewers who have worked on multiple waves. To reflect this, the interviewer instructions will consist of a CORE set of generic instructions which are common to all current waves of fieldwork PLUS a separate set of instructions that are SPECIFIC to the wave you are working on. This document covers instructions specific to Innovation Panel Wave 12 (IP12) and is intended for both interviewers and nurses (with differences in tasks highlighted between them).

Unless described otherwise in these instructions all processes and procedures should follow those outlined in the 2019 core instructions (see separate CORE document).

If you are working on the other waves of Understanding Society, please ensure you use the correct documents and instructions for this IP12 Project.

2. Queries

Please contact your Regional Management Team if you have any queries regarding your assignment and general fieldwork processes. **Your Regional Team should be your FIRST POINT OF CONTACT.**

If you are having technical difficulties, please contact the CAPI Helpline on
Kantar interviewers: 0800 015 2103
NatCen interviewers: 01277 690200

NatCen interviewers and nurses can also contact NatCen Understanding Society Champions – details provided separately.

NatCen and Kantar interviewers can also contact NatCen Nurse Supervisors for difficulties collecting Biomeasures – details provided separately.

Sample members can call Freephone 0800 015 2908 (for Kantar assignments) or 0800 652 4570 (for NatCen assignments). This number (printed on the Understanding Society interviewer card) is staffed 9am – 5pm Monday to Friday. Outside these hours, an answer phone service operates.

Interviewers should NOT be calling this number *under ANY circumstances.*

3. Kantar and NatCen consortium

A consortium has been developed with NatCen Social Research to deliver Waves 9 – 11 including the Innovation Panels (IP10 – IP12).
Combining field forces allows the most experienced random probability interviewers in the country to work on Understanding Society as well as allowing a greater number of interviewers with Understanding Society experience to increase interviewer continuity.
Assignments have been allocated between the two field forces in a way that will best help us maximise the response rate for the face-to-face interviews. This ensures we make the best use of interviewers from across the consortium who have a strong track record of performance on Understanding Society and who perform best in relation to their allocation of work.

3.1 Division of face-to-face fieldwork

IP12 face-to-face interviewer fieldwork in England and Wales will be shared between Kantar and NatCen. Kantar is responsible for all interviewer fieldwork in Scotland.

Unlike previous IPs, there is a nurse element to IP12 fieldwork (nurses will be responsible for interviewing one third of the sample). NatCen is responsible for all nurse fieldwork.

There is no refreshment sample at IP12, all households in the sample will have been productive in at least one previous IP.

3.2 Telephone interviews

CATI mop-up interviews will be conducted by a small number of Kantar face-to-face interviewers (in the same way these were done at wave 8) – to boost the response rate towards the end of fieldwork. This does not apply to nurses.

4. Fieldwork design

4.1 Mixed-mode design

The fieldwork for IP12 follows a **mixed-mode** design, similar to that used for the mainstage waves. Although there is also the additional of a nurse fieldwork group at IP12.

All issued households are allocated to one of three sample groups:

- WEB-first
- CAPI-first – to be worked by interviewers
- CAPI first – to be worked by nurses

The WEB-first group is initially invited to take part online. Non-responding individuals are then transferred to interviewers for a face-to-face interview. In all cases it will be a face-to-face interviewer who follows up non-responding individuals and households in the web first group, NOT a nurse.
Conversely, the CAPI-first group is initially invited to take part face-to-face and later sent login details to complete online.
Non-responding adults in both the nurse and interviewer CAPI-first groups will be able to take part online later in fieldwork.

For interviewers, within each assignment there will be a mix of CAPI-first and WEB-first households. You will need to be aware of which group your households are in by looking at the Assignment Sheet or Sample Information Sheet. More details about these two sample groups can be found in Section 6.

For nurses, all households are CAPI-first.

5. Fieldwork

IP12 fieldwork will run over summer and autumn 2019. WEB-first households will be contacted in June with CAPI fieldwork starting in July.

There was a pilot in March 2019.

5.1 The interview

The IP12 questionnaire is made up of three parts:

- Household grid;
- Household questionnaire;
- Individual questionnaire.

The main topic areas covered are:

Interviewer observations.

Household questionnaire

- Structural characteristics;
- Tenure;
- Fuel types;
- Recycling
- Consumer durables;
- Expenditure;
- Deprivation;

Individual questionnaire:

- Request to record;
- Demographics;
- Educational aspirations for young people;
- Family background, ethnicity and religion;
- Health and disability;
- Smoking, exercise and nutrition;
- Caring;
- Personal history and changes in circumstances (partnerships, fertility, education, employment);
- Employment details and job satisfaction;
- Unearned income, benefits, pensions, household and joint finances;
- Height and weight
- **CASI**: Height and weight
- **CASI**: Mobile use
- **CASI**: Satisfaction;
- **CASI**: Loneliness;

- **CASI**: Health-related quality of life;
- **CASI**: Young adults;
- **CASI**: Child development;
- **CASI**: non-resident relationships;
- Contact details and stable contact;
- Hair and blood sampling kits

As usual, at one point in the survey, the CAPI script will instruct you to pass the laptop to the respondent to complete a self-completion section (CASI).

5.2 Interviewing adults who don't speak English

The IP12 script has been translated into **Welsh**. If you are working in Wales and a respondent requests to be interviewed in Welsh:

- If you have been accredited to conduct interviews in Welsh, you can go ahead and conduct the interview in Welsh, using the translated script.
- If you have not been accredited to conduct interviews in Welsh, please contact the office and we will arrange for the case to be transferred to a Welsh speaking interviewer, or for an interpreter to accompany you to conduct the interview in Welsh.
- Nurses must contact their NFPM in the first instance.

There are **no other translated scripts for IP12**. There are also no formal processes for household translators but, for languages other than Welsh, you can use another household member to assist with translations where there are any difficulties in understanding some of the English wording (or code as unproductive due to language difficulties if this is not possible). In these cases, please be aware of any parts of the questionnaire that may be sensitive and use your judgment accordingly.

For further information about translations, please see the core instructions.

Nurses will only be able to gain written consent for the biomedical samples if the adult can read and understand the consent form themselves. Another household member cannot translate this for them.

5.3 Youth self-completion booklet

At IP12 all children aged 10-15 are eligible for a **green** paper self-completion booklet. Booklets for households where the household grid has been completed online will be sent out from the office. However, it's good practice to always carry a few spares in case you're asked for a replacement copy. Nurses will always need to carry spare copies.

Please remember – there are different booklets for each wave. Please check the front of the booklet for the wave reference to ensure you are using the right one for IP12.

6. The IP12 sample

For the IP12 main stage
At IP12 you will be revisiting households in the established Innovation Panel sample (longitudinal households). The longitudinal sample includes both productive and unproductive households from previous waves of the Innovation Panel.

All longitudinal households have taken part in the study before. Some households have been part of *Understanding Society* since the first wave of the Innovation Panel (IP1). Other households were introduced to the sample at IP4, IP7, IP10 or IP11. Those recruited last year in IP11 may be less familiar with the survey, so bear this in mind in your approach. Households where no individual has taken part for more than two consecutive years are removed from the issued sample so you should not receive these in your assignment.

You will need to follow all respondents and all addresses in your assignment until a final outcome is coded.

6.1 WEB-first households

For a random part of the sample, there is an initial three-week period of **web-only fieldwork**, during which respondents in WEB-first households can complete the survey online. **This is before any IP12 CAPI**

interviewing starts. (None of the cases assigned to nurses are web-first.)

Respondents receive a personalised invitation letter inviting them to take part online. This letter includes their unique login details for accessing the survey and their incentive if they were in a productive household at IP11 (last wave non-responding households receive incentives only upon completion). Where we have valid email addresses for sample members, they also receive an email inviting them to take part online with a direct link to the survey.

Towards the end of the web-only period, respondents who have not completed the survey online are sent up to two reminder emails (where we have a valid email address) and one reminder letter. The letter informs respondents that they can still complete online, but that a face-to-face interviewer (not applicable to Nurses) will be visiting them soon to offer them the chance to take part via CAPI.

At the end of the web-only fieldwork period eligible adults who have not completed the survey online or households with no online grid completion are then allocated to CAPI and form part of your interviewer assignment. You will need to attempt to contact and interview all eligible individuals in these households. This is not applicable to Nurses.

Respondents issued to Interviewer assignments are still able to complete the survey online after CAPI fieldwork starts. If they wish to do so, you can help them by making sure they have their login details and know how to access the survey. Once the household grid has been completed (either in CAPI or CAWI) and the data synchronised, login details for all enumerated adults will be available in the AddInfo tab (under the screen number of the relevant household member). Our preference, however, is for a Face-to-Face-interview to be conducted in this instance since the respondents have already passed the period allocated to them for completing the interview online.

Respondents issued to Nurse Assignments, may request / state that they do not want to have a Face-to-Face interview – but wish to complete the survey online (as they may have previously done). Nurses should refer them to the advanced letter and advise that this IP12 wave is designed for the survey to be conducted Face-to-Face wherever possible. If the

respondent is still very unwilling to have a Face-to-Face interview then contact your NFPM who will guide you as to the next step.

6.2 CAPI-first households

You will also have CAPI-first households in your assignment.

Respondents are sent an advance letter shortly before the beginning of CAPI fieldwork, informing them that an interviewer / nurse will be calling soon. This letter includes their incentive for households that were productive at IP11. For non-productive households at IP11, the letter will mention that they will receive their incentive if they take part this year.

6.2.1 Online completion for CAPI-first sample

If CAPI-first households do not take part face-to-face during the CAPI fieldwork period, they will be invited to take part online during the mop-up period at the end of fieldwork.

Adults in the CAPI-first group who express a strong preference to complete their interview online before the re-issue stage can do so. Be prepared to facilitate this by giving the web address (which is printed on your interviewer card) and their login details contained in the AddInfo screen (and the SIS for adults that are not new joiners to the household at IP12). **Please encourage a face-to-face interview, especially the household grid**

The following table outlines the face-to-face fieldwork phases.

	Interviewers		Nurses
	WEB-FIRST	**CAPI-FIRST**	**CAPI-FIRST**
CAWI opens	w/c 1st July		
CAPI fw starts		w/c 29th July	w/c 1st July
CAPI fw ends		18th Nov	20th Oct

6.3 Your assignment

You are responsible for managing and monitoring progress for **all individuals** in **all households** in your assignment through to allocation of a final outcome. This includes both CAPI-first and WEB-first households. **Note for nurses on IP12**: all your cases are CAPI-first.

Please note that your WEB-first households in your assignment may be:

- Wholly un-started households – where no online interviews have been completed
- Partial households – where some but not all adults have completed their interview
- Un-usable partial adult interviews – where someone has started but not finished (or sufficiently finished) their interview online. For these the CAPI interview will start at the section where they left the CAWI interview. Where an interview has mostly been completed (and therefore have a 'usable partial' outcome of 875 or 575) you will not be required to visit the household to finish off the interview or complete the household observations section.

If a WEB-first household is fully complete before face-to-face fieldwork starts (i.e. if the HH grid/HH questionnaire are completed and all eligible adults have already completed their interview), this household will not appear in your eReps grid. This is because there is no further work for you to do with this household.

6.4 Keeping track of CAWI completions

(Note: This section does not apply to nurses working on IP12.)
To identify the status of WEB-first households in your assignment you will need to access **the 'status summary' screen at Screen 0**. Screen 0 will show the status of all individuals in the household (e.g. whether not yet started, complete or partially complete). When you return to the eRep grid from the ECS, outcomes will be updated for any newly completed cases. Outcomes for both CAWI and CAPI individuals will be shown.

It is vital that before setting out to interview any WEB first respondents you check the 'summary status' screen in Screen 0 for any updates. Because the CAWI option remains available throughout the fieldwork period, participants in the WEB sample (and those in the CAPI sample in the last two weeks of fieldwork) may complete their survey online at any point during that time. It is equally important that you send your contact information back to us electronically **at the end of each working day** so as to minimise the chance that respondents go online to complete or finish a web interview resulting in two sets of data for the same individual.

If you call at a household where you believe there are interviews outstanding yet the respondent(s) say they have completed in CAWI you should contact your Regional Team (after checking the status summary screen).
NatCen Interviewers: refer to your technical instructions for details on how to check for CAWI progress.

6.5 Mop-up period

At the end of the CAPI fieldwork stage, there will be a CAPI reissue stage followed by a CATI mop-up stage. The CATI mop-up will be managed by Kantar and will use face-to-face interviewers (as at wave 8). Throughout the mop-up stages respondents can complete their interview online – please remember to check for any CAWI progress before making contact.

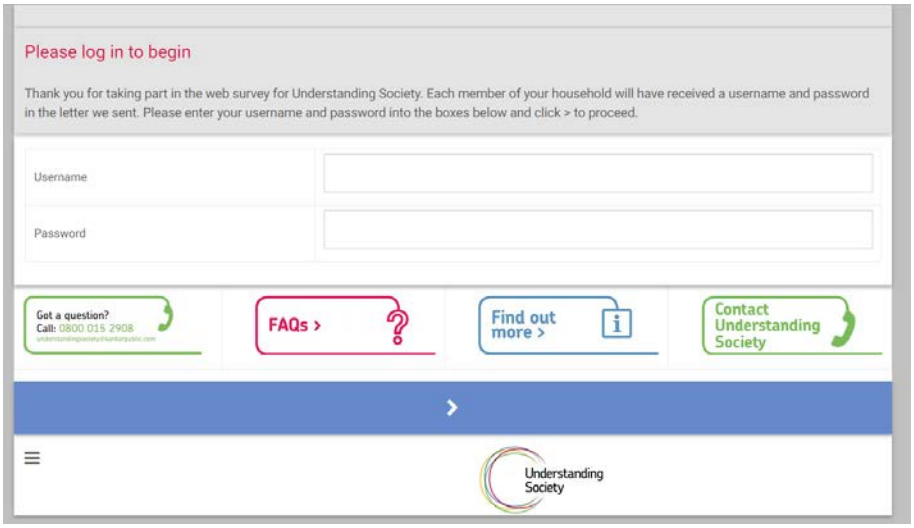
6.6 The CAWI survey

Occasionally, you may be required to assist respondents in accessing the CAWI survey (this does not apply to nurses). The web address to log in to the survey is:
www.understandingsociety.ac.uk/society

Each individual sample member has their own username and password. You can find these on the SIS and in AddInfo. Respondents in WEB-first households will have also been sent their username and password in their advance letter and email. Usernames and passwords are all lowercase.

The login page is shown below. Respondents enter their username and password, then click the 'Next' button (>) to continue

If **you** are unsure how to guide the respondents on technical issues they may raise, please get in touch with your Regional Manager. The helpline number and email address **for respondents** are shown on every screen in the survey.



6.7 Summary of your responsibilities

Throughout your fieldwork assignment you will be responsible for:

6.7.1 CAPI-first sample:

- Contacting households and individuals and conducting CAPI interviews;
- Enabling CAWI where this is a strongly stated preference among respondents by giving individuals their CAWI username and password and providing support (**not applicable to nurses**).
- Monitoring and following up all outstanding sample and encouraging a face-to-face interview.

6.7.2 WEB-first sample:

- Monitoring and following up WEB-first respondents in your assignments by viewing the 'status summary' screen (via Screen 0) and encouraging a face-to-face interview. You will not need to conduct interviews with individuals or households that have completed their interviews online;
- Contacting households and eligible individuals and conducting CAPI interviews with those members of the WEB-first sample who haven't completed their interviews online;

- Picking up and arranging appointments to finish any interviews that have been started in CAWI but are incomplete (and do not have a usable partial outcome of 875 or 575);
- Reminding WEB-first sample members that they can complete their interview in CAWI (until the end of the fieldwork period);
- Enabling CAWI where this is a stated preference, by reminding individuals of their CAWI username and password and providing support.

6.8 Notifying the police

It is no longer necessary to notify the police that you are working in the area.

7. Experiments

A key feature of the Innovation Panel is experimentation. The study is designed to improve the way that social surveys are run and the quality of data collected. It does this by incorporating into its design some experimental variation between different groups of participants. Analysing the data from the interviews with these different groups will allow us to assess the effect and relative merits of the different approaches. Some experiments are continuing from previous waves to allow longitudinal assessment of effects.

The allocation into experimental groups is usually done at the household level. That is, all eligible adults in a household will receive the same treatment for any given experiment. This also includes any new entrants or re-joiners to issued households. Similarly, respondents in split households will be allocated to the same treatment groups as those in the originating household.

IP12 is a bit different to previous IPs in that it has a medical focus. The key experiment is around the collection of biological samples (blood and hair), with others around measuring blood pressure, height and weight, and measuring physical activity (using an activity monitor).

Some experiments from previous IPs (such as amounts of incentives) are also continuing.

7.1 Procedural experiments

IP12 includes a few experiments which will help improve our understanding of how different survey processes and contact methods can improve our ways of getting – and keeping – in touch with participants, collecting self-completion data and securing participant co-operation. These experiments are described below.

7.1.1 Biological samples in different modes experiment

Offering and encouraging a proportion of the longitudinal households the possibility of completing the questionnaire online before CAPI fieldwork starts has been ongoing since IP5 and will continue in IP12. One third of the sample has been assigned as WEB-first. Where adults complete online, and where they consent to this, after their interview we will send them a kit and instructions to collect hair and blood spot samples and

wear an activity monitor. They can then collect these samples themselves and post them back to ISER.

Another third of the sample is assigned to CAPI-first with interviewers. At the end of the interview, you will be asking adults if you can leave behind a kit for them to collect hair and blood spot samples. Again, they will then collect these samples themselves and post them back to ISER. However, you will need to be able to answer some basic questions about the process at the end of the interview if respondents ask.

The final third of the sample is assigned to CAPI-first with nurses. As well as conducting the interview nurses will collect the biological samples themselves – both hair and blood spots, but also whole blood from a vein in the respondent's arm.

In the past (between waves 2 and 3) Understanding Society has used nurses to collect biological samples. This is, however, very expensive. This experiment is designed to test whether respondents can collect these samples themselves and whether the samples will be as useful for analysis as biological samples collected by nurses.

7.1.2 Incentives' experiment

The incentives' experiment has been running since IP1. The experiment assesses the impact of differential incentives on response rates, efficiency of fieldwork and costs.

An advance letter is sent to every adult (and rising 16) in the household. Incentives in the form of a pre-activated Love2Shop High Street gift card are sent in the advance mailing to adults in last wave responding households. For last wave non-responding households, incentives are **conditional upon completion of the survey;** therefore, no incentives are sent in the advance letters. You will need to issue an incentive to each individual interview upon completion of the interview. The CAPI script will prompt you to administer gift cards where required.

For new entrants in existing households, if the household grid is completed face-to-face then the interviewer gives the new entrant their incentive upon completion of their individual interview. If the household grid is completed online, the new entrant's incentive is mailed to them. In both cases, the incentive amount is the same as given to other members of the household.

For IP12, CAPI-first sample members will all receive £10.

The remaining WEB-first sample members are divided into three roughly equal groups. Two groups will receive £10 and £30 respectively. The third group will receive £10, plus an additional £20 each if they participate online by the early bird deadline. Individuals are in the same incentive group at IP12 that they had been in at IP11.

There are additional incentives for the biological samples and wearing the physical activity monitor which are detailed in the relevant sections.

7.1.3 Request to measure blood pressure experiment

In all advance letters, there is a request for respondents to have their blood pressure measured in advance of the interview. There are 3 different ways in which this request is framed in the advance letters:

- For one group of respondents, they are given the location of a nearby pharmacy where they can get their blood pressure measured free of charge;
- For the second group the letter includes a 'pro-social appeal': *High blood pressure has been called the 'silent killer' with 1 in 10 people living with undiagnosed or untreated high blood pressure. Researchers would like to use Understanding Society to investigate the causes and consequences of high blood pressure, but the data would be much less useful if we were not able to get information about blood pressure from a whole range of people.*
- For the third group there is no additional information about where to get their blood pressure measured or why we wish to collect this data.

7.2 Questionnaire experiments

Some of the IP12 questionnaire content is also experimental in design; essentially, we are trying out different ways of asking the questions. As an interviewer you should simply follow the CAPI interview which automatically routes you (or the participant in the CASI section) to the correct questions, but it may be useful to be aware of the experiments and the rationale behind them.

Some experiments test how question wording affects measurement, to find out which approach yields the most accurate/complete/reliable answers. The different versions of wording are allocated across the

sample and interviews and, to ensure the experimental design is followed as intended, it is very important to follow the best practice procedures on **standardised interviewing** covered in basic training. These are:

- you must read the questions from the CAPI screen carefully and **exactly as scripted**;
- use only **neutral probes** to identify the intended response option;
- say “whatever it means to you?" or repeat the question where the respondent is unsure about question meaning, words in the question etc.;
- retain a **professional rapport** at all times.

The following sections give a brief overview of each questionnaire experiment included in IP12.

7.2.1 Height and weight

As part of the interview you will be measuring each adult’s height and weight (if they verbally consent to this). Before this, there are questions that ask the respondent to tell us their height and weight. For some respondents, you will be asking these questions. For others they are in the self-completion section. This experiment is designed to test whether respondents might give more accurate answers about their height and weight if they can enter them into a self-completion section, rather than having to say them out load. If asked, you can provide respondents with the measurements of height and weight that you obtained during the interview.

7.2.2 Contact details experiment

There are two slightly different ways of asking to confirm/collect respondent’s contact details at the end of the interview. Half of respondents will be asked the standard set of contact questions for Understanding Society. The other half will be asked a set of questions that focuses more on collecting a mobile phone number. The mobile number screen is separated from other contact details.

7.2.3 Biomeasures feedback experiment

This experiment aims to test whether providing feedback on blood and hair samples influences response rates.

A random sample of respondents will be given the opportunity during the interview to be provided with written feedback on their results. They will be given feedback on HbA1C, total cholesterol and HDL-cholesterol.

Results will be provided by letter and inform respondents if results are in the normal range.

7.3 Audio-recording of questions

As on previous IPs some modules are being recorded:

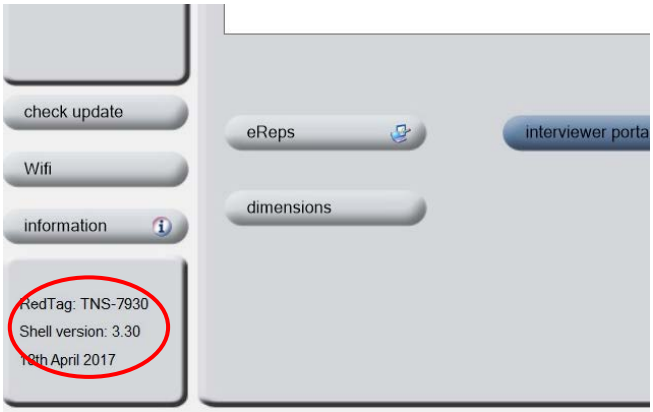
- Self-obtained blood pressure
- Body mass consents
- Blood pressure
- Body mass (height and weight)
- Interviewer kit intro

At the start of the individual interview you'll be asking the respondent if they consent to recording. If consent is given, audio recording is triggered automatically by the CAPI script. The microphone turns on when entering the relevant set of questions and a red dialogue box opens up when recording starts. This will then disappear once the section is exited.

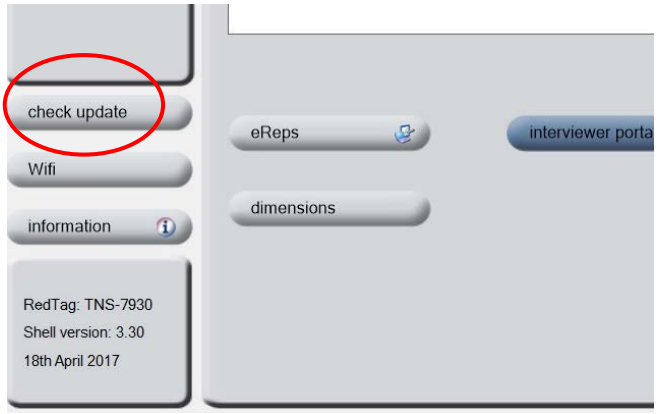
You do not need to do anything to start or finish the recording – this will be handled automatically.

Returning audio files – Kantar interviewers

- Check that you are connected to the internet
- Check that the Shell version is 3.30 or higher. If it is 3.29 or lower you need to update
- To update the shell, tap on the check update button
- On the pop-up screen enter your interviewer ID and the password (the same ones you use for Ereps). Click OK
- Once this has finished updating, please reboot your machine, and then check the shell version



- Once running Shell 3.30, to send audio files back, just tap the check update button



Returning audio files – NatCen interviewers and nurses

NatCen interviewers and nurses who have not worked on IP10 or IP11 or who have changed their device will need to

- Set your microphone volume
- Call the Kantar helpline who will ensure you have the correct CAPI shell through which to send back the audio files.

NatCen interviewers have separate instructions covering these processes.

8. Advance mailings

Advance letters are sent to all known sample members eligible to take part in the survey this year. For adults in last wave responding households, advance letters include the respondent's incentive (£10, £20 or £30). For adults in last wave non-responding households, advance letters will not contain incentives (incentives are conditional upon completion at IP12).

In your workpack, you will receive a generic advance letter which you can use on the doorstep, for example, with new household members or those who say they did not receive an advance letter.

Please refer to core instructions for further details on advance mailings.

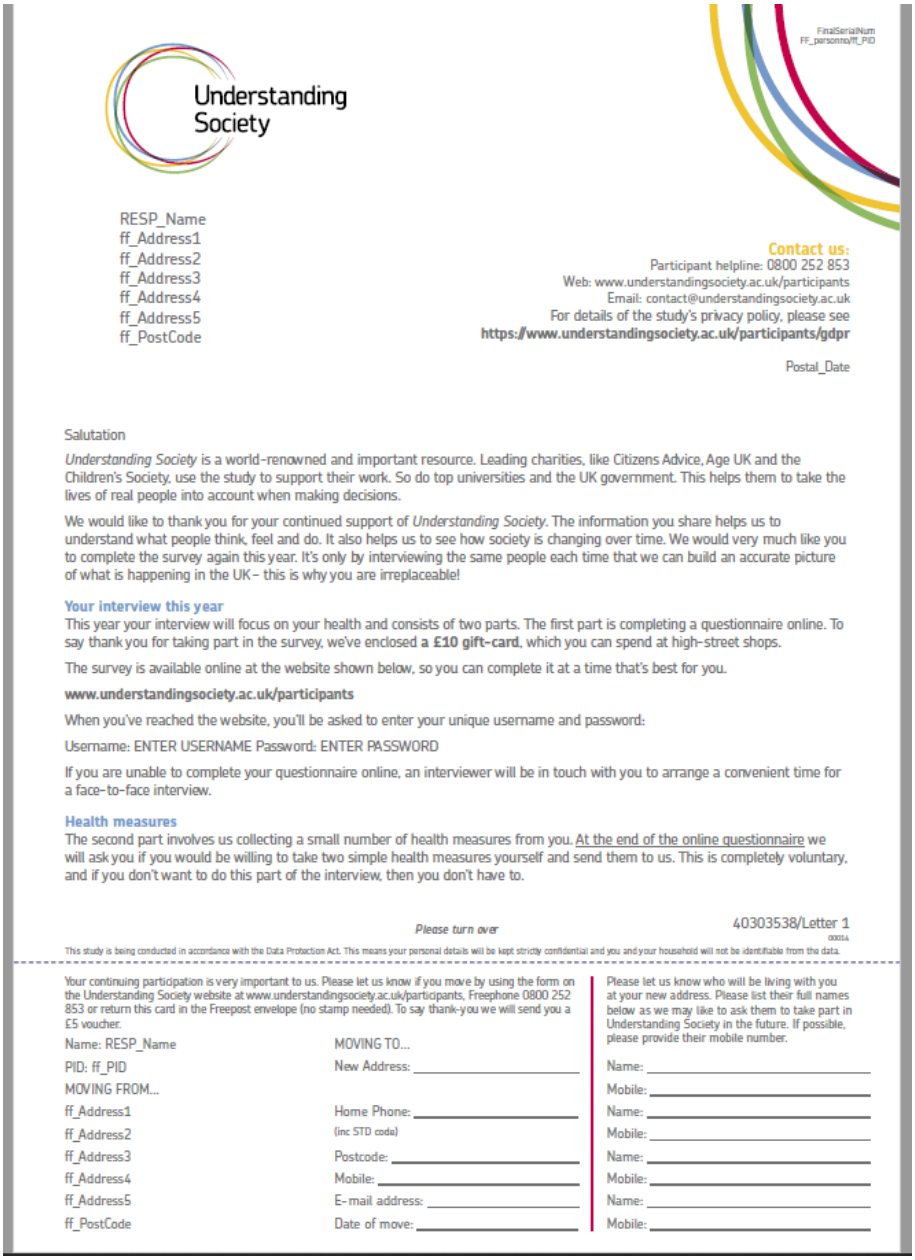
8.1 New entrants

Where a new entrant is identified by a household grid that is completed online, the office will send out an advance letter containing their login details.

If you identify a new entrant by completing a household grid face to face, please go ahead and conduct the interview in CAPI. If the new entrant insists they would prefer to complete the interview online you can provide them with a username and password from the AddInfo (note: this does not apply to the nurse cases). You will need to have completed the Household Grid and synchronised first. In these cases there will be a delay of one working day before the new entrant is able to log in, so it may be advantageous to encourage a CAPI interview.

An example of the advance letter is shown on the next page.

IP12 Advance letter example



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FinalSerialNum
FF_personno/ff_PID

RESP_Name
ff_Address1
ff_Address2
ff_Address3
ff_Address4
ff_Address5
ff_PostCode

Contact us:
Participant helpline: 0800 252 853
Web: www.understandingsociety.ac.uk/participants
Email: contact@understandingsociety.ac.uk
For details of the study's privacy policy, please see
https://www.understandingsociety.ac.uk/participants/gdpr

Postal_Date

Salutation

Understanding Society is a world-renowned and important resource. Leading charities, like Citizens Advice, Age UK and the Children's Society, use the study to support their work. So do top universities and the UK government. This helps them to take the lives of real people into account when making decisions.

We would like to thank you for your continued support of *Understanding Society*. The information you share helps us to understand what people think, feel and do. It also helps us to see how society is changing over time. We would very much like you to complete the survey again this year. It's only by interviewing the same people each time that we can build an accurate picture of what is happening in the UK – this is why you are irreplaceable!

Your interview this year

This year your interview will focus on your health and consists of two parts. The first part is completing a questionnaire online. To say thank you for taking part in the survey, we've enclosed **a £10 gift-card**, which you can spend at high-street shops.

The survey is available online at the website shown below, so you can complete it at a time that's best for you.

www.understandingsociety.ac.uk/participants

When you've reached the website, you'll be asked to enter your unique username and password:

Username: ENTER USERNAME Password: ENTER PASSWORD

If you are unable to complete your questionnaire online, an interviewer will be in touch with you to arrange a convenient time for a face-to-face interview.

Health measures

The second part involves us collecting a small number of health measures from you. At the end of the online questionnaire we will ask you if you would be willing to take two simple health measures yourself and send them to us. This is completely voluntary, and if you don't want to do this part of the interview, then you don't have to.

Please turn over

40303538/Letter 1
00014

This study is being conducted in accordance with the Data Protection Act. This means your personal details will be kept strictly confidential and you and your household will not be identifiable from the data.

Your continuing participation is very important to us. Please let us know if you move by using the form on the Understanding Society website at www.understandingsociety.ac.uk/participants, Freephone 0800 252 853 or return this card in the Freepost envelope (no stamp needed). To say thank-you we will send you a £5 voucher.

Name: RESP_Name
PID: ff_PID
MOVING FROM...
ff_Address1
ff_Address2
ff_Address3
ff_Address4
ff_Address5
ff_PostCode

MOVING TO...
New Address: _____
Home Phone: _____
(inc STD code)
Postcode: _____
Mobile: _____
E-mail address: _____
Date of move: _____

Please let us know who will be living with you at your new address. Please list their full names below as we may like to ask them to take part in Understanding Society in the future. If possible, please provide their mobile number.

Name: _____
Mobile: _____
Name: _____
Mobile: _____
Name: _____
Mobile: _____
Name: _____
Mobile: _____

Blood pressure

We would also like to ask you to have your own blood pressure measured before completing the online questionnaire. If you are able to do this, we will send you **an extra £5** to thank you for your time.

You can take the blood pressure measure at home, if you have the equipment available, or alternatively you can visit your local GP surgery, or a pharmacy where this service is offered for free.

When you obtain your blood pressure readings, please use the enclosed card to record the measures as well as where and when the readings were taken. We will then ask to report those readings to us during your interview.

If you cannot obtain your blood pressure readings (or if you are pregnant), we would still like you to take part in the interview.

Need to know more?

Call us free on 0800 252 853, email contact@understandingsociety.ac.uk or visit our website at www.understandingsociety.ac.uk/participants.

At the bottom of this letter is a change-of-address card. Please let us know if you change any of your contact details.

With many thanks,

Professor Michaela Benzeval – Director, *Understanding Society*
Institute for Social and Economic Research, University of Essex

To find out more about how *Understanding Society* data is used visit **www.understandingsociety.ac.uk/participants**

GDPR

This important social science study is managed by the Institute for Social and Economic Research (ISER) at the University of Essex. ISER is the data controller for the study. The fieldwork for the study is contracted to Kantar Public and NatCen Social Research, who act as the data processors. Your personal details are only used so that we can send you information on how the survey is being used by researchers, and so that we can send an interviewer to you if you don't want to complete the survey online. These details are never made available to researchers or to any other companies who might use them for marketing purposes. You have the right at any time to withdraw from the survey.

For more information about your rights under the General Data Protection Regulations (GDPR) please visit **https://www.understandingsociety.ac.uk/participants/gdpr**

Is the information I give confidential?

Yes. All the information you provide is confidential. To read more on our policy on confidentiality, please visit **https://www.understandingsociety.ac.uk/participants/data-confidentiality**

Understanding Society

Moving home?
Take us with you.

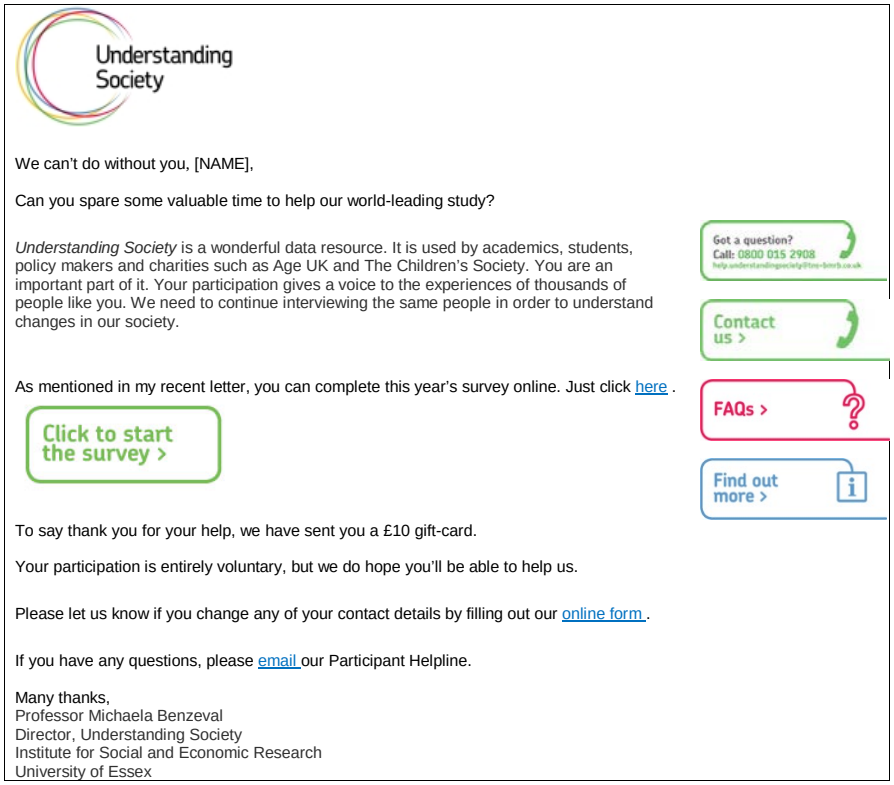
www.understandingsociety.ac.uk
contact@understandingsociety.ac.uk

FREEPOST RRXX-KEKJ-JGKS
Understanding Society, University of Essex
Wivenhoe Park, Colchester. CO4 3SQ

8.2 Advance emails

For the WEB-first sample members where email addresses are available we also send **tailored emails**. These contain a unique link that takes them straight into the questionnaire. This is an important advantage over typing in the Web address and then the username and password. It is another reason why it is **very important to prompt for email addresses and ensure that they are recorded correctly during the interview.**

An example of the email text is below:



Understanding Society

We can't do without you, [NAME],

Can you spare some valuable time to help our world-leading study?

Understanding Society is a wonderful data resource. It is used by academics, students, policy makers and charities such as Age UK and The Children's Society. You are an important part of it. Your participation gives a voice to the experiences of thousands of people like you. We need to continue interviewing the same people in order to understand changes in our society.

Got a question? Call: 0800 015 2908

Contact us >

FAQs >

Find out more >

As mentioned in my recent letter, you can complete this year's survey online. Just click here .

Click to start the survey >

To say thank you for your help, we have sent you a £10 gift-card.

Your participation is entirely voluntary, but we do hope you'll be able to help us.

Please let us know if you change any of your contact details by filling out our online form .

If you have any questions, please email our Participant Helpline.

Many thanks,
Professor Michaela Benzeval
Director, Understanding Society
Institute for Social and Economic Research
University of Essex

8.3 Additional items in the mailing

In addition to a letter, the advance mailing will include the following items:

- Incentive (£10, £20 or £30 gift card) for those in the unconditional incentive groups;
- Personalised Change of Address (COA) card (see core instructions);
- Freepost return envelope.

8.4 Reminder letters and emails

Respondents in the WEB-first group will be sent up to two reminder letters and emails periodically throughout the fieldwork period.

9. IP12 Incentives

For general information about administration of incentives please refer to core instructions.

9.1 Incentive amounts

Not all sample members at IP12 receive the same incentive amount. See Section 7.1.2 for more details on the Incentives experiment.

All members of a household are allocated to the same incentive group. That means that all members of a household should receive the same incentive amount. This includes re-joiners, new entrants and split-off households.

9.2 When to issue incentives

Most adults in the sample will receive their 'standard' incentive as part of their advance mailing. For others you will be required to hand out the incentive and will be provided with a supply of gift cards as part of your fieldwork kit. For IP12 there are some additional incentives for completing measurements and providing biological samples. Some of these will be handed out by you at the end of the interview, others will be sent to respondents once samples have been returned. Those who you will need to provide gift cards to include:

- **New entrants/re-joiners** will not have received an incentive in the advance mailing and you will be required to issue a £10, £20 or £30 gift card (depending on the household's incentive group). You will be prompted to hand out the incentive at the end of the CAPI script – this will also tell you the value of the incentive. Everyone in a household is in the same incentive group. Please note that incentives for new-entrants are always conditional so are only to be issued where they have completed an interview.
- Adults who have had their **blood pressure** measured in advance of the interview are given a £5 incentive. If these adults are also due to receive a conditional incentive, these will be added together and you will only be prompted to hand out one gift card for the total amount.
- **10-15 year olds** should be issued a £5 gift card when you give them the youth paper self-completion questionnaire.
- Those in conditional incentive groups (see SIS)

In addition, there may be some respondents who should have received an incentive in their advance mailing who say they did not receive it. In these cases you will need to code at the end of the interview that they did not receive their letter and you should then issue them a gift card. Please let the participant know that it will take around 2 working days for the card to be activated.

Whichever type of incentive the respondent is eligible for, the CAPI script will prompt you to hand out a gift card and will also tell you the amount of the incentive.

Please make sure that you accurately enter the gift card code into the CAPI script when prompted.

No incentives are offered for proxy interviews.

10. Contacting the household

General information about call patterns and contacting longitudinal households is in core instructions.

11. Introducing the study

Please refer to core instructions for more details.

For some frequently asked questions and answers, please consult the '*Understanding Society*: Information for Participants' leaflet and also refer to the 'Introduction' of these instructions for the background information on the study.

12. Who to interview

12.1 Eligible adults aged 16+

The CAPI script determines the eligibility of individuals once you have completed the Household Grid. Generally, you will be interviewing **everyone aged 16+ who is part of the household**; regardless of whether or not they have been interviewed previously i.e., they could be a new entrant to the household or a re-joiner.

Please refer to core instructions for more details.

12.2 Children aged 10-15

You will also give out **green** paper self-completion booklets to young people (aged 10-15).

Please refer to core instructions for more details.

For web interviews, a self-completion questionnaire will be posted out from the office for any eligible young people, once the household grid has been completed. Therefore, if you are visiting any partially complete web households, you may find that the youth questionnaire has already been received. Please carry spares just in case.

13. Movers and split households

You may find that, since the previous wave, some households have moved, and some households have split, i.e., not everyone in the household from the last wave lives together any longer.

Possible scenarios, and how to deal with them are in core instructions.

14. The Electronic Contact Sheet (ECS)

14.1 Introduction to the Electronic Contact Sheet

Please refer to core instructions for more details.

It is important that you record **every** contact made with an address on the ECS.

The information you record on the ECS needs to be sent back to us electronically **at the end of each working day**. You should also send back any audio files from completed interviews as instructed by your field manager (see Section 7.3 for further details on the audio recording experiment).

The addresses in your assignment are listed on the eReps grid.

To enter call details for an address you should click on the address line and press the 'Start Screener/Int' button. **You should always start the interview via screen 0 to complete the household grid before doing anything else**. If you receive a new telephone number in screen 0 (q14 as part of ECS), this will now be displayed in eReps. It can be found in additional info> newaddress2_Telephone for the individual concerned.

The household grid, household questionnaire and status summary screen are on screen 0.

Individual interviews are completed on screen 1 onwards (one screen per individual) with potential re-joiners appearing on screens 17 onwards.

14.2 Final outcome codes – main adult interview

A full list of IP12 outcome codes is in Section 21.

You must report a Final Outcome Code for each of the household serials that have been issued to you – whether or not you have actually achieved an interview.

A Final Outcome Code should only be completed after you have made ALL your calls at an address.

If you obtain an interview at the sample address the ECS should automatically populate a full/partial interview outcome in the eReps grid.

14.3 Interim codes

Please refer to core instructions for more details.

Every call at an address must be recorded with either an interim or a final outcome code depending on which is appropriate. **If an individual/household intends to complete online, this is an interim outcome.**

A full list of outcome codes is given in Section 21 below.

14.4 Observations at issued address

All questions in this section should be answered **before** making contact with the address and **not** changed once completed.

The following rules apply for completing observation questions:

- If the whole household is completed online before the start of CAPI fieldwork you will not need to complete the observation questions (these serial numbers won't be in your EReps).
- If the household is incomplete you will need to answer these questions as you will be visiting the household to complete interviews with any outstanding sample members.
- If the whole household refuses or completes online after the serial number appears on your EReps (but before you have visited the address) then you should only complete the observation questions if you are in the area (within a 5-minute walk/drive).

You should attempt to complete these questions for office refusals but do not make a special trip just to complete the observation questions for households you know you will not be doing any interviewing at.

15. Sample Information Sheet

For each household, a Sample Information Sheet has been provided to you which contains extra information that may prove helpful when contacting the household and planning the interview. You have been given one SIS for each address in your issued sample.

The SIS is based on the information from the sample member's last interview. However, as circumstances change, this information may be out of date by the time the case is issued to you.

You will receive one SIS for all households in your assignment including all web-first households. If these households subsequently complete the survey online before face-to-face fieldwork starts you will not need to contact them and they will not appear in your ereps grid.

The SIS is for your own use only; it should not be shown to the respondents or anyone else. If you choose to write any additional confidential information about respondents on to the SIS, please ensure you take great care with it.

Please note that no information on the refreshment sample will be available in the SIS; household information for this sample will be contained on the Assignment Sheet.

Once you have fully completed your assignment, all materials with sample information should be **confidentially** destroyed.

16. Tracing sample members

It's vital that we re-contact and interview as many sample members as possible. We will follow and attempt to interview any sample member who has moved except those who:

- Have left the UK (they may be eligible at a later date if they return);
- Are in prison;
- TSM only households.

We will also attempt to locate untraced movers from IP11.

Please refer to core instructions for more details.

You are expected to make reasonable attempts to contact and / or trace the sample members; this may require more than one visit. In general, if the household has moved to a new address within 15 miles of the original address, or is closer than that address to your own home you should attempt the interview at the new address (and be prepared to follow up further moves). You should check this with your Field co-ordinator / manager if you are unsure.

16.1 Split-off households

Please refer to core instructions for more details.

Suspected split-offs will be included in the original IP11 household (rather than being put in a separate household) and this will be indicated on Sample Information Sheet (SIS) under the 'Suspected split-off mover?' heading.

For suspected split households, you MUST visit the original household first and confirm that the sample member is no longer resident at the address.

17. The interview process

17.1 Overview of data collection instruments

Please refer to core instructions for more details.

17.2 Planning your work / tracking progress

If you have a large household you are very likely to have to make multiple trips to complete all interviews and to collect youth self-completions.

17.3 Proxy interviews

Please refer to core instructions for more details.

17.4 Recording contact details

It is hugely important that we obtain and maintain as much contact information as possible about the respondents. One of the biggest challenges for longitudinal studies is finding people who have moved since their last interview. The more information we can collect about how to contact them at this interview, the better chance we have of finding them in the future. We also know that people change their phone numbers and email addresses, so it is important to get as many contacts as possible for sample members.

Please refer to core instructions for more details.

17.5 Collecting details about respondents' occupations

The job description the sample member gave at the previous interview will be fed forward. Please confirm whether it is still correct and amend if it has changed. For new entrants to the household and all respondents in the longitudinal sample you will be required to record their job description as described below.

For *Understanding Society* there is a requirement to code the Standard Industrial Classification (SIC) and Standard Occupation Classification (SOC) to 4 digits rather than to the standard 2.
To code to 4 digits, the Operations team needs more detailed information.

Please refer to core instructions for more details.

17.6 Adult CASI

Adults will be asked to complete a CASI interview during their CAPI. Please refer to core instructions for more details.

17.7 Youth self-completions

Paper self-completions are only administered to young people (aged 10-15). The questionnaire is an A5 booklet with a **GREEN** cover. Please make sure you are using the right one, it should have **IP12** in the bottom right hand corner.

Please refer to core instructions for more details.

Incentive
There is an **unconditional** incentive of a £5 gift card for young people to complete the self-completion.

Please do make every effort to collect the self-completions in person, either when you return to the household to complete other appointments or if you are in the area (though you should not make a special visit just to collect the youth booklet).

17.8 Consent for linking to administrative records

At IP12, we are asking for the following consents for linking to administrative records:

- Consent to link to records held by the Department for Work and Pensions (DWP). These records include details of benefit claims and time spent on employment programmes.

These will not be asked at the pilot.

The CAPI script will prompt you if you need to ask for consents.

For the consent, the CAPI script will prompt you to give the respondent an information leaflet to read before giving consent. For DWP consent the

leaflet is called “Information on adding economic records” **Please ensure that you give the correct leaflet.**

Please refer to core instructions for more details.

17.8.1 The CAPI questionnaire

There are several components to the CAPI questionnaire, which are covered in detail in core instructions.

17.9 Household Grid and questionnaire

Please refer to core instructions for more details.

17.10 Feed forward information

Please refer to core instructions for more details.

17.11 Individual CAPI interviews

Please refer to core instructions for more details.

Some of the topic areas will only be asked of certain people such as those new to the household, re-joiners or those who have never been interviewed before. Section 22 lists all the questionnaire modules and the conditions under which they are asked.

It is important to note that some of the topic areas covered in CAPI are sensitive and should be treated accordingly. The areas that some sample members might find particularly sensitive are fertility (including pregnancy and child birth history questions), previous relationships, financial questions (such as savings and investments) and benefits. For these reasons, it is extremely important that wherever possible you interview the sample member alone and in private so they feel comfortable providing you with this information. It also helps to reassure them that the information they give you is confidential and no-one else will be seeing their answers.

Please familiarise yourself with the different types of **benefits** listed in the core instructions to be able to answer queries from respondents in the module ‘Unearned income and state benefits’.

Please note that '**winter fuel allowance / payment**' does not count as a type of benefit for *Understanding Society*, and does not have to be recorded here.

17.12 Unproductive and proxy interviews

Please refer to core instructions for details on proxy interviews.

The individual-level IP12 outcome codes can be found in Section 22.

18. Biological samples

IP12 will focus on different methods of collecting bio-measures and biological samples. The table below shows the samples that will be collected and how that will be done for each of the interview types that the sample has been split in to.

	Web	Interviewer led	Nurse led
Blood pressure	✓ Collected by respondent before interview	✓ Collected by respondent before interview and measured by interviewer	✓ Collected by respondent before interview and measured by nurse
Height and weight	✓ Self reported by participant	✓ Collected by interviewer	✓ Collected by nurse
Hair sample	✓ Kit posted	✓ Kit left by interviewer	✓ Collected by nurse
Dried blood spots	✓ Kit posted	✓ Kit left by interviewer	✓ Collected by nurse*
Blood sample			✓ Collected by nurse

*Sample taken by nurse and returned by participant once dry

18.1 Eligibility

All adults aged 16yrs+ will be asked to take part in all of the measurements / samples unless otherwise specified in the relevant protocol, (please see the exclusion criteria in the protocol documents). Children aged 10-15 years are only being asked to provide a hair sample, where consent is given by both child and parent / legal guardian.

18.2 Barcode labels

If the participant agrees to proceed with the biological samples, you will need a sheet of barcode labels. You will need to enter the serial number, which is at the top of the bio kit, into CAPI when prompted. You should attach barcode labels to the following:

- Biological consent form
- DBS card
- Hair sample bag
- Each of the 5 blood sample vacutainers (Nurse only)
- Dispatch note (Nurse only)

18.3 Consents

It is important when taking any bio measures or samples that we collect appropriate consent. For measures taken with children (hair sample) we need the parent or legal guardian's consent and the child's assent. Participants can consent to as few or as many of the measures for which they are eligible, they may choose to take part in some but not others. The table below shows the type of consent needed for each of the measures we are taking on IP12:

Sample	Interviewer	Nurse	Consent
Blood pressure	Collected	Collected	Verbal consent (in CAPI)
Height	Collected	Collected	Verbal consent (in CAPI)
Weight	Collected	Collected	Verbal consent (in CAPI)
Hair sample	Kit left	Collected	Verbal and written consent
Hair sample - youth	Kit left	Collected	Verbal from youth and verbal and written consent from parent/legal guardian
Dried blood spots	Kit left	Collected	Verbal and written consent

Use the following consent forms for each of the measures requiring written consent:

- Hair sample and Dried blood spot – Health IP Biological Samples Consent Form Interviewer Mode (Appendix A)
- Hair sample – Youth – Hair sample consent form for Children (Appendix B)

18.3.1 Biological samples consent form (NURSE ONLY)

If consent to any of the biological samples is given take the following steps:

- You should put the consent form barcode label on the biological samples consent form.
- Write down the PID from the screen onto the consent form.
- If any consents are given the participant should initial each of the statements 1 to 4 in the section 'CONSENT FOR SAMPLE COLLECTION AND BLOOD TESTS'.
- The participant should initial the samples they have consented to in section 'CONSENT FOR INDIVIDUAL SAMPLE COLLECTIONS'
- Both the participant and the interviewer/nurse should sign and date the form
- Once the form is complete, separate the carbonised sheet of the consent form and give to participant
- After the interview the top (office) copy of the form should be returned to ISER.

18.3.2 Youth hair sample consent form (NURSE ONLY)

If there is are any youths aged 10-15 years in the household and both the youth and parent/guardian give consent to a hair sample, you should take the following steps:

- Set up a barcode label for the youth as directed in CAPI
- You should put the consent form barcode label on the youth consent form.
- Write down the pid onto the consent form
- The form should be signed by the parent/legal guardian and the interviewer.
- Once the form is complete, separate the carbonised sheet of the consent form and give to participant
- After the interview the top (office) copy of the form should be returned to ISER.

18.4 Biological measures

Each of the measures you will be taking or introducing are described in detail in the IP12 Biomeasure protocol handbook. Please read the Protocol alongside these instructions.

At the start of the biomeasures section of the CAPI you will be prompted to enter the barcode serial number you are allocating to the participant from your labels sheet.

18.4.1 Blood pressure

Detailed instructions on the blood pressure measurement, including exclusions, equipment and procedures, can be found in the Biomeasures Protocol at Section 1. Please read alongside these instructions.

Blood pressure is measured to assess pressure on arterial walls through circulatory system (through Systolic, Diastolic and Pulse measures) this can be used to assess risk factor for Cardio Vascular Disease (CVD) and stroke.

You will be recording the blood pressure reading the participant had taken before the interview and then within the interview you will be taking and recording the following measures:

- 3 measurements of blood pressure and pulse
- Ambient air temperature

The CAPI script will guide you through the process for taking the blood pressure measurement. Details on the procedure can be found in Section 1.6 of the protocol document.

18.4.2 Considerably raised blood pressure

A blood pressure reading of systolic = 180 and over or diastolic = 110 is considered considerably raised and may indicate a person could be at risk of cardiovascular disease, for example a heart attack (when the blood supply to your heart is affected) or a stroke (when the blood supply to your brain is affected).

During the interview

The CAPI will flag to you if the participant has considerably raised blood pressure and you will ask the respondent if they are willing for their details to be passed on to the survey doctor for IP12.

If the participant is willing to have their details passed on to the survey doctor you will record the following details on the blood pressure card:

1. Date of interview
2. PID
3. Respondent Name
4. Respondent Address
5. Respondent Telephone Number
6. Respondent Age
7. Respondent Gender
8. First reading – Systolic and Diastolic readings
9. Second reading – Systolic and Diastolic readings
10. Third reading – Systolic and Diastolic readings

You can find this in appendix D.

Survey Doctor

After the interview – if a participant has agreed for their details to be passed to the survey doctor

- As soon as possible after the interview and within 24 hours, you should call the survey doctor, Dr Michael East on 07845 467 153. The survey doctor is available between 8.00am to 10.00pm, Monday – Sunday

- If the survey doctor is available, you should provide the doctor with all the details on the blood pressure card (along with your name and contact details).

- If the survey doctor is not available, you should leave a message stating your name, number and a convenient time to call back. You should not give details about the case on the answerphone message.

- If the survey doctor has not responded within 24 hours of leaving a message, you should call the NatCen Nurse Centre on 01277 - 690061 / 690135 to let them know about non-response from the survey doctor.

The survey doctor may then phone the participant to advise them to visit their GP within the next 5 days.

18.4.3 Height and Weight

Detailed instructions on how to collect height and weight and information on exclusions and equipment can be found in the Biomeasure Protocol in Sections 2 and 3.

Height and weight are both collected as indicators of nutritional and health status and together can be used to calculate Body Mass Index (BMI). This can then be used to predict the health of a population.

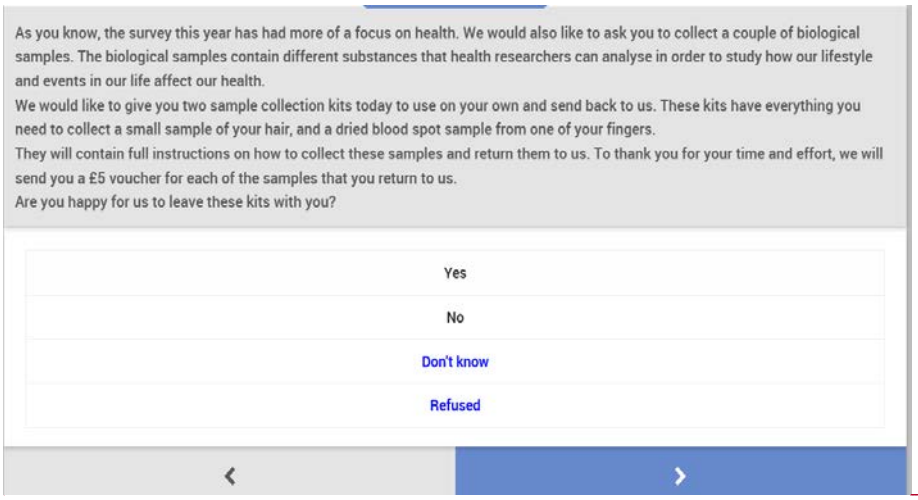
You will measure both height and weight following the protocols. You will record the result in the CAPI and also on to the BP measurement record card if the participant wishes a record of their measurements.

19. Biological samples – Interviewer only

After you have taken the bio-measures you will be asking the respondent if you can leave 2 kits for them to take biological samples themselves.

The sample we are asking them to collect are:

- Dried blood spots
- Hair sample



Commented [AH1]: Is this up to date text?

19.1 Hair samples

Hair samples will be analysed for a range of steroids including cortisol, cortisone and testosterone. Levels of these steroids can predict levels of stress on health and wellbeing for a population. The quality of the samples and the extent to which they are able to follow the instructions will be compared to those being collected in person by the nurses. Participants will not receive any feedback on their hair samples.

Participants are excluded from the hair sample if:

- Less than 2cms of hair length in the posterior vertex scalp area
- Pregnant
- Breastfeeding
- Have a current scalp condition rendering the hair sample soiled or at risk of transmission of a known/unknown blood borne virus (e.g. active bleeding or infection)
- Unable to sit with head remaining still (e.g. continual tremor, head shaking).

Interviewers will be leaving a hair sample kit for each participant aged 10yrs and over who has consented to take the sample and return it to ISER.

In the case of a child aged 10-15 years the parent or legal guardian will also need to provide verbal and written consent for the hair sample measure.

Note: If either the child or the parent/guardian does not wish to take part then consent cannot be gained.

The process for taking the hair is described in the instructions within the kit. In short, we are asking them to:

- Take a hair sample from the back of their head
- Carefully pack the hair sample following the instructions
- Return the kit

19.2 Dried blood spots (DBS)

Dried blood spots, from a finger prick sampling technique, are being collected as a potential alternative to nurses taking a full blood sample to measure various blood analytes. Levels of agreement and return of the samples will be looked at across the experimental groups. The quality of the samples will be compared to those being collected in person by the nurses. Participants will not receive any feedback on their DBS.

You will be placing a dried blood kit with each adult in the household who consents and is not excluded for any of the following reasons:

- They are pregnant
- They have ever had a fit or epilepsy
- They are taking blood thinners

You will introduce the kits, following the CAPI script, and then give the participant the dried blood spot leaflet giving enough time for them to read the leaflet and ask questions.

The process for taking the dried blood spot is described in the instructions within the kit. In short, we are asking the participant to:

- Prick their finger-tip with the lancet
- Drop 5 drops of blood onto the blood card
- Allow the samples to dry
- Return the kit including the lancet in the box provided

The kit contains everything the participant needs to do this including plasters.

19.3 Preparing the kits

If the participant agrees to take either of the kits you will complete the consent form as described in 18.4 and will prepare the kits in the following way:

Dried blood spots

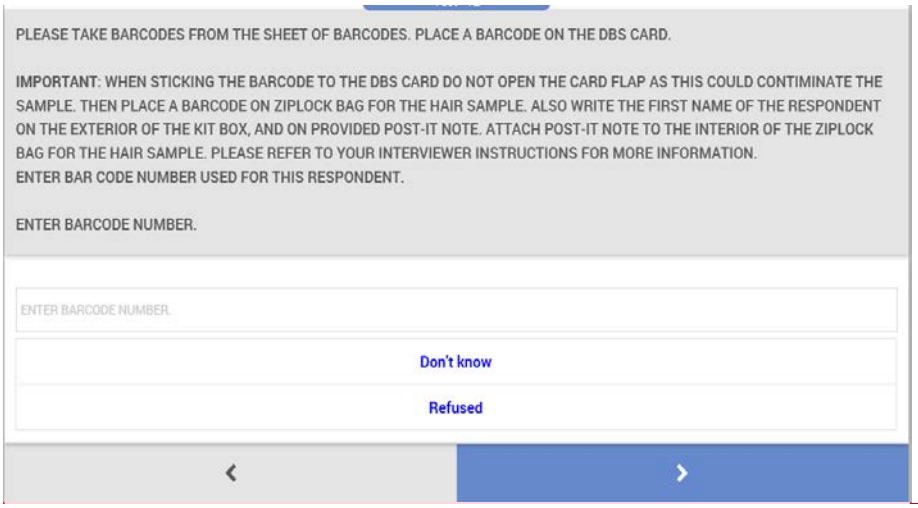
- Stick the bar code label to the dried blood spot card.

Note it is important that you do not open the card as this could contaminate the sample.

Hair sample

- Stick barcode label to zip lock bag
- Write the first name of participant on the outside of the kit box
- Write the first name of the participant on the post-it note and stick it inside the zip lock bag

You will then enter the barcode into the CAPI:



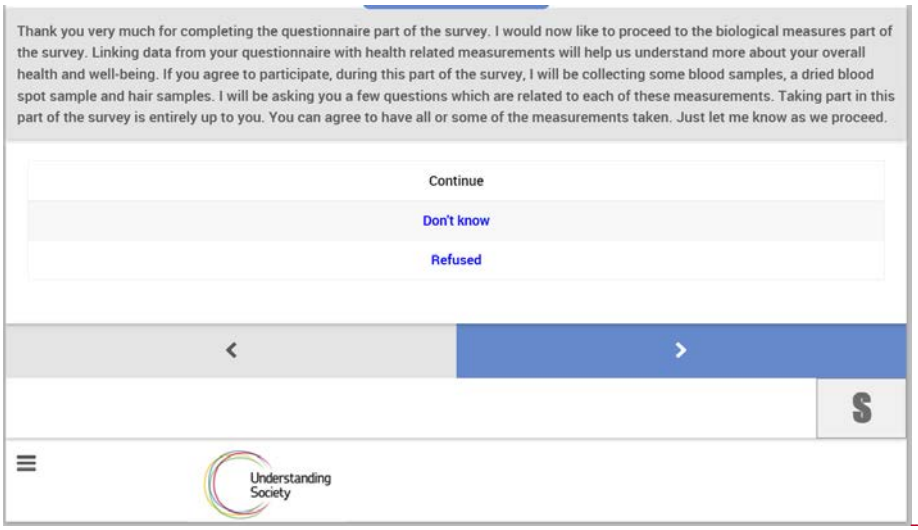
Commented [AH2]: Is this up to date script?

20. Biological samples – Nurse only

Detailed instructions on how to collect the biological samples can be found in the IP12 Biomeasure Protocol. Please read the protocol alongside these instructions as it contains detailed information about the procedures.

After you have taken the bio-measures you will be asking the respondent if you can take 3 further biological samples:

- Hair sample
- Dried blood spots
- Venous blood sample



Commented [AH3]: Is this script up to date?

20.1 Hair samples

Detailed instructions on how to collect the hair sample, including information on exclusions, equipment and returning the sample, can be found in the Biomeasure Protocol in Section 6.

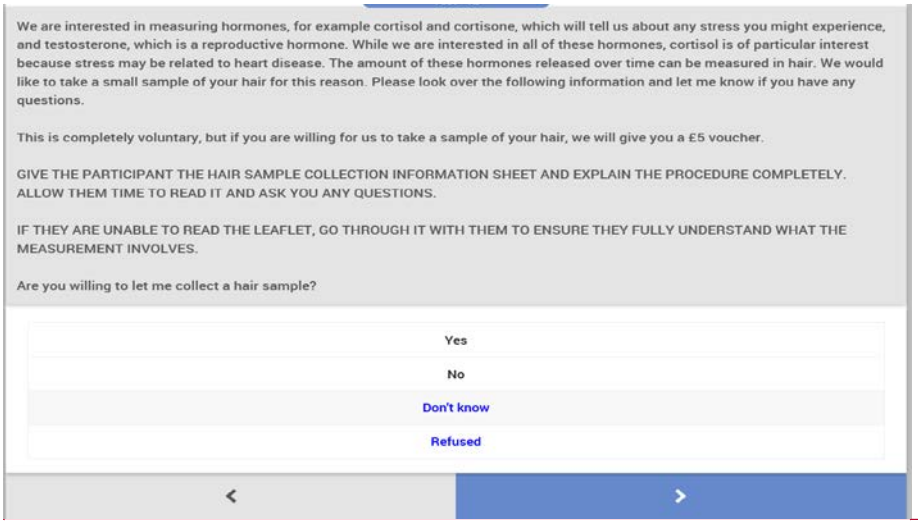
Hair samples will be analysed for a range of steroids including cortisol, cortisone and testosterone. Levels of these steroids can predict levels of stress on health and wellbeing for a population. The quality of the samples collected by nurses will be compared to the samples collected by participants. Participants will not receive any feedback on their hair samples.

Participants are excluded from the hair sample if:

- Less than 2cms of hair length in the posterior vertex scalp area
- Pregnant
- Breastfeeding
- Have a current scalp condition rendering the hair sample soiled or at risk of transmission of a known/unknown blood borne virus (e.g. active bleeding or infection)
- Unable to sit with head remaining still (e.g. continual tremor, head shaking).

You will take a hair sample for each participant aged 10 years and over who has consented to take the sample. In the case of a child aged 10-15 years the parent or legal guardian will also need to provide verbal and written consent for the hair sample measure.

Note: If either the child or the parent/guardian does not wish to take part then consent cannot be gained.



Commented [AH4]: Is this script up to date?

You will introduce the sample, following the CAPI script, and then give the participant the hair sample leaflet giving enough time for them to read the leaflet and ask questions.

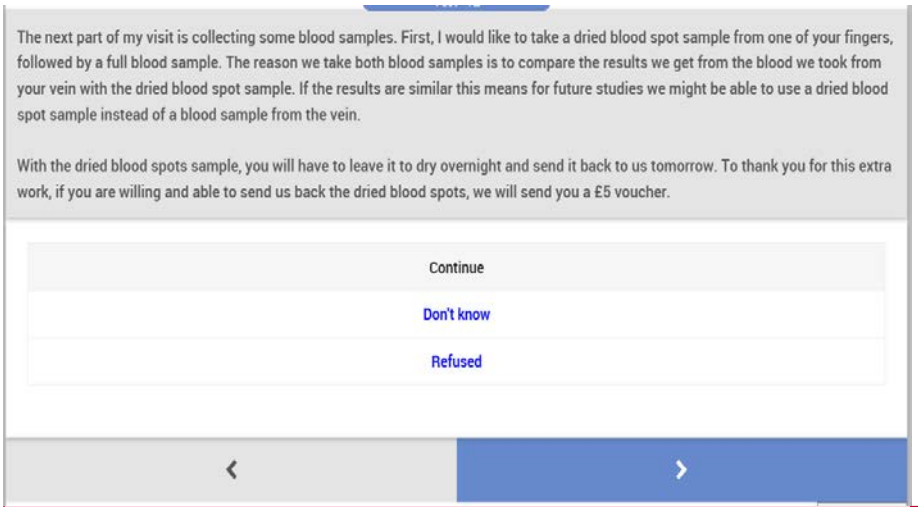
The detailed process for taking the hair is described in the survey protocol document. In short, you need to:

- Take a hair sample from the back of the head
- Carefully pack the hair sample following the instructions
- Return the kit

20.2 Blood samples

You will next introduce the blood samples and for consenting participants you will take two samples:

- Dried blood spots (DBS)
- Venous sample



Commented [AH5]: Is this script up to date

20.2.1 Dried blood spots (DBS)

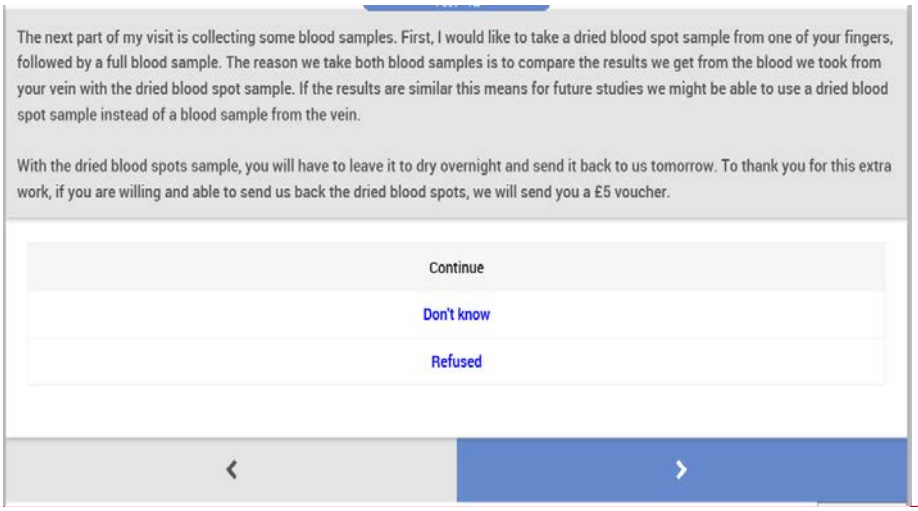
Detailed instructions on how to collect the dried blood spot sample can be found in Section 4 of the IP12 Biomeasure Protocol. The protocol includes information on exclusions, equipment and preparing the participant.

Dried blood spots, from a finger prick sampling technique, will be collected and sent for analysis and storage at a secure facility. Written consent must be obtained before proceeding with the blood spot sample as detailed in section 18.4.

You will be taking a sample for each adult in the household who consents and is not excluded for any of the following reasons:

- They are pregnant
- They have ever had a fit or epilepsy
- They are taking blood thinners

You will introduce the sample, following the CAPI script, and then give the participant the dried blood spot leaflet giving enough time for the respondent to read the leaflet and ask questions.

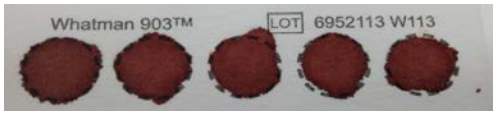


Commented [AH6]: Is this script up to date?

The process for taking the dried blood spot is described in full in the protocol document. In short, we are asking you to:

- Prick the participant's finger-tip with the lancet
- Drop 5 drops of blood onto the blood card
- Allow the samples to dry
- Dispose of the lancet in your sharps bin and ask the participant to dispose of the kit in their household waste
- The participant will return the kit to ISER once the sample has dried.

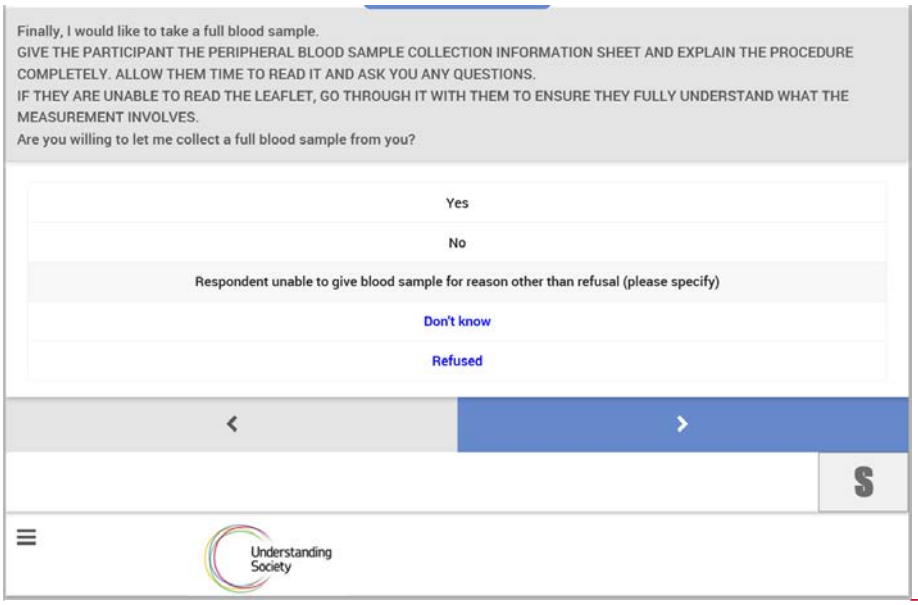
The table below shows examples of valid and invalid dried blood spots.

Valid usable dried blood spots ✓	Invalid dried blood spots ✗
	
	
	
	

20.2.2 Blood sample

Detailed instructions on how to collect the blood sample can be found in Section 3 of the IP12 Biomeasure Protocol. The protocol includes information on exclusions, equipment and preparing the participant.

Venous blood samples will be taken for all adults aged 16 years and over who consent to the sample.



Commented [AH7]: Is this script up to date?

Participants are excluded from the venous blood sample if:

- Pregnant
- Are on anticoagulants
- Have any clotting disorders
- Have ever had an epileptic fit
- Have had recent mastectomy with arm swelling
- Are on renal dialysis.

Barcode labels should be attached to the blood tubes and the dispatch note. The venous blood sample will be sent to the USOC lab at MRC Epidemiology Unit, Cambridge.

The **correct** order of the blood tubes are:

1 – 6ml Serum (Red) (with 5-6 inversions)

2 - 6ml Serum (Red) (with 5-6 inversions)

3 – 6ml Li Heparin (Green) (6ml with 8-10 inversions)

4 – 4ml EDTA K2 (Lavender) (with 8-10 inversions)

5 - 2ml EDTA K3 (Lavender) (with 8-10 inversions)

Please read the protocol for further details about how the blood sample obtained, labelled, packed and dispatched.

21. IP12 workpack

Your workpack will be sent in the post. It will include a kit list of how many copies of each document you should receive for working your assignment. If anything is missing or you need extra copies, contact your Field Co-ordinator / Manager.

22. Admin and return of work

22.1 Before you start work

You should read these instructions carefully and go through the practice questionnaire a few times to make sure that you are used to the interview process and the various instructions and so that you are also aware of the sort of questions that appear in the self-completion section.
Also ensure you are comfortable with the ECS and have made a number of 'practice calls' before you go out. Refer to the ECS Guidelines and contact the CAPI Helpline if you have any questions.

In addition, you should ensure that your computer batteries are fully charged. If you have a spare battery, then you should charge it up and take it along as well.

The **CAPI name** used for all functions (logging your ECS calls, completing the HH Grid and the HH Interview) **is UIP12.**

22.2 Connecting

You **MUST** get into a regular habit of connecting each day before you work on *Understanding Society* to receive any case detail updates. The office will telephone with any opt-outs or cancelled appointments.

You will also need to connect in order to pick up any split households or movers. The Status Summary Screen will also be updated overnight for any WEB completions.

22.3 Return of work

After each day's interviewing, you should complete your DAYREC and synchronise both your DAYREC and all your interviews overnight. It is essential that you send back your DAYREC along with your completed interviews in a timely fashion. **This applies to Kantar interviewers only.**

All NatCen interviewers and nurses should also synchronise your cases back to Kantar after each day's interviewing. You should also complete your TRIPs in the usual way.

All unused branded materials should be returned to the office – including all youth booklets (used/unused), consent leaflets, unused gift cards, the Sample Information Sheets and any other documentation.

22.4 Payment

Interviewers only: please refer to the Paychart in your workpack for details on pay.
Nurses: please refer to the Key Project Information sheet received at briefing.

If you have any queries about anything covered by these instructions please contact your Regional Team / Field Performance Manager - they should **always** be your first point of contact if you have any field issues and you should contact the CAPI Helpline if you have any technical issues.

23. Practice cases and Practice CAPI

You must complete several Practice Interviews before you start work.

The IP12 Practice Capi script is UIP12PR. ALL PRACTICE INTERVIEWS MUST BE CONDUCTED UNDER THIS CAPI NAME.

To conduct a Practice Interview,

- In your eRep Grid go to UIP12PR
- Select one of the test serials you have been assigned
- Click on START SCREENER INT (do not click on PRACTICE)

Complete AT LEAST 2 practice HHs with 2 16+ Individual interviews before beginning your assignment.

THIS MUST INCLUDE A NEW ENTRANT. The schools' lookup database will be read in the first time you complete an interview with a new entrant. This can take several minutes to load so we would like interviewers to do this as part of their practice interview.

Familiarise yourself with:

- ECS script for various scenarios
- Movers, refusals
- Individual interview
- Individual Interview for Rising 16 (16 year old Individual)
- Data linkage material
- Logging the administration of the Youth questionnaire
- Youth questionnaire content

The practice serials cover a range of household sizes, ages etc.

24. IP12 Outcome codes

Code	Description
18	HH OFFICE APPROVAL ONLY: Issued but not attempted
19	Other ineligible
20	HH Address inaccessible
21	HH Unable to locate address
24	HH Unknown if named HH members at address - Info refused
25	HH Unknown if named HH members at address - No Contact
26	HH Unknown if named HH members at address - OTHER REASON
27	HHunknown if eligible person due to language barrier
29	HH Contact made - Other Ineligible
40	HH No contact with anyone at address
41	HH Contact made but not with a responsible resident
50	HH Office refusal
51	HH Contact made. All info refused (1+ HH members at address)
52	HH Refusal before Grid interview (HH ELIGIBLE TO TAKE PART)
60	HH Contact made but no subsequent contact
63	HH Broken appointment - no recontact
64	HH Whole household - Ill at home during survey period
65	HH Household away or in hospital during survey period
66	HH Household physically or mentally unable/incompetent
67	HH Language difficulties with HH as a whole
69	HH Other unproductive
70	HH Completed HH & all eligible HH members
71	HH Completed HH & at least 1 individual interview
72	HH Completed HH Interview but no individual interviews
73	HH Completed HH Grid and at least 1 IV Int but no HH Int
74	HH Completed enumeration grid only
78	HH Interview - Data lost/corrupted. Int could not be redone
79	HH Interview - Household requested data to be deleted
81	HH Untraced-add unknown. No more tracing poss by TNS/client
82	HH Follow up address is in GB but is outside area
85	HH All respondents no longer eligible - died
86	HH All respondents no longer eligible - live outside UK
89	HH Untraced -no more tracing poss by int (office check done)
90	HH Follow up address is in NI or Scotland
96	HH CAWI not complete
110	INTERIM No contact at address (no selection done yet)
111	INTERIM - Contact made at address but need to call back
201	HH Household no longer eligible - TSM's only
202	HH Household no longer eligible - merged with another HH
203	HH Household has already completed the survey via CAWI (web)
204	HH Split created in error - office deletion
205	HH Office use only: Not issued to interviewer

206	HH Household no longer eligible - IVs died/abroad. No TSMs
210	HH Unproductive- no IV ints(IVs within HH- all unproductive)
300	HH No phone number provided for respondent
301	HH Always ringing. No voicemail or no response on pick up
302	HH Always busy/engaged line
303	HH Always fax/modem/data line/pager
304	HH Technical phone problems
305	HH Out of service or disconnected
306	HH Always answerphone/voicemail
542	IV No contact with adult sample member
543	IV Parental consent required for 16/17yr old- NC with parent
550	IV Office refusal
552	IV Refusal before interview
553	IV Proxy refusal
554	IV Parental consent required for 16/17yr old- parent refused
555	IV Refusal during interview
557	IV Issued adamant refuser - Interview not required
560	IV Contact made but no appointment made
563	IV Broken appointment - No recontact
564	IV Ill at home during survey period
565	IV Away or in hospital all survey period
566	IV Physically or mentally unable/incompetent
567	IV Language difficulties
569	IV Other unproductive
570	IV Full adult interview
571	IV Full proxy interview
575	IV Partial adult interview
576	IV Partial proxy interview
578	IV Interview - Data lost. Interview could not be redone
579	IV Interview - Respondent requested data to be deleted
581	IV Untraced-add unknown. No more tracing poss by TNS/client
582	IV Moved within GB but outside assignment area
585	IV Individual has died
586	IV Moved outside of UK
587	IV In prison
588	IV In armed forces accommodation or institution
589	IV Untraced- no more tracing poss by int (office check done)
590	IV Moved to NI or Scotland
597	IV TSM - all OSM/PSM moved out from HH (TSM not eligible for
598	IV TSM - Moved out separately from any OSM/PSM (no tracing)
599	IV MOVER - SPLIT OFF CREATED
601	IV Adult in non-contacted household
602	IV Adult in refusal household
603	IV Adult in other non-responding household

604	IV Unknown if Adult in household - no contact
605	IV Unknown if Adult in household - refusal
606	IV Unknown if Adult in household - other reason
611	IV Youth - Paper qnaire NOT placed/completed. NC with Youth
612	IV Youth-Paper qnaire NOT placed.NC with Parent(no consent)
613	IV Youth - Paper qnaire NOT placed/completed. Youth Refusal
614	IV Youth - Paper qnaire NOT placed/done. Parent Refusal
615	IV Youth - Paper qnaire NOT placed/completed. Proxy Refusal
616	IV Youth - Paper qnaire NOT placed/completed. OTHER REASON
617	IV Youth - Paper qnaire to be returned by Youth/HH
621	IV Child under 10 in non-contacted household
622	IV Child under 10 in refusal household
623	IV Child under 10 in other non-responding household
624	IV Unknown if Child under 10 in household - no contact
625	IV Unknown if Child under 10 in household - refusal
626	IV Unknown if Child under 10 in household - other reason
701	IV Youth in non-contacted household
702	IV Youth in refusal household
703	IV Youth in other non-responding household
704	IV Unknown if Youth in household - no contact
705	IV Unknown if Youth in household - refusal
706	IV Unknown if Youth in household - other reason
710	IV Full youth interview
720	IV Partial youth interview
750	IV Ineligible for interview - aged under 10
751	IV Ineligible for adult interview - aged under 16
800	HH Untraced - int completed tracing (office check pending)
801	HH INTERIM HH not at address. Int still trying to trace
802	HH INTERIM HH not at address. New address collected in area
803	HH Household intends to complete on the web
804	HH INTERIM Household Grid started. Not yet complete
805	HH INTERIM Househld Grid COMPLETE
806	HH INTERIM HH Int started but not complete (GRID Complete)
807	HH INTERIM Household Interview COMPLETE
808	HH INTERIM Lost interview. TO BE REDONE
809	HH INTERIM Contact made - conducting Individual interviewing
810	HH INTERIM No contact made with anyone (SCREENING NOT COMP)
811	HH INTERIM Contact made-int to call back SCREENING NOT COMP
812	HH INTERIM No contact made this call (HH GRID DONE)
813	HH INTERIM Contact made - call back (FTF) (HH GRID DONE)
814	HH INTERIM No contact- valid dial tone (HH tel) (NO HH GRID)
815	HH INTERIM Contact - to call back (TEL) (HH GRID NOT DONE)
816	HH INTERIM No contact-valid tone (HH tel) (HH GRID DONE)
817	HH INTERIM Contact made - call back (TEL) (HH GRID DONE)

818	HH INTERIM No contact - disconnected/no dial tone (HH tel)
819	HH INTERIM No contact with Stable Contact (SC FTF)
820	HH INTERIM No contact with Stable Contact (SC Tel)
821	HH INTERIM No contact with neighbour
822	HH INTERIM No contact with other (O tel)
823	HH INTERIM Contact with Stable Contact (SC FTF)
824	HH INTERIM Contact with Stable Contact (SC Tel)
825	HH INTERIM Contact with neighbour (Nbr FTF)
826	HH INTERIM Contact with other contact (O Tel)
827	HH INTERIM Letter posted for Stable Contact
828	HH INTERIM Letter posted for Other
829	HH INTERIM Stable Contact NOT available on this number/addre
830	HH INTERIM Obs to be recorded (Final HH & IV outcomes done)
831	HH INTERIM Office Refusal recorded for an INDIVIDUAL
835	HH INTERIM Appointment arranged (SCREENING NOT YET COMP)
839	HH Interim Able to code final outcome but still pursuing
840	HH INTERIM Min visits made
850	IV Untraced - int completed tracing (office check pending)
851	IV INTERIM Not at address. Int still trying to trace
852	IV INTERIM IV not at address. Collected new add in area
853	HH More than one dwelling unit at address - SPLIT REQUIRED
854	HH More than one HH at dwelling unit - SPLIT REQUIRED
858	IV INTERIM Lost interview. TO BE REDONE
860	IV INTERIM Parent consent 16/17yr old-consent yet to collect
861	IV INTERIM Youth - have consent but qnaire yet to be given
862	IV INTERIM Youth-Paper qnaire NOT yet given(no consent yet)
863	IV INTERIM Youth-Paper qnaire NOT yet given(consent given)
864	IV INTERIM Youth - Paper q'naire given but not yet collected
875	IV INTERIM IN PROGRESS Usable Partial Individual Interview
877	IV INTERIM Interview started but not yet complete
880	IV INTERIM Appointment arranged
883	IV Individual intends to complete on the web
900	Within area but I am unable to complete (CONTACT OFFICE)
901	IV NA - NO INDIVIDUAL ASSOCIATED WITH SCREEN (HH GRID DONE)
902	IV NA - NO HH GRID
907	HH CAWI FULLY completed via CAWI
960	IV Did not complete online
970	IV CAWI FULLY completed via CAWI

25. List of IP12 questionnaire modules

No.	Module description	Who gets asked the questions
1	Web login	ALL – CAWI only
2	Household enumeration	ALL - one person per HH
3	Deriving grid variables	ALL
4	Household questionnaire	ALL - one person per HH
5	Individual intro module	ALL
6	Request to record	ALL (if CAPI)
7	Demographics	ALL
8	Initial conditions	New entrant/never interviewed
9	Own first job	new entrant never interviewed (excluding rising 16 year olds) and current economic activity is not employed or self-employed
10	Educational aspirations	Full time student
11	Young adults	Young adults (aged 16-21)
12	Family background	proxy last wave, non-interviewed adult or new entrant never interviewed, excluding rising 16 year olds
13	Ethnicity and national identity	New entrant never interviewed
14	Religion	New entrant never interviewed or religion brought up in is missing or religion NI brought up in is missing
15	Annual event history	Interviewed at prior wave or has been interviewed previously
16	Self blood pressure	ALL
17	Disability	ALL
18	Health conditions	new entrant never interviewed
19	Health service use	ALL
20	Smoking	ALL
21	Exercise	ALL
22	Nutrition	ALL
23	Caring	ALL
24	Partnership history	new entrant never interviewed, excluding rising 16 year olds
25	Fertility history	new entrant never interviewed, excluding rising 16 year olds, and new entrants (incl refreshment sample) at IP11
26	Current employment	ALL
27	Employees	Employees
28	Self-employed	Self-employed
29	Job satisfaction	Employed

30	Non employment	Did no paid work in the last week and does not have a job
31	Mothers return to work	Female respondents
32	Second jobs	ALL
33	Childcare	All with children under 15
34	Unearned Income & State Benefits	ALL
35	Household finances	ALL
36	Height and weight	All CAPI respondents in the non-self-completion height and weight experimental group
37	CASI start	ALL where mode is face-to-face
38	CASI height and weight	All CAPI respondents in the self-completion height and weight experimental group
39	CASI mobile use	All with a mobile phone but not a smartphone
40	CASI: Satisfaction	Mode is face-to-face and has agreed to self-completion OR mode is web
41	CASI: Loneliness	Mode is face-to-face and has agreed to self-completion OR mode is telephone OR web
42	CASI: Young Adults	Mode is face-to-face and has agreed to self-completion OR mode is telephone OR web AND aged 16-21
43	CASI: SF12	Mode is face-to-face and has agreed to self-completion OR mode is telephone OR web
44	CASI: GHQ	Mode is face-to-face and has agreed to self-completion OR mode is telephone OR web
45	CASI: Child Development	Mode is face-to-face and has agreed to self-completion OR mode is web AND has at least one child aged 3, 5 or 8
46	CASI: Non resident relationships	Mode is face-to-face and has agreed to self-completion OR mode is telephone OR web AND experimental condition DKCOND has been applied
47	CASI: End	Mode is face-to-face
48	Consents DWP	ALL (not in pilot)
49	NHS consents	ALL (not in pilot)
50	Body mass consents	All where more is face-to-face
51	Blood pressure	All where more is face-to-face
52	Body mass	All where more is face-to-face
53	Respondent Contact Details	ALL
54	Stable Contact Details	ALL
55	Nurse intro	Nurse group only
56	Hair	Nurse group only
57	Bloods	Nurse group only
58	Debriefs	All where respondent completed dome biomeasures
59	Web kit intro	ALL – CAWI only
60	Interviewer kit intro	All where more is face-to-face with an interviewer (not nurses)

61	Survey doctor	All where respondent's blood pressure reading (taken during interview) was very high
62	Web End	Mode is web
63	End of interview	Mode if face-to-face
64	Interviewer observations	Mode is face-to-face OR telephone
65	Proxy	Proxy interviews only

26. AddInfo in the ECS

26.1 What is AddInfo

AddInfo is a table of data items that are used at various points within the questionnaire or for producing the SIS, advance letters or emails. Items with the prefix "ff_" are feed forward variables ie data items collected from the last wave of interviewing or updated between waves. These items form part of the sample information provided by the University of Essex. Other items are created by Kantar and are used by the Sampling and Field departments to allocate and manage fieldwork.

26.2 How to access the AddInfo?

- Open EReps and click on the Screen number you want to view the AddInfo for. In the row for "Selected Respondent" there is a button for "Open all Call History"
- Click on "Open all Call History". This brings up the Call History for that serial number. The AddInfo button is in the centre bottom.
- Click on "Additional info". Use the vertical scroll bar to see all variables.

To close the AddInfo screen:click the red button "x" in the top right.

26.3 Where can I find full names, DoB, telephone numbers and login details?

Many of the data items are used to populate fields within questions during the interview eg relationships and job description. Other useful items are those that show the full details for the items on the anonymised SIS eg:

Full name: *ff_forname, ff_surname*
DoB: *ff_birthd, ff_birthm, ff_birthy*
Telephone numbers (respondent)*:* *ff_rhland, ff_rphmob, ff_rphwrk, ff_homephon*
Telephone numbers (contact person)*:cttel, ff_ctte2*
Telephone numbers (movers)*:* *NewAddress2_Telephone, NewAddress3_Telephone, NewAddress4_Telephone,*
Useful information for re-contact: *ff_saadinf*
Date of individual interview at previous wave: *ff_intdate*
Username and password for WEB interviews: *UserName, Password*

For a complete list of all AddInfo variables please refer to the Understanding Society Core Instructions for 2019.

Appendix A: Hair sample and Dried blood spot – Health IP Biological Samples Consent Form

Version for feedback sample (identified by blue box)

F

SAMPLE COLLECTION CONSENT FORM

Please read this form and initial the individual statements and sign below if you give your consent to participate in the sample collection part of the Understanding Society Survey. Your participation is entirely voluntary and you can withdraw participation at any point. If you are happy to provide us with some samples and not others, please indicate this on the form below and let the nurse know.

Please place your INITIALS after each statement as appropriate.
You must enter your initials rather than ticking.

CONSENT FOR SAMPLE COLLECTION AND BLOOD TESTS	INITIAL
1. I confirm that I have read and understood the "Sample Collection" leaflet. I have had the opportunity to consider the information and ask questions and have had these answered satisfactorily.	
2. The purposes and risks associated with donating the samples have been explained to me and I understand the risks involved.	
3. I understand that my samples will be analysed by an external laboratory as described in the participant information sheet.	
4. I understand that my participation is voluntary and I am free to withdraw my consent without giving a reason.	

CONSENT FOR INDIVIDUAL SAMPLE COLLECTIONS	INITIAL
I agree to provide the following samples (individually consented below) for the purpose of the Understanding Society Survey.	
1. Venous blood sample.	
2. Finger-prick blood spot sample (Dried blood spot sample).	
3. Hair sample.	
4. I agree to my blood sample results for HDL, total cholesterol and HbA1c being returned to me. I understand that this is not a clinical diagnosis and is only an indication if my results are within the normal range.	

PARTICIPANT

.....	.....	.....
PRINT NAME	SIGNATURE	DATE

NURSE

.....	.....	.....
PRINT NAME	SIGNATURE	DATE

For office use only

Please fill in the 14 digit PID number

PLEASE STICK A BARCODE HERE

14a.Understanding Society Health IP_Consent Form_Nurse_v2
30 May 2019

Version for non-feedback sample (identified by red box)

N

SAMPLE COLLECTION CONSENT FORM

Please read this form and initial the individual statements and sign below if you give your consent to participate in the sample collection part of the Understanding Society Survey. Your participation is entirely voluntary and you can withdraw participation at any point. If you are happy to provide us with some samples and not others, please indicate this on the form below and let the nurse know.

Please place your INITIALS after each statement as appropriate.
You must enter your initials rather than ticking.

CONSENT FOR SAMPLE COLLECTION AND BLOOD TESTS	INITIAL
1. I confirm that I have read and understood the "Sample Collection" leaflet. I have had the opportunity to consider the information and ask questions and have had these answered satisfactorily.	
2. The purposes and risks associated with donating the samples have been explained to me and I understand the risks involved.	
3. I understand that my samples will be analysed by an external laboratory as described in the participant information sheet.	
4. I understand that my participation is voluntary and I am free to withdraw my consent without giving a reason.	

CONSENT FOR INDIVIDUAL SAMPLE COLLECTIONS	INITIAL
I agree to provide the following samples (individually consented below) for the purpose of the Understanding Society Survey.	
1. Venous blood sample.	
2. Finger-prick blood spot sample (Dried blood spot sample).	
3. Hair sample.	
4. I understand that I will not be given any feedback of my results.	

PARTICIPANT

.....	.....	.....
PRINT NAME	SIGNATURE	DATE

NURSE

.....	.....	.....
PRINT NAME	SIGNATURE	DATE

For office use only

Please fill in the 14 digit PID number

PLEASE STICK A BARCODE HERE

14b.Understanding Society Health IP_Consent Form_Nurse_v2
30 May 2019

Appendix B: Hair sample consent form for Children

COLLECTION OF HAIR SAMPLE – ASSENT FORM (Young person 10-15 years)

We need to know that you have agreed to give a hair sample to *Understanding Society*. By signing this form you are saying that you are happy to provide us with a hair sample. Please read this form carefully. You should talk about giving a hair sample with your parent or guardian before you sign this form.

You need to put your initials next to each statement and then sign your name at the bottom of the form.

	Young person	Initial here
1.	I have read the 'We would like to collect a small hair sample' information sheet.	
2.	I understand why *Understanding Society* want a sample of my hair.	
3.	I know that I don't have to give a hair sample and I can say that I don't want to take part at any time.	
4.	I understand that my samples will be analysed by an external laboratory as described in the participant information sheet.	

	Parent/guardian	Initial here
1.	I agree to my son/daughter providing a hair sample for the *Understanding Society* Health Innovation Panel Study.	
2.	I am his/her parent/guardian or have the parents' permission to give consent.	

I agree to provide a hair sample for the Understanding Society Health Innovation Panel Survey.

Young person

Your name	Your Signature	Date
……	……	……

Parent/guardian

Name	Signature	Date
……	……	……

Nurse

Name	Signature	Date
……	……	……

For office use only

Please fill in the 14 digit PID number

PLEASE STICK A BARCODE HERE

Appendix C: Blood Pressure Card

Card for recording your Blood Pressure (BP) readings

Date when the Blood Pressure was taken: _____

Time of the day when the Blood Pressure was taken (circle the correct option):

Morning / Afternoon / Night

Location of where the Blood Pressure was taken:

1. Venue specified in the letter.
2. Another venue, please give the address here: _____

_____

_____

_____

Blood Pressure readings:

Systolic BP (sys)	
Diastolic BP (dia)	
Pulse (pul)	

THANK YOU!

IP12 Showcards v1

Understanding Society
IP12
SHOW CARDS

40303538

Table of Contents

SHOWCARD 2A (Marstat)

1. Single and never married or never in a legally recognised Civil Partnership

2. Married

3. A Civil Partner in a legally recognised Civil Partnership

4. Separated but legally married

5. Divorced

6. Widowed

SHOWCARD 2B (R)

0. Self
1. Husband/Wife
2. Partner/Cohabitee
3. Civil Partner
4. Natural son/daughter
5. Adopted son/daughter
6. Foster child
7. Stepson/stepdaughter
8. Son-in-law/daughter-in-law
9. Natural parent
10. Adoptive parent
11. Foster parent
12. Step-parent
13. Parent-in-law
14. Natural brother/sister
15. Half-brother/sister
16. Step-brother/sister
17. Adopted brother/sister
18. Foster brother/sister
19. Brother/Sister-in-law
20. Grand-child
21. Grand-parent
22. Cousin
23. Aunt/Uncle
24. Niece/Nephew
25. Other relative
26. Employee
27. Employer
28. Lodger/Boarder/Tenant
29. Landlord/Landlady
30. Other non-relative

SHOWCARD 4A (DuelPay, ElecPay, GasPay)

1. A fixed amount each month by standing order

2. A monthly bill (by direct debit or other means)

3. A quarterly bill (by direct debit or other means)

9. An annual bill (by direct debit or other means)

4. A pre-payment (key/card or token) meter

5. It's included in the rent

6. Frequent cash payments (ie more frequent than once a month)

7. Fuel Direct scheme or direct from benefits

8. Staywarm scheme

97. Other

SHOWCARD 4B Hsctax (England)

1. BAND A: up to £40000
2. B: £40001 - 52000
3. C: £52001- 68000
4. D: £68001 - 88000
5. E: £88001 - 120000
6. F: £120001 - 160000
7. G: £160001 - 320000
8. H: £320001+
9. Household accommodation not valued separately/included in rent

SHOWCARD 4C (Scotland)

1. BAND A: up to £27000
2. B: £27001 - 35000
3. C: £35001 - 45000
4. D: £45001 - 58000
5. E: £58001 - 80000
6. F: £80001 - 106000
7. G: £106001 - 212000
8. H: £212001+
9. Household accommodation not valued separately/included in rent

SHOWCARD 4D Hsctax (Wales)

1. BAND A: up to £44000
2. B: £44001 - 65000
3. C: £65001 - 91000
4. D: £91001 - 123000
5. E: £123001 - 162000
6. F: £162001 - 223000
7. G: £223001 - 324000
8. H: £324001 - 424000
10. I: £424001+
9. Household accommodation not valued separately/included in rent

SHOWCARD 5A (Neintro)

Understanding Society and the GDPR

The Institute for Social and Economic Research at the University of Essex is the data controller for the study. The fieldwork for the study is contracted to Kantar Public and NatCen Social Research, who act as the data processors.

Since the Understanding Society study is funded by the Economic and Social Research Council (ESRC) and both the ESRC and the University of Essex are Public Bodies, we use Public Task as the lawful basis for processing this data. Data are not transferred outside the European Economic Area (EEA), to ensure that they are protected by the strong EEA data protection laws. Our compliance with all the relevant legislation, and our externally certified accreditation to the international ISO27001 standard, provide you with assurance that your data is secured and protected in the strongest possible manner.

Your personal details (name, address, telephone numbers, email addresses) are only used so that we can contact you during the year to send you information on how the survey is being used by researchers, and so that we can send an interviewer to you each year. These details are never made available to researchers or to any other companies who might use them for marketing purposes.

The answers you give us to the survey are securely transferred from Kantar Public to ISER, using an encrypted online portal. To preserve your anonymity, personal details (your name, date of birth, address) are removed from the survey data and held securely in an encrypted database to which only a small number of people have access. Your survey answers are put together with the answers from thousands of other participants and, in an anonymised format, are deposited with the UK Data Service and are made available to academic researchers who must register with the Data Service. There is no information on the data which can identify you.

Showcard continues over the page.

SHOWCARD 5A (Neintro)

The answers you give us to the survey are securely transferred from Kantar Public to ISER, using an encrypted online portal. To preserve your anonymity, personal details (your name, date of birth, address) are removed from the survey data and held securely in an encrypted database to which only a small number of people have access. Your survey answers are put together with the answers from thousands of other participants and, in an anonymised format, are deposited with the UK Data Service and are made available to academic researchers who must register with the Data Service. There is no information on the data which can identify you.

We do also ask you to give us the contact details of someone outside the household so that if you move house during the year and we're not able to contact you, we can send a letter to that person and ask them to contact you to let you know we would like to interview you. We only hold the contact details of this other person for that purpose – this is the only reason we would contact them.

You are under no statutory or contractual obligation to provide us with your personal data. You have the right at any time to withdraw from the survey. If you do this, you will no longer be contacted by us. Any survey responses you have given us in the past, and which have already been made available from the UK Data Service will remain, but no additional information about you will be deposited. Your contact details will no longer be used, but will be kept archived to ensure that we do not contact you again on the occasion that there is an additional sample added to the study, or we start a new study.

SHOWCARD 7A (Jbstat)

1. Self employed
2. In paid employment (full or part-time)
3. Unemployed
4. Retired
5. On maternity leave
6. Looking after family or home
7. Full-time student
8. Long-term sick or disabled
9. On a government training scheme
10. Unpaid worker in family business
11. Working in an apprenticeship

97. Doing something else

SHOWCARD 7B (Mlstat)

1. Single and never married or never in a legally recognised Civil Partnership

2. Married

3. A Civil Partner in a legally recognised Civil Partnership

4. Separated but legally married

5. Divorced

6. Widowed

SHOWCARD 7C (Neptuse)

1. Every day
2. Several times a week
3. Several times a month
4. Once a month
5. Less than once a month
6. Never use
7. No access at home, at work or elsewhere

SHOWCARD 8A (Qfhighoth)

1. PhD or equivalent doctoral level qualification
2. Masters or equivalent higher degree level
3. Postgraduate academic below-Masters level qualification (e.g. Certificate or Diploma)
4. Bachelors or equivalent first degree qualification
5. Post-secondary academic below-degree level qualification (up to 1 year)
6. Post-secondary academic below-degree level qualification (2 or more years)
7. Post-secondary vocational training (up to 1 year)
8. Post-secondary vocational training (2 and more
9. Completed secondary school
10. Completed primary school

96. None of the above

SHOWCARD 8B (Qfhigh)

1. University Higher Degree (e.g. MSc, PhD)

19. PGCE or equivalent

20. First degree level qualification (e.g. BA, BSc)

21. Foundation degree

3. Diploma in higher education

22. Teaching qualification for secondary/further education (excluding PGCE)

23. Teaching qualification for primary education (excluding PGCE)

5. Nursing or other medical qualification not yet mentioned

24. Access to Higher Education (HE) Diploma

6. A Level

11. Certificate of sixth year studies

25. Advanced Higher

26. Scottish Baccalaureate

7. Welsh Baccalaureate

8. International Baccalaureate

10. Higher Grade

9. AS Level

12. GCSE/O Level

13. CSE

14. Credit Standard Grade / Ordinary (O) Grade (National 5 / Intermediate 2)

17. General Standard Grade (National 4 / Intermediate 1)

18. Foundation Standard Grade (National 3 / Access 3)

15. Other school (inc. school leaving exam certificate or matriculation)

96. None of the above

SHOWCARD 8C (Qfvoc)

1. Youth training certificate
2. Key Skills
3. Basic skills
4. Entry level qualifications (Wales)
5. Modern apprenticeship/trade apprenticeship
6. RSA/OCR/Clerical and commercial qualifications (e.g. typing/shorthand/book-keeping/commerce)
7. City and Guilds Certificate
8. GNVQ/GSVQ

16. NVQ/SVQ

11. HNC/HND

12. ONC/OND

13. BTEC/BEC/TEC/EdExcel/LQL

14. SCOTVEC, SCOTEC or SCOTBEC

15. Other vocational, technical or professional qualification

96. None of the above

SHOWCARD 8D (Apprent)

1. Traditional apprenticeship

2. Intermediate/Level 2/Foundation Modern

3. Advanced/Level 3/Advanced Modern

4. Higher/Level 4 or 5

SHOWCARD 8E (Rsaocr)

1. RSA certificate (including Stage I, II and III) / OCR Level 1

2. Diploma / OCR Level 2

3. Advanced diploma or advanced certificate / OCR Level 3

4. Higher diploma / OCR Level 4

SHOWCARD 8F (Citygld)

1. Part 1 / Foundation

2. Part 2 / Craft / Intermediate

3. Part 3 / Advanced Craft / Final

4. Part 4 / Career Extension / Full Technological Certificate

SHOWCARD 8G (Gnsvq)

1. Foundation

2. Intermediate

3. Advanced

SHOWCARD 8H (Nsvq)

1. Level 1
2. Level 2
3. Level 3
4. Level 4
5. Level 5
6. Other NVQ/SVQ qualification

SHOWCARD 8I (Btec)

1. First certificate or general certificate (below level 2)

2. First diploma or general diploma (level 2)

3. National Certificate or National Diploma level (level 3)

4. Higher level (level 4 or higher)

SHOWCARD 8J (Scotvec)

1. Modules towards a National Certificate

2. First certificate or general certificate (below level 2)

3. First diploma or general diploma (level 2)

4. Full National Certificate (level 3)

5. Higher level (level 4)

SHOWCARD 10A (Lvschdo)

1. Get a full-time job
2. Stay at school or sixth-form college
3. Go to/stay in further education college
4. Go to university or higher education institution
5. Get a job and study (at the same time)
6. Get an apprenticeship
7. Do some other type of training

97. Do something else

SHOWCARD 10B (Ahvwell)

1. Very important

2. Important

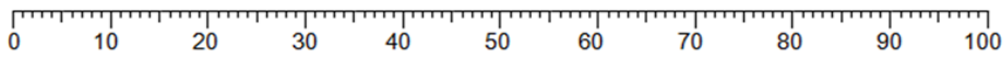
3. Not very important

4. Not at all important

SHOWCARD 11A (Ocimpa, Ocimb, Ocimpe, Ocimpf, Ocimpi,Ocimpk, Ocimpl)

1. Very important
2. Important
3. Not important
4. Not at all important

SHOWCARD 11B (Futra, Futrb, Futrc, Futrd, Futre, Futrf, Futrg, Futrh, Futri, Futrj, Futrk, Futrl)



No chance will happen

Totally likely to happen

SHOWCARD 13A (Natid)

1. English
2. Welsh
3. Scottish
4. Northern Irish
5. British
6. Irish

97. Other

SHOWCARD 13B (Racel)

White

1. British / English / Scottish / Welsh / Northern Irish
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background

Mixed

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other mixed background

Asian or Asian British

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background

Black / African / Caribbean / Black British

14. Caribbean
15. African
16. Any other Black background

Other Ethnic Group

17. Arab
97. Any other ethnic group

SHOWCARD 14A (Prayfreq)

1. Every day
2. More than once a week
3. Once a week
4. At least once a month
5. Only on special holy days
6. Less often
7. Never

SHOWCARD 15A (Lwwrong, Mstatch)

1. Single and never married or never in a legally recognised Civil Partnership

2. Married

3. A Civil Partner in a legally recognised Civil Partnership

4. Separated but legally married

5. Divorced

6. Widowed

SHOWCARD 15B (Pregft)

1. In vitro fertilisation treatment
2. Medication
3. Sperm donation
4. Egg donation
5. Artificial insemination
6. Other treatment

96. None of these

SHOWCARD 15C (Pregspd)

Was the donated sperm from your current spouse or partner?

1. Yes

2. No

SHOWCARD 15D (Pregout)

1. Live birth - normal delivery
2. Live birth - caesarean
3. Not live birth
4. Current pregnancy

SHOWCARD 15E (Pregend)

1. Miscarriage
2. Stillbirth
3. Termination
4. Ectopic or tubal

SHOWCARD 15F (Aedrof)

1. Every day
2. 5-6 times per week
3. 3-4 times per week
4. 1-2 times per week
5. 1-2 times per month
6. Less than once a month
7. Never

SHOWCARD 15G (Nbclmprb)

1. Very easy
2. Somewhat easy
3. About average
4. Somewhat difficult
5. Very difficult

SHOWCARD 15H (Nbfuss)

1. Most of the time
2. Quite a bit of the time
3. Some of the time
4. Not very often
5. Rarely if at all

SHOWCARD 15I (Nbrefeat, Nbnoapp)

1. Not true

2. Somewhat true

3. Certainly true

SHOWCARD 15J (Hcondever)

1. Asthma
2. Arthritis
3. Congestive heart failure
4. Coronary heart disease
5. Angina
6. Heart attack or myocardial infarction
7. Stroke
8. Emphysema
11. Chronic bronchitis
21. COPD (Chronic Obstructive Pulmonary Disease)
10. Hypothyroidism or an under-active thyroid

12. Any kind of liver condition
13. Cancer or malignancy
14. Diabetes
15. Epilepsy
16. High blood pressure/hypertension
22. An emotional, nervous or psychiatric problem
19. Multiple Sclerosis
20. H.I.V.
18. Other long standing/chronic condition, please specify
96. None of these

SHOWCARD 15K (Arthtypn)

1. Osteoarthritis
2. Rheumatoid arthritis
3. Other type of arthritis
4. More than one of the above
5. Don't know

SHOWCARD 15L (Cancertpyn (Women))

1. Bowel/colorectal
2. Lung
3. Breast
5. Liver
6. Skin cancer or melanoma
7. Other

SHOWCARD 15M (Cancertpyn (Men))

1. Bowel/colorectal
2. Lung
3. Breast
4. Prostate
5. Liver
6. Skin cancer or melanoma
7. Other

SHOWCARD 15N (Diabetestypn)

1. Type 1 diabetes
2. Type 2 diabetes
3. Gestational diabetes / during pregnancy
4. Other type of diabetes
5. More than one of the above
6. Don't know

SHOWCARD 15O (Mhealthtyp)

1. Anxiety
2. Depression
3. Psychosis or schizophrenia
4. Bipolar disorder or manic depression
5. An eating disorder
6. Post-traumatic stress disorder
7. Other

SHOWCARD 15P (Qualnew)

Higher Level Qualifications

1. University Higher Degree (e.g. MSc, PhD)
35. PGCE
36. First degree level qualification (e.g. BA, BSc)
37. Foundation degree
3. Diploma in higher education
38. Teaching qualification for secondary/further education (excluding PGCE)
39. Teaching qualification for primary education (excluding PGCE)
5. Nursing or other medical qualification not yet mentioned
6. Other higher degree
40. Access to Higher Education (HE) Diploma

School Level Qualifications

7. A Level
8. Welsh Baccalaureate
9. International Baccalaureate
10. AS Level
41. Scottish Baccalaureate
42. Advanced Higher
12. Higher Grade
13. GCSE
15. Credit Standard Grade (National 5 / Intermediate 2)
32. General Standard Grade (National 4 / Intermediate 1)
33. Foundation Standard Grade (National 3 / Access 3)
16. Other school (inc. school leaving exam certificate or matriculation)

Vocational and other qualifications

17. Youth training certificate
18. Key Skills
19. Basic skills
20. Entry level qualifications (Wales)
21. Modern apprenticeship/trade apprenticeship
22. RSA/OCR/Clerical and commercial qualifications (e.g. typing/shorthand/book-keeping/commerce)
23. City and Guilds Certificate
24. GNVQ/GSVQ
43. NVQ/SVQ
27. HNC/HND
28. ONC/OND
29. BTEC/BEC/TEC/EdExcel/LQL
30. SCOTVEC, SCOTEC, or SCOTBEC
31. Other vocational, technical or professional qualification

SHOWCARD 15Q (Napprent)

1. Intermediate/Level 2/Foundation Modern

2. Advanced/Level 3/Advanced Modern

3. Higher/Level 4 or 5

SHOWCARD 15R (Nrsaocr)

1. RSA certificate (including Stage I, II & III) / OCR Level 1

2. Diploma / OCR Level 2

3. Advanced diploma or advanced certificate / OCR Level 3

4. Higher diploma / OCR Level 4

SHOWCARD 15S (Ncitygld)

1. Part 1 / Foundation

2. Part 2 / Craft / Intermediate

3. Part 3 / Advanced Craft / Final

4. Part 4 / Career Extension / Full Technological Certificate

SHOWCARD 15T (Ngnsvq)

1. Foundation

2. Intermediate

3. Advanced

SHOWCARD 15U (Nnsvq)

1. Level 1
2. Level 2
3. Level 3
4. Level 4
5. Level 5
6. Other NVQ/SVQ qualification

SHOWCARD 15V (Nbtec)

1. First certificate or general certificate (below level 2)

2. First diploma or general diploma (level 2)

3. National Certificate or National Diploma level (level 3)

4. Higher level (level 4 or higher)

SHOWCARD 15W (Nscotvec)

1. Modules towards a National Certificate

2. First certificate or general certificate (below level 2)

3. First diploma or general diploma (level 2)

4. Full National Certificate (level 3)

5. Higher level (level 4)

SHOWCARD 15X (Trainpurp)

1. To help you get started in your job

2. To improve your skills in your current job

3. To maintain professional status and/or meet occupational standards

4. To prepare you for a job you might do in the future

5. To help you get a promotion

6. Health and Safety Training

7. For hobbies or leisure

SHOWCARD 15Y (Trqual)

Higher Level Qualifications

1. University Higher Degree (e.g. MSc, PhD)
35. PGCE
36. First degree level qualification (e.g. BA, BSc)
37. Foundation degree
3. Diploma in higher education
38. Teaching qualification for secondary/further education (excluding PGCE)
39. Teaching qualification for primary education (excluding PGCE)
5. Nursing or other medical qualification not yet mentioned
6. Other higher degree
40. Access to Higher Education (HE) Diploma

School Level Qualifications

7. A Level
8. Welsh Baccalaureate
9. International Baccalaureate
10. AS Level
41. Scottish Baccalaureate
42. Advanced Higher
12. Higher Grade
13. GCSE
15. Credit Standard Grade (National 5 / Intermediate 2)
32. General Standard Grade (National 4 / Intermediate 1)
33. Foundation Standard Grade (National 3 / Access 3)
16. Other school (inc. school leaving exam certificate or matriculation)

Vocational and other qualifications

17. Youth training certificate
18. Key Skills
19. Basic skills
20. Entry level qualifications (Wales)
21. Modern apprenticeship/trade apprenticeship
22. RSA/OCR/Clerical and commercial qualifications (e.g. typing/shorthand/book-keeping/commerce)
23. City and Guilds Certificate
24. GNVQ/GSVQ
43. NVQ/SVQ
27. HNC/HND
28. ONC/OND
29. BTEC/BEC/TEC/EdExcel/LQL
30. SCOTVEC, SCOTEC, or SCOTBEC
34. First Aid and other Health & Safety Certificates
31. Other vocational, technical or professional qualification

SHOWCARD 15Z (Trapprent)

1. Intermediate/Level 2/Foundation Modern

2. Advanced/Level 3/Advanced Modern

3. Higher/Level 4 or 5

SHOWCARD 15AA (Trrsaocr)

1. RSA certificate (including Stage I, II & III) / OCR Level 1

2. Diploma / OCR Level 2

3. Advanced diploma or advanced certificate / OCR Level 3

4. Higher diploma / OCR Level 4

SHOWCARD 15AB (Trcitygld)

1. Part 1 / Foundation

2. Part 2 / Craft / Intermediate

3. Part 3 / Advanced Craft / Final

4. Part 4 / Career Extension / Full Technological Certificate

SHOWCARD 15AC (Trgnsvq)

1. Foundation

2. Intermediate

3. Advanced

SHOWCARD 15AD (Trnsvql)

1. Level 1
2. Level 2
3. Level 3
4. Level 4
5. Level 5
6. Other NVQ/SVQ qualification

SHOWCARD 15AE (Trbtec)

1. First certificate or general certificate (below level 2)

2. First diploma or general diploma (level 2)

3. National Certificate or National Diploma level (level 3)

4. Higher level (level 4 or higher)

SHOWCARD 15AF (Trscotvec)

1. Modules towards a National Certificate

2. First certificate or general certificate (below level 2)

3. First diploma or general diploma (level 2)

4. Full National Certificate (level 3)

5. Higher level (level 4)

SHOWCARD 16A (Noslfbp (1))

1. Could not find location listed

2. Location listed did not have the equipment to take blood pressure

3. Could not find any location with the equipment needed

4. Did not have time

5. Did not want to

6. Recently had blood pressure taken elsewhere

97. Other, Please specify

SHOWCARD 16B (Noslfbp (2))

3. Could not find any location with the equipment needed

4. Did not have time

5. Did not want to

6. Recently had blood pressure taken elsewhere

97. Other, Please specify

SHOWCARD 17A (Disdif)

1. Mobility (moving around at home and walking)
2. Lifting, carrying or moving objects
3. Manual dexterity (using your hands to carry out everyday tasks)
4. Continence (bladder and bowel control)
5. Hearing (apart from using a standard hearing aid)
6. Sight (apart from wearing standard glasses)
7. Communication or speech problems
8. Memory or ability to concentrate, learn or understand
9. Recognising when you are in physical danger
10. Your physical co-ordination (e.g. balance)
11. Difficulties with own personal care (e.g. getting dressed, taking a bath or shower)
12. Other health problem or disability

96. None of these

SHOWCARD 18A (Hcond)

1. Asthma
2. Arthritis
3. Congestive heart failure
4. Coronary heart disease
5. Angina
6. Heart attack or myocardial infarction
7. Stroke
8. Emphysema
11. Chronic bronchitis
21. COPD (Chronic Obstructive Pulmonary Disease)
10. Hypothyroidism or an under-active thyroid

12. Any kind of liver condition
13. Cancer or malignancy
14. Diabetes
15. Epilepsy
16. High blood pressure/hypertension
22. An emotional, nervous or psychiatric problem
19. Multiple Sclerosis
20. H.I.V.
18. Other long standing/chronic condition, please specify
96. None of these

SHOWCARD 18B (Arthtyp)

1. Osteoarthritis
2. Rheumatoid arthritis
3. Other type of arthritis
4. More than one of the above
5. Don't know

SHOWCARD 18C (Cancertyp (Women))

1. Bowel/colorectal
2. Lung
3. Breast
5. Liver
6. Skin cancer or melanoma
7. Other

SHOWCARD 18D (Cancertyp (Men))

1. Bowel/colorectal
2. Lung
3. Breast
4. Prostate
5. Liver
6. Skin cancer or melanoma
7. Other

SHOWCARD 18E (Diabetestyp)

1. Type 1 diabetes
2. Type 2 diabetes
3. Gestational diabetes / during pregnancy
4. Other type of diabetes
5. More than one of the above
6. Don't know

SHOWCARD 18F (Mhealthtyp)

1. Anxiety
2. Depression
3. Psychosis or schizophrenia
4. Bipolar disorder or manic depression
5. An eating disorder
6. Post-traumatic stress disorder
7. Other

SHOWCARD 20A (Gvupreas)

1. Because of a health problem I have at present

2. Better for my health in general

3. To reduce the risk of getting smoking related illnesses

4. Because of the smoking ban in public places and at work

5. Family and friends want me to stop

6. Financial reasons (can't afford it)

7. Worried about the effect on my children

8. Worried about the effect on other family members

9. Something else

SHOWCARD 22A (Usdairy)

1. Whole milk
2. Semi-skimmed milk
3. Skimmed milk
4. Soya milk
5. Any other sort of milk

SHOWCARD 22B (Usbread)

1. White
2. Wholemeal
3. Granary or wholegrain
4. Other brown
5. Both brown and white
7. Other type of bread

SHOWCARD 22C (Wkfruit, Wkvege)

1. Never
2. 1 - 3 Days
3. 4 - 6 Days
4. Every day

SHOWCARD 27A (Jbsize)

1. 1 - 2
2. 3 - 9
3. 10 - 24
4. 25 - 49
5. 50 - 99
6. 100 - 199
7. 200 - 499
8. 500 - 999
9. 1000 or more
10. Don’t know but fewer than 25
11. Don't know but 25 or more

SHOWCARD 27B (Jbesectpub)

1. A public limited company

2. A nationalised industry/state corporation

3. Central government or civil service

4. Local government or council (including police, fire services and local authority controlled schools/colleges)

5. A university or other grant-funded education establishment (include opted-out schools)

6. A health authority or NHS trust

7. A charity, voluntary organisation or trust

8. The armed forces

9. Some other kind of organisation

SHOWCARD 27C (Wrktrav (non-NI), Wktravfar (non-NI))

1. Drive myself by car or van
2. Get a lift with someone from household
3. Get a lift with someone from outside the household
4. Motorcycle/moped/scooter
5. Taxi/minicab
6. Bus/coach
7. Train
8. Underground/Metro/Tram/Light railway
9. Cycle
10. Walk

97. Other

SHOWCARD 27D (Wrktrav (NI), Wrktravfar (NI))

1. Drive myself by car or van
2. Get a lift with someone from household
3. Get a lift with someone from outside the household
4. Motorcycle/moped/scooter
5. Taxi/minicab
6. Bus/coach
7. Train
9. Cycle
10. Walk
97. Other

SHOWCARD 28A (Jssize)

1. 1 - 2
2. 3 - 9
3. 10 - 24
4. 25 - 49
5. 50 - 99
6. 100 - 199
7. 200 - 499
8. 500 - 999
9. 1000 or more
10. Don't know but fewer than 25
11. Don't know but 25 or more

SHOWCARD 28B (Jsownsum)

Money from the work account:

- used for payments to yourself and any other personal spending

- used to pay domestic bills (including standing orders)

- transferred to a private account

- used for any other non-business use?

SHOWCARD 28C (Jswktrv (non-NI), Jswktrvfar (non-NI))

1. Drive myself by car or van
2. Get a lift with someone from household
3. Get a lift with someone from outside the household
4. Motorcycle/moped/scooter
5. Taxi/minicab
6. Bus/coach
7. Train
8. Underground/Metro/Tram/Light railway
9. Cycle
10. Walk

97. Other

SHOWCARD 28D (Jswktrv (NI), Jswktrvfar (NI))

1. Drive myself by car or van
2. Get a lift with someone from household
3. Get a lift with someone from outside the household
4. Motorcycle/moped/scooter
5. Taxi/minicab
6. Bus/coach
7. Train
9. Cycle
10. Walk
97. Other

SHOWCARD 29A (Jbstat)

7. Completely satisfied

6. Mostly satisfied

5. Somewhat satisfied

4. Neither satisfied nor dissatisfied

3. Somewhat dissatisfied

2. Mostly dissatisfied

1. Completely dissatisfied

SHOWCARD 30A (Jlsize)

1. 1 - 2
2. 3 - 9
3. 10 - 24
4. 25 - 49
5. 50 - 99
6. 100 - 199
7. 200 - 499
8. 500 - 999
9. 1000 or more
10. Don't know but fewer than 25
11. Don't know but 25 or more

SHOWCARD 31A (Mlrnot)

1. I prefer to look after my child(ren) myself
2. I cannot earn enough to pay for childcare
3. I cannot find suitable childcare
4. There are no jobs in the right place for me
5. There are no jobs with the right hours for me
6. There are no jobs available for me
7. I am in full-time education
8. I am on a training course
9. My family would lose benefits if I was earning
10. I am caring for an elderly or ill relative or friend
11. I cannot work because of poor health
12. I prefer not to work
13. My husband/partner disapproves

97. Some other reason

SHOWCARD 33A **(Wrkch2a, Wrkch2, Wrkch7, Mostuse)**

0. No types of childcare or nursery education used
1. Nursery school or nursery class
2. Special day school or nursery or unit for children with special educational needs
3. Day nursery or crèche
4. Playgroup or pre-school (including Welsh medium)
5. Childminder
6. Nanny or au pair or childcarer in the home
7. Baby-sitter who comes to your home
8. Breakfast club or After school club, on school / nursery school site
9. Breakfast club or After school club, not on school / nursery school site
10. Holiday club / scheme
11. My ex-husband / wife / partner / the child's non resident parent
12. The child's grandparent(s)
13. The child's older brother / sister
14. Another relative
15. A friend or neighbour
16. Other nursery education provider
17. Other childcare provider

SHOWCARD 34A (Benbase)

1. Income Support
2. Job Seeker's Allowance
3. Child Benefit
4. Universal Credit

96. None of these

SHOWCARD 34B (Benpen)

1. NI Pension or State Retirement (Old Age) Pension

2. A pension from a previous employer

3. A pension from a spouse's previous employer

4. Pension Credit including Guarantee Credit & Savings Credit

5. Private Pension or Annuity

6. Widow's or War Widow's Pension

7. Widowed Mother's Allowance, Parent's Allowance or Bereavement Allowance

8. War Disablement Pension

96. None of these

SHOWCARD 34C (Bendis)

1. Incapacity Benefit

2. Employment and Support Allowance

3. Severe Disablement Allowance

4. Carer's Allowance

5. Disability Living Allowance

12. Personal Independence Payments

7. Attendance Allowance

8. Industrial Injury Disablement Benefit

10. Sickness and Accident Insurance

97. Any other disability related benefit or payment

96. None of these

SHOWCARD 34D (Othben (ENG, SCO, WAL & Benbase = 4))

INTERVIEWER: Please use this showcard if respondent is resident in England, Scotland or Wales AND receives Universal Credit

1. Foster Allowance
2. Maternity Allowance
3. In-Work Credit for Lone Parents
4. Return to Work Credit
6. Council Tax reduction

97. Any other state benefit or credit

96. None of these

SHOWCARD 34E (Othben (ENG/SCO/WAL & Benbase <> 4))

INTERVIEWER: Please use this showcard if respondent is resident in England, Scotland or Wales and does not receive Universal Credit

1. Foster Allowance
2. Maternity Allowance
3. In-work Credit for Lone Parents
4. Return to Work Credit
5. Working Tax Credit
6. Council Tax Reduction
8. Housing Benefit

97. Any other state benefit or credit

96. None of these

SHOWCARD 34F Othben (NI & Benbase = 4)

INTERVIEWER: Please use this showcard if respondent is resident in Northern Ireland AND receives Universal Credit

1. Foster Allowance
2. Maternity Allowance
3. In-Work Credit for Lone Parents
4. Return to Work Credit
7. Rate Rebate
97. Any other state benefit or credit
96. None of these

SHOWCARD 34G Othben (NI & Benbase <> 4)

INTERVIEWER: Please use this showcard if respondent is resident in Northern Ireland and does not receive Universal Credit

1. Foster Allowance
2. Maternity Allowance
3. In-Work Credit for Lone Parents
4. Return to Work Credit
5. Working Tax Credit
7. Rate Rebate
9. Rent Rebate
97. Any other state benefit or credit
96. None of these

SHOWCARD 34H (Bensta)

2. Education Grant other than a Student Loan or Tuition Fee Loan

3. Trade Union or Friendly Society Payment

4. Maintenance or Alimony

5. Payments from a family member not living with you

6. Rent from Boarders or Lodgers (not family members) living here with you

7. Rent from any other property even if that only covers that property's mortgage or running costs

97. Or any other regular payment

96. None of these

SHOWCARD 56A (Debslfbp, Debbp, Debbm, Debhair, Debdbs, Debfb)

1. Very Unlikely
2. Somewhat Unlikely
3. Neither Unlikely nor Likely
4. Somewhat Likely
5. Very Likely

SHOWCARD 63A (Jbstat)

1. Self employed
2. In paid employment (full or part-time)
3. Unemployed
4. Retired
5. On maternity leave
6. Looking after family or home
7. Full-time student
8. Long-term sick or disabled
9. On a government training scheme
10. Unpaid worker in family business
11. Working in an apprenticeship

97. Doing something else

SHOWCARD 63B (Qfhigh)

1. University Higher Degree (e.g. MSc, PhD)
2. First degree level qualification including foundation degrees, graduate membership of a professional Institute, PGCE
3. Diploma in higher education
4. Teaching qualification (excluding PGCE)
5. Nursing or other medical qualification not yet mentioned
6. A Level

16. Advanced Higher / Scottish Baccalaureate

7. Welsh Baccalaureate
8. International Baccalaureate
9. AS Level
10. Higher Grade
11. Certificate of sixth year studies
12. GCSE/O Level
13. CSE
14. Credit Standard Grade / Ordinary (O) Grade (National 5 / Intermediate 2)

17. General Standard Grade (National 4 / Intermediate 1)

18. Foundation Standard Grade (National 3 / Access 3)

15. Other school (inc. school leaving exam certificate or matriculation)

96. None of the above

SHOWCARD 63C (Qfvoc)

1. Youth training certificate
2. Key Skills
3. Basic skills
4. Entry level qualifications (Wales)
5. Modern apprenticeship / trade apprenticeship
6. RSA / OCR / Clerical and commercial qualifications (e.g. typing/shorthand/book-keeping/commerce)
7. City and Guilds Certificate
8. GNVQ / GSVQ
9. NVQ / SVQ - Level 1 - 2
10. NVQ / SVQ - Level 3 - 5
11. HNC / HND
12. ONC / OND
13. BTEC / BEC / TEC / EdExcel / LQL
14. SCOTVEC, SCOTEC or SCOTBEC
15. Other vocational, technical or professional qualification

96. None of the above

SHOWCARD 63D (Disdif)

1. Mobility (moving around at home and walking)
2. Lifting, carrying or moving objects
3. Manual dexterity (using their hands to carry out everyday tasks)
4. Continence (bladder and bowel control)
5. Hearing (apart from using a standard hearing aid)
6. Sight (apart from wearing standard glasses)
7. Communication or speech problems
8. Memory or ability to concentrate, learn or understand
9. Recognising when they are in physical danger
10. Their physical co-ordination (e.g. balance)
11. Difficulties with own personal care (e.g. getting dressed, taking a bath or shower)
12. Other health problem or disability

96. None of these

SHOWCARD 63E (Jbsize)

1. 1 - 2
2. 3 - 9
3. 10 - 24
4. 25 - 49
5. 50 - 99
6. 100 - 199
7. 200 - 499
8. 500 - 999
9. 1000 or more
10. Don't know but fewer than 25
11. Don't know but 25 or more

SHOWCARD 63F (Prearn (Week and Annual))

WEEKLY	ANNUAL
0. NO INCOME AT ALL	0. NO INCOME AT ALL
1. up to £69	1. up to £3,599
2. £70 - £129	2. £3,600 - £6,599
3. £130 - £189	3. £6,600 - £9,599
4. £190 - £249	4. £9,600 - £12,599
5. £250 - £309	5. £12,600 - £15,599
6. £310 - £379	6. £15,600 - £19,199
7. £380 - £479	7. £19,200 - £23,999
8. £480 - £599	8. £24,000 - £29,999
9. £600 - £719	9. £30,000 - £35,999
10. £720 - £859	10. £36,000 - £42,999
11. £860 - £999	11. £43,000 - £49,999
12. £1000 - £1499	12. £50,000 - £74,999
13. £1500 or more	13. £75,000 or more

SHOWCARD 63G (Pbnft)

1. NI Retirement / State Retirement (old age) Pension
2. Pension from previous employer(s)
13. Universal Credit
3. Disability Living Allowance
14. Personal Independence Payments
15. Attendance Allowance
4. Job Seekers Allowance (Unemployment) and/or Income Support
5. Employment and Support Allowance
6. Child Benefit
7. Working Tax Credit (formerly Working Family Tax Credit and Disabled Person's Tax Credit)
8. Housing Benefit / Rent Rebate
9. Incapacity Benefit (Replaces Invalidity and NI Sickness Benefit)
10. Any other state benefit
11. Child Tax Credit
12. Pension Credit
96. None of these

SHOWCARD 63H (Prfitb (Week & Annual))

WEEKLY	ANNUAL
0. NO INCOME AT ALL	0. NO INCOME AT ALL
1. up to £69	1. up to £3,599
2. £70 - £129	2. £3,600 - £6,599
3. £130 - £189	3. £6,600 - £9,599
4. £190 - £249	4. £9,600 - £12,599
5. £250 - £309	5. £12,600 - £15,599
6. £310 - £379	6. £15,600 - £19,199
7. £380 - £479	7. £19,200 - £23,999
8. £480 - £599	8. £24,000 - £29,999
9. £600 - £719	9. £30,000 - £35,999
10. £720 - £859	10. £36,000 - £42,999
11. £860 - £999	11. £43,000 - £49,999
12. £1000 - £1499	12. £50,000 - £74,999
13. £1500 or more	13. £75,000 or more

KANTAR USOC MRS leaflet March 2019

KANTAR PUBLIC=

This Understanding Society interview was conducted by:

Interviewer Name: _____

Interviewer No: _____

Date: _____

Kantar Public are conducting this project as an 'MRS Company Partner', which can be verified by calling the MRS Freephone on 0800 975 9596.

What is the Market Research Society?

The Market Research Society (MRS) is the professional body for market researchers. The MRS Code of Conduct regulates all market research activity in the UK, in compliance with Data Protection and Human Rights legislation.

Under the MRS Code of Conduct, you have the right:

- To know the purpose of the interview
- To know who is interviewing you: Interviewers always carry the MRS personal identification card to identify themselves, this gives the interviewer's name, photograph and organisation
- To end the interview at any point
- To know that any personal information provided will only be used for the purposes about which you have been told

The information that is collected is strictly controlled and used only for research purposes, so you can be assured that taking part in our interview will not result in any subsequent sales or promotional activities by third parties.

For more information on the Market Research Society, contact:

The Standards Manager, Market Research Society, 15 Northburgh Street, London EC1V 0JR Telephone: 020 7490 4911 email: codeline@mrs.org.uk or visit website www.mrs.org.uk

Kantar is compliant with the following standards and legislation:
The Data Protection Act 2018, The Market Research Society (MRS) Code of Conduct, ISO 20252, ISO 9001 and ISO 27001

Returning your Blood spots booklet

Returning your dried blood spots

Thank you for agreeing to provide a blood spot sample. This leaflet provides some easy steps to follow for how to return the sample safely to us.

Understanding Society

58.Understanding Society Health IP_DBS Return Protocol_Nurse_v1
3 June 2019

Preparing the dried blood spot card and sample collection kit for postage

1 Leave your dried blood spot card open. Prop up the card using the upper flap (as shown in the image) and leave it to dry in the air for at least 4 hours (but no more than 24 hours).

2 When the blood spots are dried completely, they will have a uniform brownish colour with no red areas. If the blood spots are not dried sufficiently, we will not be able to use the sample.

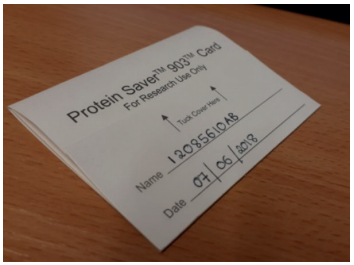
a. Suitable places may include a bedside table or a shelf so that no one else could reach it.

b. Please make sure the blood spot card is not placed close to open windows or where it would be blown off easily.

c. Please make sure the dried blood spot card is not exposed to direct sunlight and is not placed close to a radiator or in your airing cupboard.

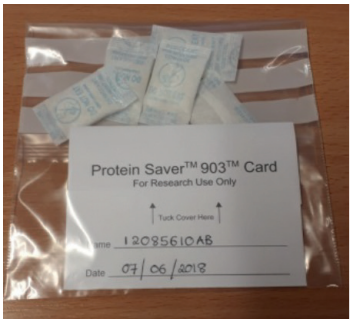
d. Please do not wrap the dried blood spot card with tissue or paper

3 Once the dried blood spot card is completely dried, fold the cover down as shown on the card.



4 Place the card along with desiccant packs in the plastic bag provided and make sure this bag is sealed well.

5 Place the bag in the box provided. Ensure that the box is shut and use the security seal provided.



6 Put the box in the pre-addressed/pre-paid plastic envelope provided and send it back to the University of Essex.

Please DO NOT write your name or address on the sample card or on the kit. The barcode and other identification numbers will let us know who the sample is from.
Thank you.

Understanding Society Health IP Biomeasure Protocols for Interviewers and Nurses v2

Understanding Society Innovation Panel Wave 12 – the Health IP

Biomeasure Protocols for Interviewers and Nurses

Note that these will be split up into annexes for the specific project instructions for issuing to nurses and interviewers on this Study.

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1. Blood Pressure Measurement

1.1. Introduction

Blood pressure is the exertion that the blood applies to the arterial walls as it is pumped through the circulatory system by the heart. Having a high blood pressure is a contributory risk factor for cardiovascular disease and stroke. The exact cause of high blood pressure is not completely known; however some factors known to affect blood pressure are smoking, family history, physical fitness and diet. It is important that we examine blood pressure using a standard method to see the distribution of blood pressure measurements across the population. This is vital for monitoring change over time.

1.2. Exclusion criteria

Participants are excluded from the blood pressure measure if they are:

- Aged 15 years and below
- Pregnant

If a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings in CAPI.

1.3. Consent

The appropriate form must be signed and dated by the participant.

1.4. Equipment

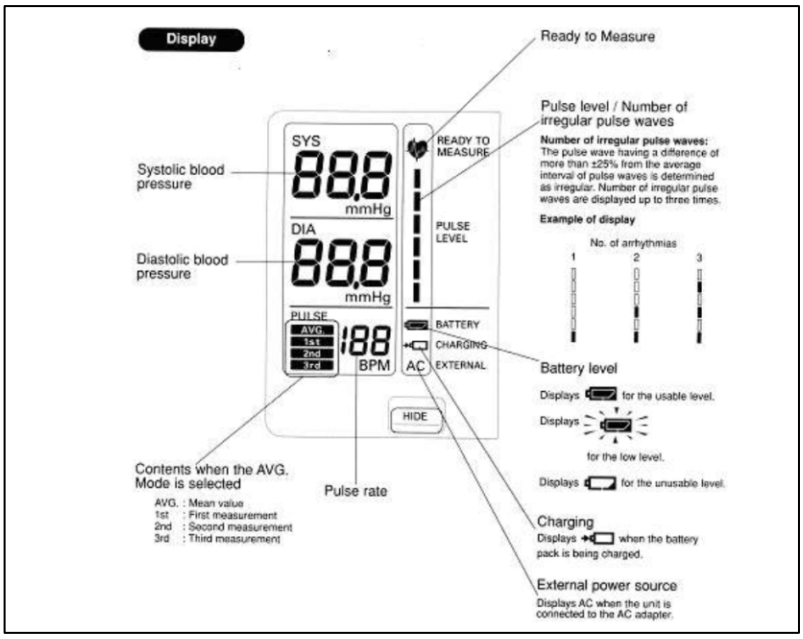
You will need:

- An Omron HEM 907 blood pressure monitor
- Child/ small adult cuff (17-22 cm)
- Standard adult cuff (22-32 cm)
- Large adult cuff (32-42 cm)
- An AC adapter (for putting Monitor on charge at home)

Please note you will not get all of the cuff sizes in some of the studies, this is dependent on the sample involved in the individual surveys. You should also ensure that the monitor surfaces are cleaned periodically with antibacterial wipes to reduce risks of cross infection and to ensure the cuffs are also cleaned with wipes. Should cuffs become soiled or damaged then the Equipment Unit at Brentwood should be informed for a new set to be sent out to you. The soiled set should be disposed of in your household waste route.

1.4.1. Using the Omron HEM 907

Figure 1: The Omron HEM 907 monitor



1. Switch the monitor on by pressing the ON/OFF button. Wait for the READY TO MEASURE symbol to light, indicating the monitor is ready to start the measurement (approximately 2 seconds).
2. Check that the MODE selector is set to AVG (average) and P-SET Volume (pressure setting) is set to auto.
3. Press the start button to begin the measurement. The cuff will start to inflate and take the first measurement. When the first measurement is complete, the LCD screen will show the systolic pressure, diastolic pressure and pulse rate. It will continue to do this at one minute intervals.
4. Press the ON/OFF button to turn it off.
5. If at any stage while you are taking the measurement you need to stop the monitor, press STOP and start the procedure again, as described in section 3.6.

1.4.2. Charging the battery

The Omron HEM 907 is equipped with a rechargeable battery, which is usable for approximately 300 measurements when fully charged.

When the battery symbol in the BATTERY display starts to flash there are 20-30 measurements left, you need to charge the battery soon. When a light battery symbol appears in the BATTERY display the battery needs to be put on charge immediately.

To recharge the battery: Connect the monitor to the mains. A battery symbol will appear in the CHARGING display when the battery is charging. When ready to use the symbol will disappear. A dark battery symbol in the BATTERY display indicates that the battery is charged and the machine is usable. The battery can be charged in approximately 12 hours. Connect the AC adapter to the DC jack of the main unit and the electric outlet.

NOTE: when the AC adapter is connected and the unit is turned off, the AC adapter charges the installed rechargeable battery. The Omron 907 is NOT designed to work off the mains adaptor, it should be run off the battery power pack. The mains adaptor should ONLY be used to charge the battery pack.

Figure 2: Charging the battery

1.4.3. Technical faults/error readings

Refer to table 1 when error readings appear on the LCD screen.

Table 1: Troubleshooting for the Omron HEM 907

Error Number	Action
Er1, Er2	• Check that the tube connecting the cuff to the monitor is properly inserted and is not bent • Check that the cuff is properly wrapped around the arm • Repeat the measure
Er3	• Check that the tube connecting the cuff to the monitor is not bent • Repeat the measure
Er4	• Ask the participant to sit as still as possible • Repeat the measure • If it persists, it may be because the participant has very high blood pressure • Reset the P-SET Volume to 260 and repeat the measure.
Er5, Er6	• Check that the cuff is properly wrapped around the arm • Repeat the measure
Er7, Er8	• Ask the participant to sit as still as possible • Repeat the measure • If it persists, it may be because the participant's pulse is irregular, record that it wasn't possible and explain that this sometimes happens.
Er9	• Technical fault – Contact Brentwood and report that fault

1.5. Preparing the participant

The instruction to 'not to eat, smoke, drink alcohol or participate in vigorous exercise 30 minutes before the nurse visit' would have been given by the nurse/interviewer at the time of making the appointment. During the interview, the participant will be asked if they have eaten, smoked, drunk alcohol or participated in vigorous exercise 30 minutes before the interviewer/ nurse visit as this can cause blood pressure to be higher than normal. Before the procedure ask to see if they have carried out any of these activities and note their response in CAPI. Select the right arm unless this is impossible. Ask the participant to remove outer garment (e.g. jumper, cardigan, jacket) and expose their upper right arm by rolling up their sleeve. If the sleeve constricts the arm, restricting the circulation of blood, ask the participant if they would mind taking their arm out of the sleeve for the measurement.

1.5.1. Selecting the correct cuff

Adults

Do **not** measure the upper arm circumference to determine which cuff size to use. Instead, choose the correct cuff size based on the acceptable range which is marked on the inside of the cuff. You will note that there is some overlap between the cuffs. If the participant falls within this overlap range then use the **standard** cuff where possible.

1.6. Procedure

1. Check that the monitor is working.
2. Use the right arm, unless this is impossible. If the left arm is used, record this in CAPI.
3. Get the participant to sit in a comfortable chair with a suitable support so that the **right arm** is resting at a level to bring the antecubital fossa (elbow) to approximately heart level. They should be seated in a comfortable position with legs uncrossed and feet flat on the floor.
4. Wrap the correct sized cuff round the upper **right arm** and check that the index line falls within the range lines. Do not put the cuff on too tightly as bruising may occur on inflation. Ideally it should be possible to insert two fingers between the cuff and the arm.
5. Locate the brachial pulse just medial to the biceps tendon and position the arrow on the cuff over the brachial artery. The lower edge should be about 1-2 cm above the cubital fossa (elbow crease).
6. Explain to the participant that you need them to sit quietly for five minutes and that during that time they cannot eat, drink or smoke.
7. During this 'quiet time' follow the procedure for taking ambient air temperature and just before taking the blood pressure reading, make a note of the air temperature.
8. After five minutes explain that you are starting the measurement, also explain that the cuff will inflate three times and each time they will feel some pressure on their arm. Ask them to relax, be seated in the position detailed in step 3 and not to speak until the measurement has been completed, as it may affect their reading.
9. Press start on the Omron HEM 907 to start the measurement. When the first measurement is complete it will be displayed on the LCD screen. Record this.
10. The unit will produce readings at one minute intervals thereafter; record the next two so you have three sets of readings in total. To check the readings press the 'Deflation' button. It is important that the three readings are recorded as the first reading is usually higher, and thus less accurate, than the other two readings as the participant may be feeling nervous.
11. Press ON/OFF on the Omron to switch the unit off and remove the cuff from the participant's arm.
12. If the participant wishes, you should record details of their readings on the measurement record card.

1.7. Participant feedback

When answering queries about a participant's blood pressure it is very important to remember that it is NOT the purpose of the survey to provide participants with medical advice, nor are you in a position to do so as you do not have the participant's full medical history.

What you may say in each situation has been agreed with the Survey Doctor and CAPI will instruct you to read out the appropriate interpretations of the participant's results. It is very important that the agreed script in the CAPI is read word for word and that personal interpretation is never offered.

The participant feedback protocol should be strictly followed. It is very important that as little anxiety as possible is caused, but at the same time we have a duty to advise people to see their GP if the measurements indicate that blood pressure is raised.

As stated previously we have a duty to inform people that they need to see their GP if their blood pressure is high. It is important that the instructions below are carefully read and guidelines always followed precisely.

The computer tells you which readings your advice should be based on. This will be based on the **lowest** systolic and **lowest** diastolic reading from the last two readings. This will usually, but not always, be from the same reading. For example, occasionally it may be the systolic from the second reading and the diastolic from the third reading. Furthermore if the lowest systolic reading falls in one category and the lowest diastolic reading falls in another category, the higher of the two categories will be used to trigger the advice to participants. For example the lowest systolic reading is 138 (normal) and the lowest diastolic is 96 (mildly raised) then the advice given will be based on a mildly raised reading. If the first reading is higher than the other two it should be explained that the first reading can be high because people are nervous of having their pressure taken.

Definitions of raised blood pressure differ slightly. The Survey Doctor has recommended the blood pressure ratings given below based on the most recent guidelines from the British Hypertension Society. It is important that you adhere to these definitions, so that all participants are treated in an identical manner. These are shown in table 2.

Table 2: Definition of blood pressure ratings

Adults Only

SURVEY DEFINITION OF BLOOD PRESSURE RATINGS

For men and women aged 16+

Rating	**Systolic**		**Diastolic**
Normal	<140	and	<90
Mildly raised	140-159	or	90-99
Raised	160-179	or	100-109
Considerably raised	180 or more	or	110 or more

Points to make to a participant about their blood pressure (given on screen):

Normal:

'Your blood pressure is normal.'

Mildly raised:

'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 months to have a further blood pressure reading to see whether this is a one-off finding or not.'

Raised:

'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 weeks to have a further blood pressure reading to see whether this is a one-off finding or not.'

Considerably raised:

'Your blood pressure is high today.'

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

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

(For all of the above points, you can also advise the participant to see their practice nurse, if this is who they would typically see in relation to their blood pressure.)

Note: If the participant is elderly and has considerably raised blood pressure, amend your advice so that they are advised to contact their GP within the next week or so about this reading. This is because in many cases the GP will be well aware of their high blood pressure and we do not want to worry the participant unduly. In the meantime, contact the Survey Doctor following the interview.

1.8. Action to be taken by the nurse after the visit

If you need to contact the Survey Doctor, unless there is a hypertensive crisis, do not do this from the participant's home - you may cause unnecessary distress.

Table 3 summarises what action to take based on the readings you have obtained for a participant. For this purpose you should only take into account the last two of the three readings you take, as the first reading is prone to error.

Table 3: Nurse action due to blood pressure readings

Blood Pressure	**Action**
Normal/mildly raised/raised BP Systolic less than 180 mmHg and Diastolic less than 110 mmHg	No further action necessary If you feel that the circumstances demand further action, inform the Survey Doctor.
Considerably raised BP Systolic at or greater than 180 mmHg or Diastolic at or greater than 110 mmHg	Contact the Survey Doctor at the earliest opportunity. If the participant has any symptoms of a hypertensive crisis** contact the survey doctor immediately or call an ambulance. The Survey Doctor must be informed as soon as possible.

* You must still contact the Survey Doctor even if participants tell you that their GP knows about their raised BP.

** A hypertensive crisis is an extremely rare complication of high blood pressure. Its signs and symptoms include diastolic bp > 135 mmHg, headache, confusion, sleepiness, stupor, visual loss, seizures, coma, cardiac failure, oliguria, nausea & vomiting.

The survey doctor will look at all high or unusual readings when reported by a fieldworker and/or from data received in the office. If the reading is high, then the Survey Doctor will contact the participant directly.

Contact details for your Survey Doctor can be found in the project instructions. The Survey Doctor is generally available from 8.00-22.00 Monday to Sunday. Calls outside these hours are either unnecessary or an emergency, in which case, the survey doctor is unlikely to be in a position to do anything practical and you should be using your professional judgement whether to call an ambulance or seek other urgent advice.

2. Height Measurement

2.1. Introduction

The height measurement is a measure of anthropometry, which provides information on the size and proportions of the human body. When taken in conjunction with other anthropometric measures it is an indicator of, and can predict the nutritional status, performance, health and survival of a population and can thus be used to determine public health policies. Moreover, height is often used as an indicator of people's quality of life. This is based on evidence that final height is a combination of genetic and environmental factors, where a taller population is indicative of a better quality of life due to access to health services and nutrition.

2.2. Exclusion criteria

Participants are excluded from the height measurement if:

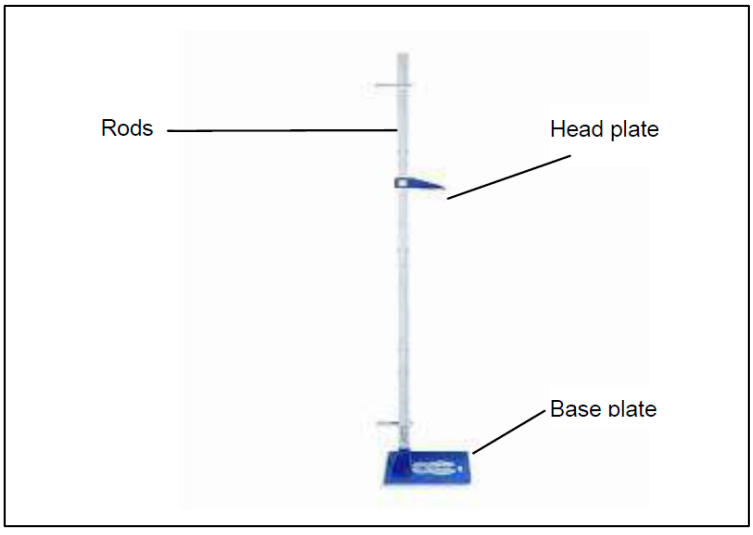
- They are pregnant
- They are too stooped to obtain a reliable measurement
- After a discussion with the participant it becomes clear that that they are too unsteady on their feet
- They are chair bound or in a wheelchair
- If the participant finds it painful to stand or sit up straight

2.3. Equipment

You will need:

- A portable stadiometer (see figure 3 below) (base plate, upright rods, head plate and stabilisers)
- A Frankfort Plane card
- Antibacterial wipes

Figure 3: The Stadiometer



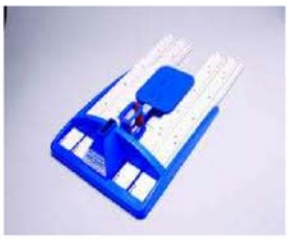
2.3.1. Caring for the stadiometer

The stadiometer will be sent to you in a box. Always store the stadiometer in the box when it is not in use and always pack the stadiometer carefully in the box whenever you are sending it on by courier. Inside the box with the stadiometer is a special bag that you should use for carrying the stadiometer around when you are out on assignment. You may also request a wheeled holdall from the Equipment Supervisor at Brentwood to transport the stadiometer and weighing scales.

The rods
There are four plastic connecting rods marked with a measuring scale divided into centimetres and then further subdivided into millimetres. They should be put together in the correct order with the same coloured markings running along each side. The rods are made of plastic and are susceptible to bending if any pressure is put on them. Be careful not to damage the corners of the rods as this will prevent them from fitting together properly and will lead to a loss of accuracy in the measurements.

The base plate
Be careful not to damage the corners of the base plate as this could lead to a loss of accuracy in the measurements. Protruding from the base plate is a socket into which you attach the rods in order to assemble the stadiometer. Damage to the corners of this socket may mean that the rods do not stand at the correct angle to the base plate when the stadiometer is assembled and the measurements could be affected.

The head plate
The head plate is made up of the blade and the cuff. The blade is the part that rests on the participant's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and down the rods. The whole unit is made of plastic and will snap if subjected to excessive pressure. Grasp the head plate by the cuff whenever you are moving the head plate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.



2.3.2. Assembling the stadiometer

Practise assembling your stadiometer before you visit a participant's home. You will receive your stadiometer with the four rods stored into the base plate and the head plate attached to the base plate so that the blade lies flat against the base plate. Once working you should store the head plate in the jiffy bag given to you to protect it further – as this is the component likely to break first with use.

Note that the rods are numbered/have symbols to guide you through the stages of assembly. (There is also an asset number identified on the base plate, this is the serial number of the stadiometer which is logged out to you). The stages of assembly are as follows:

1. Lie the base plate flat on the floor area where you are to conduct the measurements. It should be as flat as possible, ideally on an uncarpeted floor or with a thin carpet; you should avoid a deep pile carpet or rug if at all possible.
2. Take the rod marked with the arrows showing its position into the base plate. Making sure the measuring scale is on the right hand side of the rod as you look at the stadiometer face on, place rod into the base plate socket. It should fit snugly without you having to use force.
3. Place one of the two stabilisers over the first, ensuring that the stabiliser faces the wall / door frame or other upright surface being used to measure against. The stabilisers ensure that the rod is as perpendicular as possible to enable accurate measurement.
4. Take the rod marked *. Again make sure that the measuring scale connects with the scale on first rod and that the symbols match at each rod connection / junction. (If they do not, check that you have the correct rod).
5. Take the remaining two rods and put them together in order (matching the connecting symbols). Place the second stabiliser on the 3rd rod, but not at the level that the participant height might be measured at.

6. Wipe the head plate and base plate with an antibacterial wipe and allow to dry for 30 secs.

2.3.3. Dismantling the stadiometer

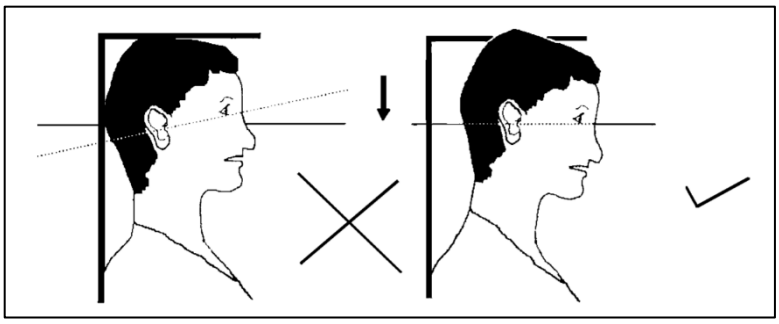
Follow these rules:

1. Before you begin to dismantle the stadiometer you must remember to lower the head plate to its lowest position, so that the blade is lying flat against the base plate.
2. Remove one rod at a time.
3. Wipe the head plate and base plate with an antibacterial wipe and allow to dry for 30 secs. Before packing rods back into the base plate and head plate into the jiffy bag.

2.4. Procedure for adults

1. Ask the participant to remove their shoes and loosen any hair accessory if possible (e.g. large hair grips; head bangs, pony tail holders etc).
2. Assemble the stadiometer, near a wall if possible, and raise the head plate to allow sufficient room for the participant to stand underneath it. Double check that you have assembled the stadiometer correctly.
3. Ask the participant to stand with their feet flat on the centre of the base plate, feet together and heels against the back of the base plate as this helps people to 'be at their highest'. The participant's back should be as straight as possible, preferably against the rod but **NOT** leaning on it. They should have their arms hanging loosely by their sides. They should be facing forwards.
4. Move the participant's head so that the Frankfort Plane is in a horizontal position (i.e. parallel to the floor). The Frankfort Plane is an imaginary line passing through the middle of the Tragus (cartilage at the entrance of the external ear canal) and across the top of the lower bone of the eye socket, immediately under the eye (see Figure 4). This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, i.e. the top back half. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the middle of the Tragus. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.

Figure 4: The Frankfort Plane



5. Instruct the participant to keep their eyes focused on a point straight ahead, and without moving their head position, to breathe in deeply and stretch up through their spine to their fullest height. Bring the head plate gently down onto the participant's head. If after stretching up the participant's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer head plate is resting on the participant's head. If so, ask the participant to tell you when s/he feels it touching their head.
6. Once the head plate is in place tell the participant to breathe out and relax. Ask them to step forwards away from the Stadiometer. If the measurement has been done correctly the participant will be able to step off the stadiometer without ducking their head. Make sure that the head plate does not move when the participant does this.
7. Look at the middle of the head plate cuff. There is a red or black arrowhead pointing to the measuring scale. Take the reading from this point and record the participant's height in

centimetres and millimetres. If a measurement falls between two millimetres, it should be recorded to the **nearest even millimetre**.

8. If the participant wishes, record their height onto the measurement record card.
9. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured. Once you have finished measuring everyone, lower the head plate to its lowest position, ready for dismantling.

2.5. Additional points

- Some surveys require the participant to be measured more than once, this will be stated in the project specific instructions. The protocol for taking the additional height measurements remains the same. Both measurements are to be recorded in CAPI and if they differ significantly CAPI will instruct you to take a third measurement.
- If the participant cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.
- If the participant has a hair style which stands well above the top of their head, or is wearing a religious head dress, with their permission, bring the head plate down until it touches the hair/head dress. You should never ask someone to remove a religious head dress. With some hairstyles you can compress the hair to touch the head. If you cannot lower the head plate to touch the head and think that this will lead to an unreliable measure, record this on CAPI. If it is a possible that can be altered e.g. a bun, if possible ask the participant to change/undo it.
- If the participant is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case.
- You may need to tip the stadiometer to read the height of tall participants.
- If the participant has long hair then they may need to tuck it behind their ear in order for the head to be positioned properly. Always ask the participant to tuck their hair behind their ears.

2.6. Feedback of results to participants

Participant will be asked if they would like their height measurement given to them.

3. Weight Measurement

3.1. Introduction

Similar to the height measurement, the weight measurement is an indicator of and can predict the nutritional status and health of a population. When used in conjunction with the height measurement it can be used to derive the Body Mass Index, a statistical measure used to determine if an individual's weight falls within a healthy range.

3.2. Exclusion criteria

Participants are excluded from this measurement if they are:

- Pregnant
  If the woman wishes to be weighed, you can but do not enter the results into the computer.
- Too frail or unable to stand upright
  If you are concerned that being on the scales may cause them to be too unsteady on their feet then do not weigh them. Alternatively you can place the scales next to something that they can steady themselves on.
- Over 130kg (20 ½ stone) in weight as the maximum weight registering accurately on the scales is 130kg. **NB** the SECA 877 scales can measure accurately to 200kg (31 ½ stone) in weight. However, if you think that the Participant exceeds the limit for the scales you are using, then code it appropriately in CAPI and follow the prompts. Do not attempt to weigh them.

3.3. Equipment

There are different sets of scales in circulation. You will be provided with either:

- **Tanita THD-305 scales**
  The weight is displayed in a window on the scales. The scales are switched on by pressing the button on the bottom right hand corner of the scales. They are battery operated and require four 1.5v AA batteries, which should be sent with the scales. They may be packed separately or one of the batteries may be turned around, to prevent the batteries from going flat, as there is no on/off switch. Ensure that you have spare batteries, just in case you need them.

- **Seca 877 scales**
  The weight is displayed in a window on the scales. The scales are switched on by briefly covering the solar cell (for no more than one second). The solar cell is on the right hand side of the weight display panel. NB You may experience difficulties switching the scales on if there is insufficient light for the solar cell. Make sure that the room is well lit. The scales have a fixed battery which cannot be removed.

You will also need a pack of antibacterial wipes.

3.3.1. Calibrating the scales

The scales will need to be sent to Brentwood at regular intervals to be recalibrated to ensure that they provide accurate measurements. **On each set of scales there is a label with a date that they need to be recalibrated by, ensure that they have been sent to Brentwood by this date.**

3.3.2. Technical faults

Please refer to Table 4 when experiencing technical difficulties with the scales.

Table 4: Troubleshooting for the scales

Fault	Action
Tanita THD 305 scales	
No row of 8s when turned on or will not turn on	• Replace batteries • If not solved, report to manager/ Brentwood
Inconsistent readings	• Make sure on hard flooring • Ensure 0.0 on display when Participant steps on scales • Replace batteries • If not solved, report to manager/ Brentwood
Seca 870 scales	
No '1888' when turned on or will not turn on	• Insufficient light to operate solar cell • If not solved, report to manager/Brentwood
Inconsistent readings	• Make sure on hard flooring • Ensure 0.0 on display when Participant steps on scales • Insufficient light to operate solar cell • If not solved, report to manager/ Brentwood

3.4. Procedure for adults

1. Weigh the Participant on a hard and even surface if possible. Carpets may affect measurements.
2. Ask the Participant to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, and to empty their pockets of all items.
3. Wipe the footplate surface of the scales with an antibacterial wipe and allow to dry (min 30 secs). Switch on the scales and wait for 888.8 (for the Tanita scales) or 1888 (for the Seca scales) to be momentarily displayed in the window. Do not attempt to weigh anyone at this point.
4. When the display reads 0.0, ask the Participant to stand with their feet together in the centre and their heels against the back edge of the scales. Their arms should be hanging loosely at their sides and their head should be facing forward. Having the Participant stand in this position means that the most accurate weight measurement can be obtained. Ensure that they keep looking ahead – it may be tempting for the Participant to look down at their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.
5. The scales will need to stabilise. The weight reading will flash on and off when it has stabilised. If the Participant moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh the Participant.
6. The scales are calibrated in kilograms and 100 gram units (0.1 kg). Record the reading in CAPI before the Participant steps off the scales.
7. If the Participant wishes, record the reading on their measurement record card.
8. The scales should switch off automatically a few seconds after the Participant steps off them.
9. Before packing the scales away ensure the footplate is wiped again to reduce potential cross infection between households.

3.5. Feedback of results to participants

Participant will be asked if they would like their weight measurement given to them.

4. Blood Sampling (non-fasting) – for Nurses only

The protocol for taking blood samples set out below is written in accordance with the Clinical Procedure Guidelines: Venepuncture (see Appendix). All nurses are to read this document before carrying out any venepuncture procedure.

4.1. Introduction

Blood samples are taken from participants as they provide information on various analytes, giving a detailed description of the health of an individual. They are integral to the research we undertake as they give a comprehensive representation of the health of the population that cannot be obtained from any other source.

Each study is interested in different analytes and the ones to be analysed for each survey can be found in the project specific instructions. Table 5 shows information regarding the different analytes and what they measure.

Table 5: Blood analytes

Analyte	**What it measures**
C-reactive protein	The level of C-reactive protein in the blood gives information on inflammatory activity in the body, and it is also associated with risk of heart disease.
Folic acid (folate)	Folic acid is a B vitamin. It is used in the body to make new cells and helps to prevent anaemia and birth defects of the brain and spinal cord.
HbA1c (glycated haemoglobin)	Glycated haemoglobin is a measure of the participant's longer term glycaemic status. High levels are indicative of poor control of, or undiagnosed diabetes.
Haemoglobin and ferritin	Haemoglobin carries oxygen around the body to cells. It is too low in people with anaemia. Ferritin is an indicator of iron stores.
Testosterone	Testosterone is a hormone. The testicles primarily make testosterone in men. Women's ovaries also make testosterone, though in much smaller amounts. Testosterone production starts to increase significantly during puberty, and begins to dip after age 30 or so. Testosterone can affect bone and muscle mass and even red blood cell production.
Total and HDL cholesterol	Raised levels of total cholesterol are associated with higher risks of heart attacks, while HDL cholesterol has a protective role.
Triglycerides	Triglycerides are a type of fat (or lipid) found in your blood. When you eat, your body converts any calories it doesn't need to use right away into triglycerides.
Lipidomics	Lipidomics is the large-scale study of pathways and

	networks of cellular lipids in biological systems. The word "lipidome" is used to describe the complete lipid profile. An untargeted assay is used and can detect (by mass-spectrometry) all lipids which are present in the blood in a high enough abundance.
Vitamin A and carotenoids	Vitamin A is essential to the normal structure and function of the skin and mucous membranes. It is also required for cell differentiation and therefore normal growth and development, and for normal vision and the immune system. Some carotenoids have provitamin A activity, thus acting as antioxidants to protect cells against oxidative damage.
Vitamin B1 (thiamin)	Vitamin B1 is required for energy production and carbohydrate metabolism. It is also involved in the normal functioning of the nervous system and the heart.
Vitamin B2 (riboflavin)	Vitamin B2 is needed for the release of energy from fats, carbohydrates and protein and the production of red blood cells. It is also needed for the normal structure and function of the mucous membranes and skin.
Vitamin B6 (pyridoxine)	Vitamin B6 is essential for the metabolism of protein. It is also involved in iron metabolism and transport.
Vitamin B12 (cyanocobalamin)	Vitamin B12 is required to make new cells as well as for normal blood formation and function. It is also needed for the normal structure and function of nerves. Dietary intake is exclusively from animal sources, e.g. eggs, milk, meat and fortified foods.
Vitamin C	Vitamin C is required for normal structure and function of skin, cartilage and bone as it is involved in the production of collagen, the protein in connective tissue. Thus it is involved in the healing process as well as the normal structure and function of blood vessels and neurological function. Vitamin C also contributes to the absorption of iron from some foods, in particular plant foods.
Vitamin D	Vitamin D is formed by the action of ultra violet light on the skin. This is the most important source as few foods contain significant amounts of vitamin D, e.g. eggs, oily fish and meat. Vitamin D undergoes changes in both the liver and the kidneys before working as a hormone in controlling the amount of calcium absorbed by the intestine. It is also essential for the absorption of phosphorous and for normal bone mineralization and structure. Vitamin D is also involved in the process of cell division in many other body tissues.
Vitamin E	Vitamin E is a group of compounds called tocopherols, of which alpha tocopherols is the most active. It acts as an antioxidant and is required to protect cells against oxidative damage by free radicals.

Interleukin-6	IL-6 stimulates the inflammatory and auto-immune processes in many diseases such as diabetes and atherosclerosis. IL-6 is potentially useful as a marker of immune system activation.

The blood will **not** be tested for any viruses, such as HIV (AIDS).

4.2. Exclusion criteria

All participants with the following exceptions are eligible to give blood:

- Pregnant women
- Participants who are HIV positive or who have Hepatitis B or C
- People with clotting or bleeding disorder
  By clotting or bleeding disorders we mean conditions such as haemophilia and low platelets, i.e. thrombocytopenia. There are many different types of bleeding/clotting disorders but they are all quite rare. The reason these participants are excluded from blood sampling is that:
  a) the integrity of their veins is extremely precious
  b) we do not wish to cause prolonged blood loss

  For the purposes of blood sampling, those who have had, for example, a past history of thrombophlebitis, a deep venous thrombosis, a stroke caused by a clot, a myocardial infarction or an embolus are NOT considered to have clotting disorders.

- Those aged 16 and over who have had a fit (e.g. epileptic fit or convulsion) in the **last 5 years** should not be asked to provide a blood sample.
- People who are **currently** on anticoagulant drugs, e.g. Warfarin therapy
  Check if the participant has a clotting or bleeding disorder or is on anticoagulant drugs, such as Warfarin, and record this in CAPI. These are very uncommon. If you find someone with these problems, do not attempt to take blood, even if the disorder is controlled.
  Aspirin or antiplatelet therapy is **not** a contraindication to blood sampling. If you are uncertain whether a condition constitutes a contraindication to blood sampling, the Survey Doctor will be happy to answer your queries.
- Adults who are not willing or able to give their consent in writing.
- Blood should not be taken from an arm with a shunt in place for renal dialysis.

4.3. Consent

As blood sampling is an invasive procedure we need to ensure that fully informed written consent is obtained from each participant. Information on what they are consenting to is mainly given in the related participant information leaflet, and the participant confirms that they have been provided with this information on the consent form.

The Participant Information Sheet also provides useful information about the risks around giving a sample and after-care. This is information that you should be giving verbally in any case, and you therefore do not need to ensure that the participant has read this leaflet in advance as long as you make sure you have covered all the points yourself.

On **no** account should you ever take blood before you have obtained written consent to do so from the participant.

You should seek to obtain all of the required consents before you take any blood.

Participants will be allocated to either a feedback or no-feedback group. If participants consent, participants in the feedback group will be given results for total cholesterol, HDL and HBa1C.

The questions on the CAPI questionnaire will take you step by step through all the procedures for obtaining consents. Make sure you follow these carefully – recording consent codes as instructed and giving reasons for refusals, if applicable.

In summary:

- Ask the participant if they would be willing to have a blood sample taken. Try to reassure participants about the process, and be prepared to answer their concerns. You will need to explain the importance of written consent to the participant
- Obtain written consents on the appropriate consent form (including initials or ticks where required **and full signature**).
- Remember to enter their name or serial number on each page of the form before asking the participant to sign.
- Remember to enter your name in the qualified nurse space provided on each form.

4.4. Equipment

The equipment required is listed in the Clinical Practice Guideline for Venepuncture (CPG). Any additional equipment, specific to a project, will be listed in the project instructions.

4.5. Preparing the participant

Protocol on preparing the participant can be found in the Venepuncture CPG. Further points to note include:

- Ask the participant to remove any jackets, thick garments and/or roll their sleeves up
- Instruct the participant to remain as still as possible

4.6. Procedure

The procedure for taking the blood sample can be found in the Venepuncture CPG. This procedure is to be followed. It is to be used in conjunction with CAPI which will guide you through the blood sampling process.

Some surveys will use a different system for taking blood samples e.g. the monovette system. Refer to project specific instructions for how to use the specific equipment and take the blood sample. In all surveys the Venepuncture CPG should be referred to for principles of evidence based best practice.

Additional points to note include:

- The vacutainers and blood tubes should be filled to the specified capacity in turn (according to the order of draw specified in the project instructions) and inverted gently. Lavender and green tubes should be inverted 8-10 times and red tubes 5-6 times on removal to ensure complete mixing of blood and preservatives.

IMPORTANT WARNING – PREVENTING NEEDLE STICK INJURY

Always use the safety sharps supplied for the project you are working on and engage the safety mechanism on venepuncture needles either 'in vein' (for BD push button needles) or immediately after use, where appropriate.

Dispose of the used needle immediately into the sharps disposal box.

Do not allow the sharps disposal box to fill above the 'fill line' as this can present the potential for a subsequent needle stick injury.

4.7. Labelling & packaging the sample(s)

Label the tubes according to your CAPI instructions, immediately after completing the venepuncture procedure. Refer to the project specific instructions for further guidance about labelling and packaging the blood samples. It cannot be stressed enough the importance of correctly labelling each tube with the correct serial number for the person from whom the blood was obtained. Some projects provide participant specific barcode labels. You must therefore take great care to ensure the right labels are used on the right blood samples prior to packing and dispatching the samples.

4.8. Other important points

4.8.1. 'Giving a blood sample' leaflet/ Participant Information Sheet

We need to be sure that each participant is left with information about giving a blood sample, including information about who to contact should they experience any side effects as a result of the blood sample. To provide them with this information, leave the participant with the Participant Information Sheet**.** The leaflet includes information on any possible side effects they may experience such as pain and bruising, and how to care for the puncture site. It is also a useful leaflet to leave behind to reassure the friends and family of the participant of the procedure used should they have any concerns after your visit.

4.8.2. Venepuncture check questions

Always complete the Venepuncture checklist on CAPI for every participant from whom you attempt to take blood. This shows that you have followed the correct procedure, and noted, where applicable, any abnormalities, and the action you took. The checklist is usually towards the end of the CAPI.

Please remember to check the participant's venepuncture site just before you leave and note any changes in their physical appearance in CAPI.

4.8.3. Fainting participants

If a participant looks or feels faint during the venepuncture procedure, it should be discontinued. The participant should be asked to lie down with feet elevated. If they agree for the test to be continued after a suitable length of time, the procedure should be performed with the participant lying down and the circumstances should be recorded in CAPI.

If a participant fully faints, then you should apply the principles of first aid by:

- Calling for help / assistance, if there is another adult relative within the house
- Ensure the participant is supported safely and eased into a position lying down on their side, where they can recover. Loosen tight clothing and elevate the legs.
- Remain with the participant until they come round and feel able to slowly move to a sitting position.
- Discontinue the interview unless, in your professional opinion you and the participant feels it is safe to continue.
- Ensure you submit a Special Report Form to the Field Quality Unit detailing what happened, what course of action you took and how the participant appeared when leaving them.
- **NB: Should a participant not recover as quickly as expected from a fainting episode then the course of action is to phone the Emergency Services and hand over the situation to them.**

4.8.4. Fitting participants

It is rare for a participant to experience a fit or experience a convulsion during the venepuncture procedure, especially as those with a declared history of fitting or convulsion within the previous 5 years will have been excluded. However, there is always a possibility of this happening.

If a participant appears to have an episode of fitting or convulsion during or immediately after venepuncture procedure, then you should apply the principles of first aid by:

- Calling for help / assistance, if there is another adult relative within the house. **If there isn't any other person in the household to support / assist you, then you should call the emergency services.**
- Ensure the participant is supported safely and eased into a position lying down on their side, with their airway supported open and where they can recover safely
- Remain with the participant until they come round, monitor their level of response, pulse and breathing.
- Ensure you submit a Special Report Form to the Field Quality Unit detailing what happened, what course of action you took and how the participant appeared when leaving them.

4.8.5. Handling & disposal of needles and other materials

Safe disposal of needles is required to control the risk of injury from the disposed sharps. Without the safe disposal of needles there is an increased risk of needle stick injuries and/or psychological trauma due to fear of potential infection. NatCen's policy is that only safety sharps are provided for use on all projects requiring blood sampling.

Precautions

- Wear gloves at all times when performing the venepuncture procedure to reduce blood 'transmission load' if a needlestick injury occurs
- Sharps should be disposed of at the point of use
- Do not carry sharps unnecessarily
- Sharps handling must be kept to a minimum
- Needles must not be passed directly from hand to hand
- Needles must not be bent or broken prior to use
- Safety Sharps mechanisms should always be engaged at point of use.
- Never hand sharps to anyone else unless they are an authorised Sharps and Hazardous Waste Disposal registered service.

Disposal

Do's:

- Continue to wear gloves when disposing of sharps and related contaminated waste
- Sharps must always be disposed of in the NatCen provided 1L 'sharps bins' immediately after use
- A Sharps bin should be available beside you before opening and using the sharp
- Fully seal the sharps bin when the manufacturer's marked line has been reached or when it is three quarters full (see Sharps Disposal Policy)
- Check to ensure that the sharps bin lid is securely closed and sealed as per Sharps Disposal Policy

Don'ts:

- Fill sharps containers above the manufacturer's marked line
- Dispose of sharps with other clinical waste
- Put your hands into sharps bins
- Never return any used sharps bins by post or courier to the Equipment Unit or other member of the freelance nurse or interviewer panel by a postal / courier service.
- Allow non NatCen personnel (e.g. friends / family / colleagues / neighbours) to handle any sharps bins on your behalf.

Any non-sharps venepuncture waste (e.g. gauze swab, gloves, plaster covering etc) can be disposed of in the participant's household waste.

Needle stick injury

In the event of a needlestick injury (by participant or nurse) – follow NatCen's specific needle stick injury protocol.

4.8.6. Participants who are HIV or Hepatitis B / C positive

If a participant volunteers that they are HIV, Hepatitis B or Hepatitis C positive, **do not** take a blood sample. Record this as the reason for not taking a blood sample in the CAPI. You should never, of course, seek this information outright unless it is specified in the Project CAPI questionnaire.

4.8.7. Participants who declare they are HIV or Hepatitis B positive during or after venepuncture procedure

If a participant volunteers this information whilst a blood sample is actively being taken – then inform the participant politely that you must stop the procedure, at that point, as any blood taken for research purposes cannot be sent to the laboratory for processing. Dispose of the tubes already filled into the sharps bin and once all sharps are within the bin, the bin should be fully sealed and disposed of according to the current NatCen contaminated waste and sharp disposal procedure. Record the relevant information into the CAPI – including completion of the venepuncture check questions. Ensure you submit a Special Report Form to the Field Quality Unit detailing the situation, what course of action you took and how the participant appeared when leaving.

4.9. Participant feedback

Participants will be allocated to either a feedback or no-feedback group. If participants consent, participants in the feedback group will be given results for total cholesterol, HDL and HBa1C.

5. Dried blood spot collection – for Nurses

5.1. Introduction

Dried blood spots will be collected and sent to the Project Client's designated biomedical laboratory. Written consent must be obtained before proceeding with the blood spot sample. You must complete the participant's details on the consent form and make sure they sign the relevant form before obtaining the sample. Please refer to the project instructions for information on how to use and fill in the consent form for the specific project.

5.2. Exclusion criteria

Participants are excluded from blood spot collection if they:

- Are pregnant
- Have a clotting or bleeding disorder or are on medication that thins the blood (anticoagulant) such as Warfarin, Sinthrome (Acenocoumarol), Pradaxa (Dabigatran Etexilate), Xarelto (Rivaroxaban) or Phenindione.
- Are unwilling or unable to give their consent in writing
- Are women with a recent mastectomy
- Are on renal dialysis
- Declare they are HIV positive
- Declare they have Hepatitis B or C

There are questions in CAPI to establish whether the participant meets any of the exclusion criteria.

5.3. Equipment

You will need:

- Isopropyl Alcohol Hand gel
- Disposable gloves x 4
- Blood collection kit containing
  - Auto-retracting lancet x 2
  - Blood spot collection card
  - Gauze pad x 2
  - Alcohol wipe
  - Alcohol free cleansing wipes (if allergic to alcohol on their skin)
  - Plaster
  - Micropore tape and gauze pad (if allergic to plasters)
- Sharps bin
- Sealable disposal bag
- Dispatch packaging

5.4. Consent

Written consent must be obtained before proceeding with the blood spot sample. You must fill in the participant's details on the consent form and make sure they have read all the relevant leaflets and the consent form and signed the form before obtaining the sample. Please make it clear to participants that they will not receive results regarding their blood spots sample.

5.5. Preparing the participant

Inform the participant that you are going to need to prick one of their middle fingers or their thumb. The finger prick can be done on either hand. Read the appropriate text in the CAPI to the participant.

5.6. Procedure

1. Wash or cleanse your hands as appropriate for the setting. Ask the participant to wash and dry their hands in preparation for the sample to be taken.

2. Ensure you have a clean and dry surface to place the sample taking equipment on.

3. Put on a pair of disposable gloves.

4. Remove all parts of the blood collection kit and place on the clean working area in close proximity. If any item is opened or broken do not use. Ensure that all equipment and materials are out of the reach of children.

5. Ask the participant to rub their hands together or massage them so that the blood is flowing to finger tips.

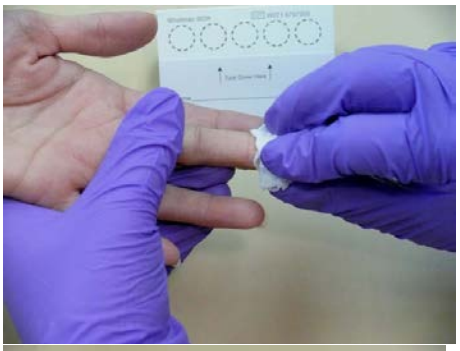
    - Choose a finger or thumb for the finger prick. Avoid fingers with thick calluses or with tight rings as they may obstruct blood flow.

6. Clean the participant's finger or thumb with alcohol wipe or with an antiseptic wipe working in small circles away from the centre of the finger or thumb pad for at least 10 seconds. Make sure that the finger is dry before proceeding (wait at least 30 seconds).

7. Remove the blue tip from the lancet in preparation to activate it. While holding the participants hand firmly, place the lancet on the side of the pad of the participant's finger or thumb closest to the work surface (as gravity helps blood drops to form).

8. Press the lancet firmly against the finger until it clicks. Dispose of the lancet in the sharps bin.

9. With the sterile gauze pad, wipe away the first drop of blood.



10. When the next large drop of blood is formed, allow the blood to drop onto the left-most box on the blood collection card. If a single drop of blood does not completely fill the area, you may add additional drops as soon as they form. If the blood does not absorb into the card, gently tap the card to break the surface tension of the blood and allow it to flow through to the card below.

11. Collect remaining drops of blood onto the filter paper card. Attempt to obtain five centrally placed spots.
    - allow each drop of blood to fully form before dropping onto the filter paper
    - do not "milk" the finger to increase blood flow—instead, gently stroke the finger or thumb towards the tip to stimulate the blood flow
    - wipe away blood that begins to clot or spreads unevenly with a gauze pad

12. DO NOT:
    - drop spot before full drop has formed, this creates small spots that should be avoided
    - drop spots close enough that they overlap
    - blot finger onto filter paper. Instead, you should let the blood drop naturally or touch the blood drop (not the finger) to the filter paper card

13. Once blood spot collection is complete, provide the participant with a gauze pad to press on their finger and offer them an adhesive plaster or alternative dressing.

14. Place or ask the participant to place the used gauze pad, alcohol wipe and wrappers in the disposal bag, along with your disposable gloves and seal the bag. Dispose, or ask the participant to dispose, of the waste, in their household waste.

15. Ask the participant to put the blood spot card in a safe airy place and instruct them to allow the blood sample to air dry for at least 4 hours, before they pack it for dispatch to the Project Client.

16. Ensure that you instruct the participant on how they should package their sample, by demonstrating how they close the blood sample card and pack with a desiccant sachet, using the dispatch materials as directed by the project instructions.

17. Ensure you leave the relevant dispatch materials for the participant to use and check that the sample is labelled correctly.

6. Collection of hair samples – for nurses only

6.1. Introduction

Hair samples will be collected and sent to the Project Client's designated biomedical laboratory. Written consent must be obtained before proceeding with the hair sample collection. You must complete the participant's details on the consent form and make sure they sign the relevant form before obtaining the sample. Please refer to the project instructions for information on how to use and fill in the consent form for the specific project.

6.2. Exclusion criteria

Participants are excluded from hair sample collection if they:

- Are pregnant
- Are unwilling or unable to give their consent in writing
- if their scalp is bleeding or there is an infection
- if the participant is unable to sit with head remaining still (e.g. continual tremor, head shaking).

There are questions in CAPI to establish whether the participant meets any of the exclusion criteria.

6.3. Equipment

You have been provided with:

1. Hair band/hair clip
2. Pair of scissors
3. Comb
4. Stickers (to mark the scalp end of the hair sample; see instructions below)
5. Sheet of aluminium foil (this is to store their hair sample once you have cut it)
6. Ziploc bag (The foil containing the hair sample is packed into this bag)

6.4. Consent

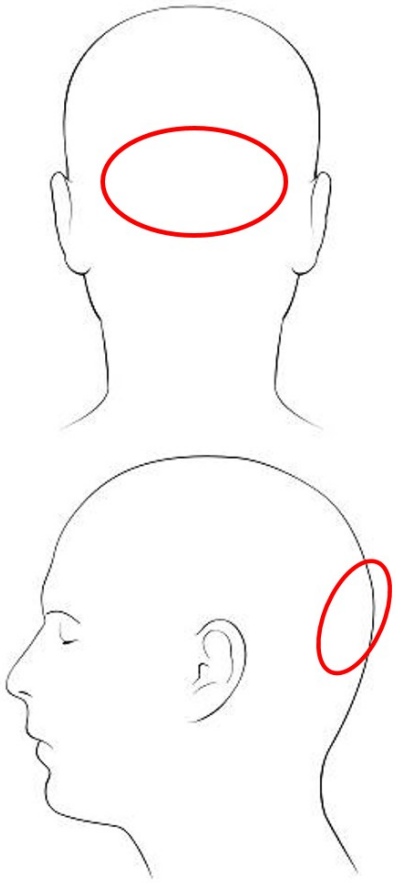
Written consent must be obtained before proceeding with the hair sample collection. You must fill in the participant's details on the consent form and make sure they have read all the relevant leaflets and the consent form and signed the form before obtaining the sample.

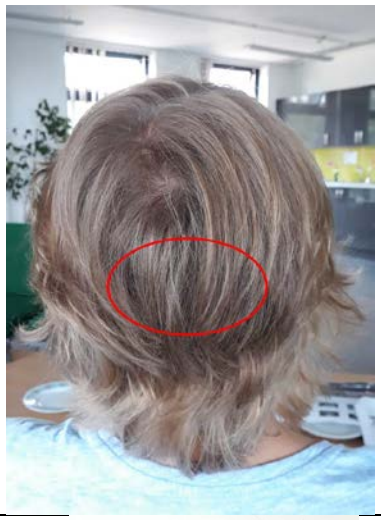
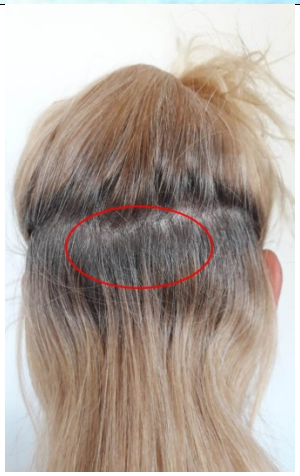
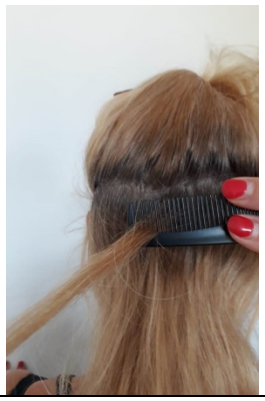
6.5. Preparing the participant

Inform the participant that you are going to need to take a relatively small hair sample from the back of their head. Read the appropriate text in the CAPI to the participant.

6.6. Procedure

We would like you to cut a hair sample from as close as possible to the scalp. The required amount of hair is quite small, and is cut from the posterior region of the head (see the circled area on the image below).



Unpack the contents of the hair collection kit and lay them out. Make sure they are close to hand.	
We need to collect a sample from the area of the head known as the posterior vertex (see image to the right), just below the crown of their head.	
Divide the hair if necessary.	
Hold together several strands of hair (overall thickness should be about the width of two matchsticks or the width of a pencil ~5mm). Ensure the hair is held together tightly to avoid any strands from coming loose.	
Tie the hair with the hairband provided close to the scalp but leave enough space to cut the hair just above where it is tied. If the participant's hair is less than 2cm long, you can provide multiple samples. Ensure you cut the hair as close as possible to your scalp.	

Cut the hair sample as close as possible to the scalp (between the hairband and scalp) with the scissors. You will be able to measure the width of the hair sample using the ruler on the blades of the pair of scissors if necessary. 	 

6.7. Packing the hair sample

Place the foil (shiny side down) on a table. Stick a red arrow to the foil pointing at the top end of the hair sample to indicate the end of the hair strands closes to the scalp. If their hair is damp/wet let it dry for a few minutes.	
Lay the hair sample on the aluminium foil with the scalp end on the red sticker. Position the hair so that the foil is the length of the hair and that there is enough foil to fold over.	

Fold the aluminium foil over the enclosed hair. Position the hair so that it is laid straight. If the participant's hair is very long, make sure the hair is curled around. Make sure the hair is packed in such a way that it does not fold or move around too much.	
Put the folded foil containing the participants hair sample into the Ziploc bag.	
Put this and the consent form into the pre-addressed/pre-paid envelope provided, and return it to us by post.	

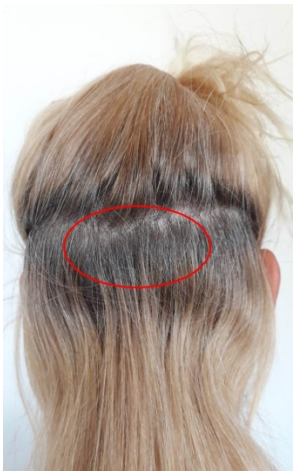
6.8. Frequently Asked Questions

1. ***Can I collect a sample with wet hair?***
   Yes, you can still collect a hair sample if your hair is damp or wet. Just make sure that you allow the hair sample to dry for a few minutes before placing it in the foil.

2. ***I am about to go to the hairdressers; can I get them to do it for me?***
   Yes, of course. Asking your hairdresser or a friend or family member to help you would make the sample collection a lot easier. Just show them the instructions to help them correctly collect the sample for you.

3. ***Can I still collect a hair sample if my hair is really fine?***
   Yes. You can still collect a hair sample. However, we want you to feel comfortable to do this collection. Your participation is entirely voluntary and if you feel you would rather not provide a sample, you do not need to do so. However, if you would still like to provide a sample, we are grateful for your participation.

4. ***I can't reach/see the back of my hair. Can I take it from the side instead?***
   The hair sample we require needs to be taken from the back of the head (just below the crown of the head) as shown in the picture below.
   If you are unsure about collecting the sample by yourself, please ask a friend or family member to help you collecting the sample.



5. ***I don't want to have a patch of hair removed – can I take several much smaller samples of hair?***

   Yes, but the samples need to be collected below the crown at the same level or plane.

6. ***It would be much easier to give the ends of my hair. Why is it important that I cut close to my scalp?***

   We will be using the hair sample to measure a hormone called cortisol that is deposited in hair. The hair closest to the scalp is newest and reflects recent hormone levels better than the hair at the ends. To accurately measure this hormone we need to analyse the hair closest to the scalp.

7. ***Will I be given my results from the study?***

   No. This is not a clinical diagnostic test. Once we get your sample and/or other information from you, your personal details will be removed as soon as we receive them and an anonymous code put on them. We can then link information about the same person together by these numbers but we do not link it to any individual or to you – just to a number.

Appendix – Venepuncture - Clinical Procedure Guideline

For the purposes of this Clinical Procedure Guideline (CPG) an adult is considered to be an individual aged 16 years and over, who has the 'capacity' to give voluntary, informed verbal and written consent to the taking of venous blood samples, while a participant in a NatCen Nurse Survey.

In order to meet both the legal and ethical requirements for valid consent to this procedure the following elements apply:

- **Capacity to consent** – means that the participant is able to understand the information given to them and can use this information to make an informed decision on whether to give consent to take part or not. For the purposes of NatCen research this requires Nurses and Phlebotomists to use their clinical judgement in some situations, as to whether the participant has the capacity to consent. If this is in doubt then the Nurse / Phlebotomist should not carry out the procedure and make note of this within the CAPI Schedule and on the Project Consent booklet that is returned to the office (see Appendix 1 for further guidance).

  When carrying out Nurse Survey work the Nurse / Phlebotomist **cannot** accept consent in the following situations:
  - when it is given by another adult in the household, on behalf of an adult participant who is considered to have a reduced capacity to consent. This form of 'consent by proxy' is not acceptable for the giving of a blood sample.

- **Voluntary participation** – means that the decision to give a blood sample or not must be the participant's alone, without pressure from others including the Nurse, Phlebotomist or other family members / individuals who may be with the participant at the time (see also 'child assent' above).

- **Informed consent** – means that the participant must be given the full information available, which relates to the blood sample requested for the project / survey. The Nurse / Phlebotomist **must** ensure that the participant has had enough time to read this information before making their decision.

Venepuncture remains one of the commonest invasive procedures performed within Health Care services. As such, it is often seen as a 'routine' type of procedure by those who perform venepuncture. However, for those undergoing venepuncture – this procedure may not be 'routine' for them, and equally exposes them to potential health related side effects that they would not be exposed to if they were not a participant in the study. It must also be remembered that participants if consenting to the giving of a blood sample, will be doing so for research data collection purposes and not because they are having a 'health check'. Therefore, there are ethically guided restrictions on how many attempts can be made to obtain a blood sample and from which venepuncture site the sample may be taken from. However, it must be remembered that the motivation for many participants to consent to a blood sample, will be because they view the results of any blood sample they may receive from their participation in the project, to be useful to them, from a health point of view.

This CPG therefore follows 'best practice' principles for venepuncture, to protect both the volunteering participants and the practitioner carrying out the venepuncture. This CPG therefore applies to all projects requiring venous blood samples within NatCen Survey work and should be read in conjunction with the specific Project Instructions regarding the requirements for the blood sample (number and type of blood tubes, order of draw, labelling and dispatch procedures etc.).

In order for NatCen nurses and phlebotomists to undertake venepuncture within their NatCen work the following conditions must apply:

- The Nurse / Phlebotomist has undertaken and successfully completed the relevant NatCen update training regarding venepuncture, basic life support and management of anaphylaxis, within the previous 2-3 year period.

- The Nurse / Phlebotomist has been observed undertaking venepuncture, within the previous 6-12 month period, through which confirmation that the practitioner has adhered to this CPG and the related Project Specific Protocols. This observation occurs through NatCen's 'launch', 'routine' or 'review' supervision process.
- The Nurse / Phlebotomist has provided NatCen with evidence of an adequate level of Hepatitis B antibodies, for occupational health purposes, on joining the panel and at 5yr intervals thereafter.

Exclusions from this CPG:

A participant will be excluded from this CPG if:

- Venepuncture is not a requirement of the Project they are taking part in
- The participant has a known clotting or bleeding disorder
- The participant is taking any prescribed anticoagulant medication
- The participant has had a fit or convulsion (including an epileptic fit, or convulsion associated with high fever) in the previous 5yrs
- The participant will not, or is unable to give written consent for the venepuncture to be carried out, or unwilling to give written consent for the venepuncture to be carried out.

Arrangements for excluded participants – consent to having a blood sample taken is entirely voluntary and so no alternative arrangements are required for excluded participants.

Equipment required:
Nurses should always ensure that they have the required equipment to hand, along with spare capacity of consumables to cover any potential second attempt of venepuncture required. All equipment should be regularly checked for expiry dates and stock control maintained appropriately.

Equipment required	Rationale
➢ Antibacterial hand gel or wipes	➢ To reduce risk of cross infection to respondent from practitioner
➢ Clean small wipeable plastic or disposable tray to lay out equipment on and provide a clean work area	➢ To reduce risk of introducing infection from ➢ respondent's surrounds
➢ Well-fitting disposable vinyl gloves	➢ To reduce the risk of cross infection ➢ To reduce the impact of potential inoculation of a blood borne virus should a Needlestick injury occur to the Nurse / Phlebotomist.
➢ 70% alcohol impregnated skin cleansing swab (or non-alcohol water based swab supplied for those participants who do not wish alcohol on their skin)	➢ To reduce risk of cross infection into venepuncture wound from respondent's own skin surface flora (e.g. *Staphylococcus aureus*)
➢ Disposable Tourniquet	➢ To reduce risk of cross infection previously associated with reusable, material based tourniquets.
➢ 21g, 23g straight and / or 'butterfly' safety needles (appropriate to the blood sampling system being used - Vacutainer or Monovette)	➢ To enable the right needle bore for the respondent's anatomy to be chosen, thus reducing the risks of potential side effects (e.g. haematoma). ➢ To reduce the risk of Needlestick injury to the Nurse / Phlebotomist
➢ Appropriate 'in date' sample tubes (according to the blood sampling system being used for the Project)	➢ To ensure that the research data gained through the blood sample is useable.
➢ Disposable gauze swabs	➢ To provide immediate short term wound cover following removal of the needle from the vein and skin layers.
➢ Hypoallergenic spot plaster or gauze swab and	➢ To provide longer term wound cover and

micropore (for those who may be allergic to plaster adhesive).	reduce the risk of infection following the procedure.
➢ 1L sharps bin with semi & full closure mechanism.	➢ To comply with COSHH regulations for disposal of hazardous waste.
➢ Participant Information Sheet	➢ To provide follow up information to the participant in the event of any side effects felt once the Nurse / Phlebotomist has left the household.

Procedure for Venepuncture:
*Written consent **must** have been gained, according to the specific project instructions, **before** these steps are followed.*

Action	Rationale
1. Ensure that you and the participant are in a comfortable, suitable and well-lit position to commence the procedure and cope with any potential fainting or fitting.	➢ To optimise participant and own comfort and minimise risk of harm to participant and yourself, through good musculoskeletal positioning. ➢ To provide appropriate recovery space should the participant feel faint or fits. ➢ To ensure children are feeling safe and secure during the procedure and that we are not inappropriately restraining them.
2. Ask the participant to remove any jackets, thick garments and/or roll their sleeves up.	➢ To gain visibility of both antecubital fossae. No other potential sites for venepuncture can be used for NatCen blood sampling.
3. Enquire as to whether the participant has had any previous problems having a blood sample taken.	➢ To assess the risk of potential side effects of venepuncture. ➢ To plan alternative actions to manage any increased risk present.
4. Inspect the antecubital fossa on each arm to decide, with the participant, which vein is most suitable, (either visually or through palpation).	➢ To assess the state of the veins and optimise participant comfort and best attainment of the sample on the first attempt. ➢ To identify and distinguish between the veins, arteries and tendons.
5. Cleanse your hands by appropriate washing or with antibacterial hand gel or wipes prior to laying out your equipment.	➢ To reduce risk of cross infection.
6. Ensure your equipment is close to hand. Along with spare blood bottles in case a bottle has lost its vacuum.	➢ To ensure a smooth venepuncture procedure, optimise participant comfort and reduce risk of needlestick injury. ➢ To ensure a full sample draw can be obtained.
7. Identify with the participant if they have any known allergies to alcohol swabs, plaster or micropore.	➢ To ensure that an allergic reaction is avoided in a known situation. ➢ To plan for use of water based skin prep method and alternative wound closure following venepuncture.
8. Cleanse the selected site for min 30 secs with an Alcohol swab (or water based swab if necessary), working from the centre outwards in concentric circles and allow to air dry for minimum of 30 secs.	➢ To enable the alcohol to reduce the level of surface microbes that might be drawn into the venepuncture wound site. ➢ To reduce the alcohol contamination of the first sample drawn along with reducing pain from any alcohol pushed into the skin layers upon needle entry.
9. Prepare the needle and lay bottles in the correct order of draw (as per relevant project instructions).	➢ To ensure the sample is taken in the right order to draw and minimise cross contamination of blood tube additives, which may then affect the

	analysis of the samples later.
10. Put on gloves	➢ To reduce risk of cross infection for participant and reduce level of inoculation of participant serum in the event of a needlestick injury to the nurse.
11. Instruct the participant to remain as relaxed and still as possible through the procedure (i.e. no 'fist pumping'; patting of the antecubital fossae etc).	➢ To minimise the risk of injury to participant and nurse / phlebotomist. ➢ To reduce the effect of any pre-analytical variables (e.g. haemostasis; haemoconcentration etc.)
12. Apply the disposable tourniquet	➢ To provide partial occlusion of the venous system and enable the selected vein to become fuller for the sample to be taken.
13. Stabilise the vein if required and insert the needle smoothly, bevel up, into the vein	➢ To reduce the risk of harm to the participant and maximise the gaining of a sample at first attempt.
14. If using a multiway ('butterfly') needle, secure the needle on one wing with micropore tape, especially for a 'long draw'.	➢ To reduce the risk of accidental withdrawal of the needle and thus potential harm to the participant and nurse / phlebotomist.
15. Loosen the tourniquet within 60 seconds of application, usually after the first tube is drawn once the flow of the sample is established.	➢ To reduce the effect of haemoconcentration and haemolysis on the blood sample analysis.
16. Continue to draw the remaining sample, inverting the blood tubes as per project instructions.	➢ To ensure the tube additives mix with the blood sample as appropriate to the tube used and maximise the analysis.
17. Continue to monitor the venepuncture site and participant's reaction throughout sample collection.	➢ To identify any potential side effect (e.g. haematoma formation; nerve implication; misplacement of the needle). ➢ To enable the procedure to be stopped at the earliest opportunity to reduce any further harm.
18. Once the draw is finished, remove the needle (engaging the safety feature), while ensuring pressure is applied to the venepuncture site with a gauze swab. The participant should continue to provide gentle pressure on the wound site, with their affected arm extended not bent.	➢ To ensure the participant's clotting cascade commences at the wound site and minimize risk of haematoma at the venepuncture site. ➢ Ensuring the participant's affected arm remains extended at the elbow will minimise internal blood leakage into interstitial spaces and haematoma formation.
19. Dispose of the used needle immediately into the sharps bin and ensure the lid is in the 'semi close' position.	➢ To comply with COSHH regulations and minimise risk of needlestick injury to participant and nurse /phlebotomist.
20. Inspect the venepuncture site and cover with a spot plaster (or clean gauze and micropore if participant is allergic to plaster).	➢ To ensure any abnormalities are noted, about which the participant can be advised. ➢ To prevent cross infection
21. Remove gloves and cleanse your hands by appropriate washing or with antibacterial hand gel or wipes.	➢ To reduce risk of cross infection.
22. Provide the participant information leaflet and advise on not carrying heavy loads or undertaking sporting activities (using their affected arm) for the immediate 2 hrs following the venepuncture.	➢ To promote healing of the venepuncture wound and the clotting process at the needle entry point within the vein. ➢ To comply with the Project's ethical approval for provision of information.
23. Ask the participant to dispose of the consumable waste in their household waste (keeping the Sharps Bin in your equipment bag).	➢ To comply with Environmental Agency regulations for disposal of household waste. **NB:** any part used blood bottles that are not being sent to the lab in the sample pack must be placed into the Sharps Bin for disposal as

	per NatCen protocol for hazardous waste disposal.
24. Record the outcome and any abnormalities noted in the CAPI schedule and on the consent booklet where applicable.	➢ To comply with the Project instructions and enable NatCen Field quality team to follow up on any participant or lab concerns if raised.
25. Label, pack and dispatch the samples according to the Project instructions.	➢ To ensure the samples arrive in the lab in a fit state to be analysed. ➢ To comply with the Environmental Agency regulations on the posting of biological samples
26. Thank participant for their time and donation	➢ To value their sample as part of the data collection. ➢ To ensure that they have a point of reference should they experience any delayed side effects from the venepuncture process once the Nurse / Phlebotomist has left the Participant's home.

Trouble shooting:
Below are some problems or issues that may arise as a result of the venepuncture process:

Problem / Issue	Action & Rationale
A. No visible or palpable veins in either antecubital fossae.	➢ A tourniquet can be applied for a short period of time to see what suitable veins become visible and / or palpable. This must be released fully again, prior to preparation of the targeted venepuncture site and the blood flow allowed to return to normal for a few minutes, before undertaking venepuncture. ➢ If still no visible or palpable veins - **do not** attempt venepuncture and code as appropriate in the CAPI schedule. MREC approval does not currently allow NatCen nurses / phlebotomists to undertake venepuncture at any other site (e.g. back of hand).
B. The participant experiences pain and / or tingling in their arm / hand when the needle is inserted (with no flash back of blood into needle or bottle).	➢ Remove the needle immediately and discontinue the procedure. The needle may have hit a tendon or nerve rather than entering the vein. Code as appropriate in the CAPI Schedule. ➢ Monitor participant's pain / tingling and advise accordingly. ➢ Complete a Special Report Form to submit to the Field Quality Unit.
C. The participant experiences more than slight pain when the needle is inserted **and** the blood bottle fills very quickly with bright red blood.	➢ Most likely an arterial puncture has occurred. ➢ Remove the needle immediately and discontinue the procedure. ➢ Apply immediate pressure to the site and elevate the participant's arm for at least 5 minutes to aid the clotting cascade and reduce effect of injury. ➢ Monitor participant's pain and whether there are any signs of haematoma formation. ➢ Code as appropriate in the CAPI Schedule. ➢ Advise participant regarding any further pain or side effects that might be experienced, once you have left the house. ➢ Contact the Project specific Survey Doctor to inform them of the situation and actions you've

	taken. ➢ Complete a Special Report Form to submit to the Field Quality Unit.
D. There is no flow of sample, once needle is inserted into the vein and the evacuated blood bottle attached (i.e. BD Vacutainer® blood bottle or pre evacuated Monovette® blood syringe).	➢ Bevel of needle may have moved within the vein and be 'sucking' at the vein wall. Rotate the needle laterally slightly to release the bevel. ➢ Needle tip may have advanced through the posterior vein wall. Withdraw the needle slightly to bring bevel back into vein lumen. ➢ Vacuum of blood bottle may be lost. Use a replacement tube in the same order of draw.
E. The blood flow reduces once the tourniquet is released.	➢ Retighten the tourniquet if it has not been in place for the full minute. Venous flow may be reduced in the elderly and in those with fragile veins; therefore some further occlusion of vein may be required.
F. A haematoma is seen developing at the site of the venepuncture during the process.	➢ Remove the needle immediately and discontinue the procedure. The needle may have gone directly through the anterior and posterior vein wall. ➢ Code as appropriate in the CAPI Schedule. ➢ Apply pressure to the wound site to facilitate the clotting cascade. ➢ Monitor participant's haematoma and advise accordingly. ➢ Complete a Special Report Form to submit to the Field Quality Unit.
G. The participant becomes / feels faint during the process.	➢ Remove the needle immediately and discontinue the procedure. ➢ Call from assistance from another household member if available. ➢ Assist the participant to a position in which they can recover (ideally laying down with legs raised). ➢ Monitor their recovery and advise accordingly regarding any further side effects of venepuncture they may experience after you have left the house. ➢ Code as appropriate in the CAPI Schedule.
H. The participant fully faints (i.e. has a loss of consciousness)	➢ **As above steps (in G)** ➢ Summon the Emergency Services if the participant does not appear to be recovering as quickly as you would expect. ➢ If the Emergency Services are called then contact the Project specific Survey Doctor to inform them of the situation and actions you've taken. ➢ Complete a Special Report Form to submit to the Field Quality Unit.
I. The participant experiences a fit during the process.	➢ Remove the needle immediately and discontinue the procedure. ➢ Call from assistance from another household member if available. ➢ Assist the participant to a position (if necessary) which can allow the fit to pass without them injuring themselves and which keeps their airway open throughout.

	➢ Summon the Emergency Services if the participant does not appear to be recovering as quickly as you would expect. ➢ Monitor their recovery and advise accordingly regarding any further side effects of venepuncture they may experience after you have left the house. ➢ Code as appropriate in the CAPI Schedule ➢ Contact the Project specific Survey Doctor to inform them of the situation and actions you've taken. ➢ Complete a Special Report Form to submit to the Field Quality Unit.

Mental Capacity to Consent for Venepuncture – Guidelines for Assessment

A participant's mental capacity must be assessed at the time the decision to allow a blood sample to be taken occurs.

The Nurse / Phlebotomist must assume that the participant has the capacity to consent, rather than assuming that they do not have this capacity, based on their age; appearance; health condition; or behaviour displayed at the time of the visit. The Nurse / Phlebotomist must also not assume any lack of capacity to consent based on any reports given by an interviewer, who has previously visited the participant. Although this information might provide some background to the situation, the Nurse / Phlebotomist must make their own professional judgement when they see the participant themselves.

In order to assess if the participant can make the decision to consent to a Blood Sample being taken or not, then the Nurse / Phlebotomist must be satisfied that the participant:

- understands what the blood sample is for; how it will be used by the research team/s; how the sample is to be taken; whether there are any side effects of the procedure; whether they have the opportunity to receive results or not; whether NatCen is able to inform their GP of their results or not.
- understands and can weigh up this information to help them make their decision.
- understands that they may decline with no repercussions.
- can communicate their decision (verbally or by sign language and in writing*)

* **Notes:**
- For participants who cannot read or understand written English, there is no Ethical Approval for another member of the household to translate the Project Specific Consent Document. Any participant in this situation will therefore become ineligible for the blood sampling data collection element, as they will not be able to give written, informed consent, as per the ethical approval for that Project.

Registered Professionals authorised to work within this CPG:

NatCen Freelance Survey Nurses / Midwives and Freelance Paediatric Phlebotomists, who:

- are actively working on panel and have been supervised in the Field within the previous 6-12 months period.
- have received the relevant training / updating on the Projects which require blood sampling and which includes specific discussion of this CPG.
- have signed the 'Agreement by the Approved Practitioner' document attached to this CPG.

Approval of Venepuncture Clinical Procedure Guideline.

Biomedical / Nurse Lead:	Jo Taylor – National Nurse Field Manager		
Field Data Collection Lead:	Sophie Ainsby – Director of Data Collection		
Date reviewed and implemented into Field Work:	August 2018	**Date of next review:**	August 2020

Supporting / Key References used:

Health and Safety Executive (2013) *Health and Safety (Sharps Instruments in Healthcare) Regulations 2013; guidance for employers and employees,* London, HSE.
Public Health England (2014) *Eye of the Needle: United Kingdom Surveillance of Significant Occupational Exposures to Blood Borne Viruses in Healthcare Workers,* London, PHE.
Public Health England (2015) *Raising awareness of needlestick injuries in healthcare settings;* London, PHE.
Nursing and Midwifery Council (2015) *The Code: Professional Standards and Behaviours for Nurses and Midwives,* London, NMC.
Royal College of Nursing (2012) *Wipe it Out: essential practice for effective infection prevention and control, guidance for nursing staff,* London, RCN.
Royal College of Nursing (2013) *Competencies: An education and training competency framework for capillary blood sampling and venepuncture in children and young people,* London, RCN.
The Royal Marsden NHS Hospital Trust (2015) *Blood: Obtaining Samples form a peripheral vein*, Chap. 10, Part 3 IN The Royal Marsden Manual of Clinical Nursing Procedures, 9th Ed, London, John Wiley & Sons Ltd.
World Health Organisation (2010) *WHO Guidelines on drawing blood: best practices in phlebotomy;* Geneva, WHO.

Declaration by NatCen Survey Nurses / Midwives and Phlebotomists:

I hereby sign to declare that I:

- *have attended the training for the relevant project this CPG will be used in,*
- *have read the CPG document fully,*
- *have discussed any concerns or queries with my Nurse / Phlebotomy Supervisor, my Nurse Field Performance Manager or the National Nurse Field Manager (Clinical Lead Nurse),*
- *will adhere to the protocol contained herein when working on projects using this CPG.*

Name: …….. *NatCen ID: ……..*

Signature: …… *Date:……*

Please also sign the following copy of your declaration and return to the NatCen Nurse Centre.

Return to Office Copy

Nurse / Phlebotomist – please sign this declaration and send back to the office

Approval of Venepuncture Clinical Procedure Guideline.

Biomedical / Nurse Lead:	Jo Taylor – National Nurse Field Manager		
Field Data Collection Lead:	Sophie Ainsby – Director of Data Collection		
Date reviewed and implemented into Field Work:	August 2018	**Date of next review:**	August 2020

Supporting / Key References used:

Health and Safety Executive (2013) *Health and Safety (Sharps Instruments in Healthcare) Regulations 2013; guidance for employers and employees,* London, HSE.

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- *will adhere to the protocol contained herein when working on projects using this CPG.*

Name: …….. *NatCen ID: ……..*

Signature: …… *Date:……*

Please return to: NatCen Nurse Centre – Kings House, 101-135 Kings Road, Brentwood, Essex, CM14 4LX

Understanding Society Health IP Main kit sticker Checklist v2

Understanding Society

Please make sure that you include your signed consent form for collecting the hair and dried blood spot samples before returning your samples to Understanding Society.

Please CIRCLE as appropriate

Hair sample	YES	NO
Hair Care Questionnaire	YES	NO
Dried blood spot sample	YES	NO
Lancets in container	YES	NO
Consent form	YES	NO
If your kit was posted to you:		
Was your kit posted through the letterbox?	YES	NO
Was your kit left elsewhere?	YES	NO

PLEASE **DO NOT** WRITE YOUR NAME OR ADDRESS ON THE KIT OR RETURN ENVELOPE. THE BARCODE AND OTHER IDENTIFICATION NUMBERS WILL LET US KNOW WHO THE SAMPLE IS FROM. THANK YOU.

Understanding Society Health IP Main YOUTH HAIR ONLY Sticker Checklist

Understanding Society

Please make sure that you include your signed consent form for collecting the hair and dried blood spot samples before returning your samples to Understanding Society.

Please CIRCLE as appropriate

Hair sample	YES	NO
Hair Care Questionnaire	YES	NO
Consent Form	YES	NO

If your kit was posted to you:

Was your kit posted through the letterbox?	YES	NO
Was your kit left elsewhere?	YES	NO

PLEASE **DO NOT** WRITE YOUR NAME OR ADDRESS ON THE KIT OR RETURN ENVELOPE. THE BARCODE AND OTHER IDENTIFICATION NUMBERS WILL LET US KNOW WHO THE SAMPLE IS FROM. THANK YOU.

Understanding Society Health IP survey doctor BP form v1

SURVEY DOCTOR FORM
TO BE COMPLETED BY INTERVIEWER / NURSE

DATE OF INTERVIEW: _____/_____/_____

PID: | | | | | | | | | | | | | |

RESPONDENT NAME: _____

RESPONDENT ADDRESS: _____

RESPONDENT TELEPHONE NUMBER: _____

RESPONDENT GENDER:_____

RESPONDENT AGE: _____

SYSTOLIC 1 (mmHg): | | | | DIASTOLIC 1 (mmHg): | | | |

SYSTOLIC 2 (mmHg): | | | | DIASTOLIC 2 (mmHg): | | | |

SYSTOLIC 3 (mmHg): | | | | DIASTOLIC 3 (mmHg): | | | |

As soon as possible after the interview and within 24 hours, you should call the survey doctor, Dr Michael East on 07845 467 153. The survey doctor is available between 8.00am to 10.00pm, Monday – Sunday. For further information please see your interviewer instructions.

Understanding Society Health IP Thank You Leaflet v2

We need your help to answer these important questions...

How well are you managing financially these days?

How would you rate your local services?

What do you consider your national identity to be?

Does your health limit you a lot, a little or not at all?

Understanding Society

Thank you for your help and participation in Understanding Society.

It is only by talking to the same people each year that we can build a picture of how lives are changing over time. This is why you are so valuable to the study.

The anonymous information you share is being used by social researchers, policy-makers in government, charities and other third sector organisations in the UK and around the world to shape and guide new policy.

Go online to find examples of how Understanding Society influences policy and features in the news:
www.understandingsociety.ac.uk/participants

If you are worried about any of the questions in this survey here are some helplines where you can get information, advice and support with all sorts of things like bullying, problems at home, exam stress, self-harm or loneliness.

ChildLine
Online: **www.childline.org.uk** Tel: **0800 1111** (calls are free)
Calls are confidential and won't appear on your home phone bill. You can also use a mobile phone. Calls from 3 (Three), BT Mobile, EE, O2, Orange, T Mobile, Virgin or Vodafone mobiles won't show up on the phone bill either.

SupportLine
Online: **www.supportline.org.uk** Tel: **01708 765200**
Write: SupportLine PO Box 2860, Romford, Essex RM7 1JA
SupportLine provides a confidential telephone helpline offering emotional support to any individual on any issue.

Anti-Bullying Ambassador Programme
Online: **www.antibullyingpro.com/support-centre** Tel: **Text DA to 85258**
For help and advice if you are being bullied.