MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT University College London Medical School Department of Epidemiology and Public Health 1-19 Torrington Place London WC1E 6BT

NURSE INTERVIEW 1999

CAPI Version 5

23rd January 2002

KEY

Normal text	Nurse reads this out to cohort member
Bold	Emphasis for the nurse when reading out question
Italics	Instruction to nurse only
#	Instruction to nurse to press shift and F2 to save
٨	Instruction to nurse to press 1 to continue
[]	Indicates inserted feed forward data from elsewhere
FF	Warren's feed forward data
LFF	Local feed forward data (i.e. data collected in interview)
SFF	SCPR feed forward data

1. Enter a numeric value between 1 and 990. POINT + Point number
2. You are in the interview schedule for serial number [SFF]. Enter a numeric value between 1001 and 7002. <u>+</u> SERIAL Serial number
3. Nurse: check date of interview and alter if not correct. Version: Ver05. # ^ + INTDATE day month year Interview date 1 9 9 9
 4. Before I start the interview, I need to check that I have opened the right file for you. <i>Code: Cohort member's sex.</i> Male 1 <u>+</u> CMSEX Female 2
5. Can I check? What day in March is your birthday? <i>Enter a numeric value between 3 & 9.</i> <u>+</u> BDAT Birth date
 6. Can I check, is your name still(read from ARF) or have you changed it for any reason? ± CMNAME Same 1 Changed 2→ Nurse: please record name change details in full on ARF page 1 by label. ^
 Nurse: please code whether you are interviewing the cohort member themselves or conducting a proxy interview with the cohort member's carer? Interview conducted with cohort member 1→Q8a ± INTWHO Interview conducted with carer 2→Q8b
 8. Before we begin the interview, I need to get your written permission to carry out this interview. Please read and sign Consent Form 1. <i>Nurse: Make sure the form has been signed and dated.</i> ± CONSENT1 Form 1 signed 1→ <i>Nurse: circle codes 01 and 04 on front of consent booklet.</i> ^ Form 1 refused 2→ <i>Nurse: circle codes 02, 04, 06, 08, 10, 12, 14, 16, 18, 20, 22, 24 and 26 on front of consent booklet.</i> →Q133
8b. <i>Nurse: address this question to the carer</i> . Before we begin the interview, I need to get your written permission to carry out this interview on behalf of the cohort member. Please read and sign Consent Form 2. <i>Nurse: Make sure the form has been signed and dated.</i> <u>+</u> CONSENT2
 Form 2 signed 1→ Nurse: circle codes 02 and 03 on front of consent booklet. ^ Form 2 refused 2→ Nurse: circle codes 02, 04, 06, 08, 10, 12, 14, 16, 18, 20, 22, 24 and 26 on front of consent booklet. →Q133
9. Nurse to code: Is cohort member in an institution? ± INST Yes 1 No 2
10. I would like to start by asking you some questions about your household. How many people in total live in this household, including yourself? <i>Include individuals absent temporarily e.g. someone working away or a child that is a student. Enter a numeric value between 1 and 20.</i> Number <u>*</u> HOU (<i>If total is one, go toQ14</i>)
11. Do you have a husband/wife or partner living in this household? * REL1 Spouse 1 Partner 2 Neither 3
 12. How many children under 16 live in your household all of the time? Include any step, adopted or foster children you are responsible for. <i>Include all children for whom survey member is parent figure. Enter a numeric value between 0 and 15.</i> Number <u>+ HMC16</u>
 13. Now children aged 16 or over, including grown up ones. How many live in your household all of the time? Include step, foster, adopted or any for whom survey member is parent figure. Enter a numeric value between 0 and 15. Number <u>+</u> HMCAD

	3	
	would like to get some general information about your household. Does your household own or rent this	
acc	nodation? Please give an answer from this card. (Show card A) wns it or is buying it $1 \rightarrow Q15$	
	enting it from the Council $2 \rightarrow Q15$	
	enting if from a relative $3 \rightarrow Q15 $ <u>* OWN</u>	
	enting it from a private landlord $4 \rightarrow Q15$	
	enting it from a housing association $5 \rightarrow Q15$	
	ther (please specify) $6 \rightarrow Q14b$	
b. In v	t way does your household occupy this accommodation? <u>+</u> OWNOTH	
15. I w	I now like to update our records about marriages and partners. First, what is your current marital status ngle, that is never married $1 \rightarrow Q15c$	
	Iterative $2 \rightarrow Q15b$ Iterative $3 \rightarrow Q15b$ Iterative $\pm MARSTATS$	
	Iarried and separated from your husband/wife $3 \rightarrow Q15b$ \pm MARSTATSivorced $4 \rightarrow Q15b$	
	r, widowed? $5 \rightarrow Q15b$	
	heck, have you been married once or more than once? If more than once, probe for number of marriages. Enter number riages. Enter a numeric value between 0 and 9. \pm MARNUM umber $\bigcirc \rightarrow$ Q16	
c. Sin	ve last interviewed you in [FF], have you lived with a partner for more than a year? <u>*</u> MARP	
	es $1 \rightarrow Q17$	
	o 2→Q17	
16 Thi	g of your [LFF e.g. first/second/last] marriage, when were you married. Can you tell me the year? Nurse: If respondent	
	ou an age rather than a year you can enter the age here instead. Enter a numeric value between 16 and 1999.	
U	ear or age <u>* (x=1-4)</u> MARY MARY2 MARY3 MARY4	
1 17	d this marriage end? $*(x-1-4)$ MARB MARB2 MARB3 MARB4	
b. Ho	d this marriage end? $\underline{*}(x=1-4)$ MARBMARB2MARB3MARB4Iarriage not ended $1 \rightarrow Q17$	
	each $2 \rightarrow Q16c$	
	ivorce $3 \rightarrow Q16d$	
	eparation $4 \rightarrow Q16d$	
c. Wh	lid your partner die - just tell me the year. Enter a numeric value between 1956 and 2000. $\underline{?}$ (x=1-2) MADY MA	ADY2
	ear $\rightarrow Q25$	
d. Wh	lid you stop living together - just tell me the year? Enter a numeric value between 1956 and 2000.? (x=1-3)	
	ear $\rightarrow Q25$ MASY MASY2 MASY3	
If more	rriages, go back to Q16a	
	g now to children of your own Refer only to biological children. Exclude still births and miscarriages. ^ Have you d any children of your own. <i>Include biological children only. Exclude still births and miscarriages.</i> * CHIL es 1	
	$0 \qquad 2 \rightarrow Q20$	
	any children of your own have you had altogether? Include biological children only. Exclude still births and riages. Enter number of children. Enter a numeric value between 0 and 25. <u>*</u> CHILN umber	
18. Thi	ng of your [LFF e.g. first/next/last] child ^ What is your child called? <u>+ + (x=2-5) CHILNAME</u> CHILNAM2 CHILNAM3 CHILNAM4 CHILNAM5	2
L T.F		
0. IS [x_1 a boy or girl? $\underline{*}(x=1-5)$ CHSS CHSS2 CHSS3 x_2 oy1CHSS4 CHSS5	
	oy I CHSS4 CHSS5 irl 2	
_		
c. In v	t year was [LFF] born? <i>Enter a numeric value between 1960 and 2000.</i> $*(x=1-5)$ CHDS CHDS2 CHDS3 ear CHDS4 CHDS5	
If more	ear CHDS4 CHDS5	
-,	and the second second second	

100 Do any of your own shildren now have shildren of their		* GCH	4
19a.Do any of your own children now have children of their of Yes 1	Jwn ?	<u> </u>	
No $2 \rightarrow Q26$			
b. In what year was the first one born? Year		* GCHDF	
20.Now something about hospital treatment. Since we last say admitted to hospital as an in-patient? <i>In-patient= at least</i> Yes 1		ou were [FF age], have you <u>* HOAD</u>	been
	06 on front of consent book	<i>let.</i> ^→Q23	
b. How many times have you been admitted to hospital since <i>numeric value between 1 and 25.</i> Number	e we saw you last in [FF yea	ar]? Enter no of admissions <u>*</u> HOADN	. Enter a
HOSPNAG	hich hospital did you go into E HOSPNA2 HOSPNA3	b? Collect full name of hosp $\pm \pm (x=1-16) \xrightarrow{HOSPNA4} HOSPNA9$	pital and name HOSPNA5 HOSPNA10
b. Which town was this in? TOWNNAME TOWNNA2 TOWNNA3 TOWNNA4 T		$\frac{\pm \pm (x=1-16)}{\text{OWNNA7 TOWNNA8 TO}}$	WNNA9 TOWNNA10 WNNA15 TOWNNA16
c. Were you an NHS or a private patient? HOXNH HOXNH2 NHS 1 HOXNH8 HOXNH9 Private 2 HOXNH16	HOXNH3 HOXNH4 HOXNH10 HOXNH11	*(x=1-16) HOXNH5 HO2 HOXNH12 HOXNH13HO2	XNH6 HOXNH7 XNH14 HOXNH15
d. When did you go in, first tell me the month and then the y Month HOXMT9 HOXMT9 HOXMT10	$_{v-1}$ 16) HOXMT3 HOXMT	between 1 and 12. F4 HOXMT5 HOXMT6 L2 HOXMT13 HOXMT14	HOXMT7 HOXMT8 HOXMT15 HOXMT16
	wn press <ctrl +="" k="">. Ente x=1-16)HOXYR2 HOXYR3 YR10 HOXYR11 HOXYR1</ctrl>	B HOXYR4 HOXYR5	HOXYR6 HOXYR7
f. Why were you admitted to hospital as an in-patient on this leading to admission. Enter verbatim. REASON1 REASON REASON8 REASON9 REASON10 REASON1	s occasion? <i>Probe for full re</i> N2 REASON3 REASON4	eason and diagnosis. Recor + (x=1-16) REASON5 R	d all reasons REASON6 REASON7
g. What was the name of the ward you were in? If in more th WARD1 WARD2 WARD3 WARD4 WARD5 WARD6 WARD	aan one ward - enter names 7 WARD8 WARD9 WARD1	$^{0}+(x=1-16)^{WARD11}WARD$	012 WARD13 WARD14 15 WARD16
	our case while you were in h DOCTOR6 DOCTOR7 1 DOCTOR12 DOCTOR13	$+ (x=1-16)^{\text{DOCTOR8}}$ DOC	CTOR9 DOCTOR10 DCTOR16
If more inpatient hospital admissions, go back to $Q21a$			
22. Thank you for your help with these questions. It is possible to obtain more information from the hospital's records. Man Yes, permission given 1 Permission refused 2→Nurse: circle code 0		to consult your hospital rec \pm PERMISS3	
 b. Before the Medical Research Council can look at your rechave no objection to them collecting fuller information af form 3. <i>Nurse: Please make sure the form has been signal</i> 	cords, they need to have you bout your in-patient stay(s)	r written consent to confirm in hospital. Please read and	l sign Consent
Signature obtained on Consent Form 3 Signature not obtained (<i>Enter a note to say why</i>)		on front of consent bookle on front of consent booklet	
23. Now some questions about going into hospital as a day pa aged [FF age], have you spent a day at a hospital for treatment Yes 1 No $2 \rightarrow Q25$			

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b.	Have you been in hospital as a day patient for just one illness or condition or have you been in for more than one type of problem? Count each type of problem/illness/condition as one course of treatment. Enter number of courses of treatment. Enter a numeric value between 1 and 25. Number	
	I would like some information about the problems that caused you to go into hospital as a day patient for treatment or surger <i>Collect information about each course of treatment. Starting with first one since last interview.</i> #^ What was the illness or condition that was being treated on the first occasion since [FF year]. <i>Record all problems treated.</i> CONDIT1 CONDIT2 CONDIT3 CONDIT4 CONDIT5 CONDIT6 CONDIT7 $\pm (x=1-15)$ CONDIT8 CONDIT9 CONDIT14 CONDIT12 CONDIT12 CONDIT13 CONDIT14 CONDIT14 CONDIT12 CONDIT14 CONDIT12 CONDIT13 CONDIT14 CONDIT14 CONDIT12 CONDIT13 CONDIT14 CONDIT14 CONDIT12 CONDIT13 CONDIT14 CONDIT14 CONDIT12 CONDIT13 CONDIT14 CONDIT14 CONDIT14 CONDIT12 CONDIT13 CONDIT14 C	
b.	In which year or what age did you go into hospital as a day patient for this first problem? Nurse: Enter year - this should not be before year of last interview. Nurse: If respondent gives you an age rather than a year you can enter the age here instead.	
	Enter a numeric value between 0 and 2000. Year $+ (x=1-15)$ HDXM HDXM2 HDXM3 HDXM4 HDXM5 HDXM6 HDXM7 HDXM8	}
If r	nore day patient admissions, go back to Q24a. HDXM9 HDXM10 HDXM11 HDXM12 HDXM13 HDXM14 HDXM15	
25	Now I am going to ask you some questions about your general health. Have you ever been told by a doctor that you have had angina?	
	Yes 1 <u>~ ANGE</u>	
	No $2 \rightarrow Q26$	
b.	How old were you when you first had this problem? <i>Nurse: If asked, when</i> respondent first felt they had angina if responder was born with this condition, enter 0. Enter number in years. Enter a numeric value between 0 and 53. <u>BANG</u> Age	nt -
c.	Have you had any more attacks since then? <u>+ SCPRGH2</u> Yes 1	
	No $2 \rightarrow Q25e$	
d.	How old were you when you last had this problem? <i>Enter number in years. Enter a numeric value between 0 and 53.</i> Age LANG	
e.	Have you consulted a doctor or other health professional about your angina in the last 12 months? <i>Code all that apply. Enter most 3 values.</i>	at
	Yes, a doctor1Yes, another health professional $2 \rightarrow Q25g$ \pm SCPRGH31	
	No $3 \rightarrow Q25h$ SCPRGH32	
	How often have you consulted a doctor about your angina in the last 12 months? <i>Enter a numeric value between 0 and 100.</i> Number \simeq DANG <i>nly consulted a doctor, go toQ25g.</i>	
g.	How often have you consulted a health professional about your angina in the last 12 months? Enter a numeric value between	0
	and 100. Number <u>~ OANG</u>	
h.	Have you taken any prescribed medicines or tablets for your angina in the last 12 months? Yes 1	
	No $2 \rightarrow Q26$ $\sim PANG$ (Can't remember) $3 \rightarrow Q26$	
i.	Please tell me the name of the prescribed medicines or tablets that you have taken for this in the last 12 months . <i>Probe for others and record verbatim</i> .	
	<u>+</u> PANG1	
26.	Have you ever had any pain or discomfort in your chest? Yes $1 \rightarrow Q26c$ No 2 ANGIN	
b.	Have you ever had any pressure or heaviness in your chest? $\underline{*}$ CHPRYes1No2 \rightarrow Q27	

c.	Do you get it when you walk uphill or hurry? Yes 1 No 2 \rightarrow Q27 Never walks uphill or hurries 3	* CHPRU
d.	Do you get it when you walk at an ordinary pace on the level? Yes 1 No 2 Never walks $3 \rightarrow Q27$	* CHPRN
b.	What do you do if you get it while walking? Do youread outStop or slow down1Carry on or $2 \rightarrow Q27$ Carry on after taking a nitro-glycerine tablet under your tongue? $3 \rightarrow Q27$	<u>*</u> CHPRR
f.	And if you stand still what happens to it. Does the pain in your chest <i>read out</i> Go away, 1 Or not go away? 2	<u>*</u> CHPRS
g.	How soon does it go away. Does it go in <i>read out</i> 10 minutes or less 1 Or more than 10 minutes? $2\rightarrow$ Q27	<u>*</u> CHPRT
h.	Show card B. Will you show me where you get this pressure or heaviness in the chthe position. Code all that apply. Probe: Anywhere else? Enter at most 6 values.Sternum (upper or middle)1Sternum lower2Left anterior chest3Left arm4Right anterior chest5Right arm6(Somewhere else)7	est? Nurse: Use show card B to help code <u>*</u> CHPRL1 CHPRL2 CHPRL3 CHPRL4 CHPRL5
i.	Did you see a doctor or hospital specialist because of this pain or discomfort? If yes, pre Enter at most 3 values. No 0 Yes, GP 1 Yes, hospital specialist 2	robe for who: Who? Code all that apply. <u>*</u> CHPRD1 CHPRD2
27.	. Do you get pain in either leg on walking? Yes 1 No $2 \rightarrow Q28$ Respondent is chair/bed bound $3 \rightarrow Q28$	<u>~</u> LGP
b.	Does this pain ever begin when you are standing still or sitting? Yes $1 \rightarrow Q28$ No 2	\simeq LGPBS
c.	In what part of your leg do you feel this pain or discomfort? <i>Nurse: Ask respondent to</i> In calf muscle(s) 1 Not in calf muscle(s) $2 \rightarrow Q28$	point. <u>~</u> LGPPT
d.	Do you get it if you walk uphill or hurry Yes 1 No $2 \rightarrow Q28$ Never hurries or walks uphill3	≃ LGPU
e.	Do you get it when you walk at an ordinary pace on the level? Yes 1 No 2 Never walks $3 \rightarrow Q28$	<u>~</u> LGPN
f.	Does the pain ever disappear while you are walking? Yes $1 \rightarrow Q28$ No 2	<u>~</u> LGPD

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g.	What do you do if you get it when you are walking	g? Do youread out	\simeq LGPR	
-	Stop or slow down	1		
	Carry on	$2 \rightarrow Q28$		
h	What happens to it if you stand still. Is the pain	read out		
п.	Still not relieved	$1 \rightarrow Q28$	<u>+</u> LGPX	
	Or does it go away?	2		
		-		
i.	How soon does it go away. Does it go in read ou	<i>ut</i>	\sim LGPT	
	10 minutes or less	1		
	Or more than 10 minutes?	2		
20	House you arou suffered from a baset attack?			
20.	Have you ever suffered from a heart attack? Yes 1		\simeq HARAE	
	No $2 \rightarrow Q29$			
b.	How many heart attacks have you had? Nurse: en	ter number. Enter a numeric value	between 1 and 20	<u>~</u> HARAN
	Number			
	When discussed these baset attacks (a) Was it and	dana Managar Francisca dana ang		dent much. Enter at most
c.	Who diagnosed these heart attack(s). Was it rea 2 values.	a out Nurse: For more than one	е пеатт аттаск соае ан	that apply. Enter at most
	A GP,	1		
	A specialist,	2	<u>~</u> HARAD1	HARAD2
	Or was no medical diagnosis made?	3		
d.	How old were you when you had your first heart a	attack? Enter number in years. If le	ess than one, enter 0. I	Enter a numeric value
	between 0 and 53.	2		
	Age <u>~</u> HARAI	3		
e	How old were you when you had your most recer	ut heart attack? <i>Enter number in ve</i>	ears Enter a numeric	value between 0 and 53
с.	Age <u>~ HARA</u>		tars. Enter a numerie	and between 6 and 55.
		-		
	Now I would like to ask you about some more spec			
	these kinds of heart trouble you have had, if any,	in the last ten years that is since y	ou were 43 years old?	Nurse code all that
	apply. Show card C. Enter at most 8 values.			
	Coronary thrombosis $1 \rightarrow Q29c$	HEAR'	Т1	
	Myocardial infarction $2 \rightarrow Q29c$ Valvular disease $3 \rightarrow Q29c$	HEAR	т2	
	Valvular disease $3 \rightarrow Q29c$ Aortic stenosis $4 \rightarrow Q29c$	HEAR		
	Additional Stenosis $4 \rightarrow Q29C$ Ischaemic heart disease $5 \rightarrow Q29C$			
	Tachycardia $6 \rightarrow Q29c$	—		
	Palpitations or heart murmur $7 \rightarrow Q29c$	HEAR	CT-5	
	Other (please specify) $8 \rightarrow Q32b$			
	None of these $9 \rightarrow Q30$			
b.	What kind of heart trouble have you had? Nurse ty			
		OTHHR'	Т	
с.				
	Has a doctor said you had this problem?	± HDOCT	OLD	
	Yes 1	± HDOCT	OLD	
		± HDOCT	OLD	
d.	Yes1No $2 \rightarrow Q30$			ar rather than an age you
d.	Yes 1	liagnosis first made. Nurse; If resp	ondent gives you a yed	ar rather than an age you
d.	Yes 1 No $2 \rightarrow Q30$ How old were you then? <i>Nurse: Enter age when a</i>	liagnosis first made. Nurse; If resp	ondent gives you a yed	ur rather than an age you
	Yes1No $2 \rightarrow Q30$ How old were you then? Nurse: Enter age when acan enter the year here instead. Enter 0 if born with AgeAge	liagnosis first made. Nurse; If resp th illness. Enter a numeric value b HAGE	oondent gives you a yed etween 0 and 2000.	
	Yes1No $2 \rightarrow Q30$ How old were you then? Nurse: Enter age when a can enter the year here instead. Enter 0 if born wi AgeAge $+$ Have you had any kind of blood pressure proble	liagnosis first made. Nurse; If resp th illness. Enter a numeric value b HAGE	oondent gives you a yed etween 0 and 2000.	
	Yes1No $2 \rightarrow Q30$ How old were you then? Nurse: Enter age when a can enter the year here instead. Enter 0 if born wi AgeAge \pm Have you had any kind of blood pressure proble YesYes1	liagnosis first made. Nurse; If resp th illness. Enter a numeric value b HAGE	oondent gives you a yed etween 0 and 2000.	
	Yes1No $2 \rightarrow Q30$ How old were you then? Nurse: Enter age when a can enter the year here instead. Enter 0 if born wi AgeAge $+$ Have you had any kind of blood pressure proble	liagnosis first made. Nurse; If resp th illness. Enter a numeric value b HAGE	oondent gives you a yed etween 0 and 2000.	
30.	Yes1No $2 \rightarrow Q30$ How old were you then? Nurse: Enter age when a can enter the year here instead. Enter 0 if born with AgeAge \pm Have you had any kind of blood pressure problet YesYes1No $2 \rightarrow Q31$	liagnosis first made. Nurse; If resp th illness. Enter a numeric value by HAGE ms in the last ten years that is sind	oondent gives you a yed etween 0 and 2000. ce you were 43 years o	
30.	Yes 1 No $2\rightarrow Q30$ How old were you then? <i>Nurse: Enter age when d</i> <i>can enter the year here instead. Enter 0 if born wi</i> Age \pm Have you had any kind of blood pressure proble Yes 1 No $2\rightarrow Q31$ What blood pressure problems have you had? <i>Et</i>	liagnosis first made. Nurse; If resp th illness. Enter a numeric value by HAGE ms in the last ten years that is sind nter at most 3 values. <u>+</u> WHTBE	condent gives you a yea etween 0 and 2000. ce you were 43 years o	
30.	Yes 1 No $2\rightarrow Q30$ How old were you then? <i>Nurse: Enter age when d</i> <i>can enter the year here instead. Enter 0 if born with</i> Age \pm Have you had any kind of blood pressure proble Yes 1 No $2\rightarrow Q31$ What blood pressure problems have you had? <i>Et</i> Hypertension/high blood pressure	liagnosis first made. Nurse; If resp th illness. Enter a numeric value by HAGE ms in the last ten years that is sind nter at most 3 values. <u>+</u> WHTBE 1	condent gives you a yea etween 0 and 2000. ce you were 43 years o	
30.	Yes 1 No $2\rightarrow Q30$ How old were you then? <i>Nurse: Enter age when d</i> <i>can enter the year here instead. Enter 0 if born wi</i> Age \pm Have you had any kind of blood pressure proble Yes 1 No $2\rightarrow Q31$ What blood pressure problems have you had? <i>Et</i>	liagnosis first made. Nurse; If resp th illness. Enter a numeric value by HAGE ms in the last ten years that is sind nter at most 3 values. <u>+</u> WHTBE	condent gives you a yea etween 0 and 2000. ce you were 43 years o	

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c.	Has a doctor said you h Yes No	ad this problem? 1 2	<u>+</u> BDOCTOLD	
d.			made. Nurse; If respondent gives you a year ter a numeric value between 0 and 2000.	rather than an age you
31	Yes	1	have you had a stroke? \pm STROKE	
	No	2→Q32		
b.	Has a doctor said you h Yes No	ad this problem? 1 2	± SDOCTOLD	
c.			made. Nurse; If respondent gives you a year ter a numeric value between 0 and 2000.	rather than an age you
32.	. And in the last ten yea hyperthyroidism or hyp Yes No		have you had a thyroid disorder ? <i>If asked: e</i> ± THYRASK	xamples include goitre,
b.	What kind of thyroid di Goitre Hyperthyroidism Hypothyroidism Other			ROID1 ROID2
c.	Has a doctor said you h Yes No	ad this problem? 1 2	<u>+</u> TDOCTOLD	
d.			made. Nurse; If respondent gives you a year ter a numeric value between 0 and 2000.	rather than an age you
33.	-	rs (that is since you were 43 years old,)	have you had meningitis or encephalitis ?	\pm MENIN
	Yes No	1 2→Q34		
b.	Has a doctor said you h Yes No	ad this problem? 1 2	<u>+</u> MDOCTOLD	
c.	How old were you then	? Nurse: Enter age when diagnosis first	made. Nurse; If respondent gives you a year ter a numeric value between 0 and 2000. E	rather than an age you
34.	. (And) in the last ten ye Yes No	ars (that is since you were 43 years old, 1 2→Q35) have you had shingles ? <u>+</u> SHIN	
b.	If yes, probe 'Did your ' Yes, involving the Yes, not involving No		ve shingles <i>read out</i> <u>+</u> SPROB	
c.	Has a doctor said you h Yes No	ad this problem? 1 2	<u>+</u> SHDOCTOLD	

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d.	How old were you then? <i>Nurse: Enter age when diagnost can enter the year here instead. Enter 0 if born with illne</i> Age <u>+ SHAGE</u>	sis first made. Nurse; If respondent gives you a year rather than an age you ess. Enter a numeric value between 0 and 2000.
35	And in the last ten years (that is since you were 43 year Yes 1 No $2 \rightarrow Q36$	s old,) have you ever had any fits or epilepsy ? \pm FIT
b.	Has a doctor said you had this problem? Yes 1 No 2	<u>+</u> FDOCTOLD
	How old were you then? <i>Nurse: Enter age when diagnost a enter the year here instead. Enter 0 if born with illness.</i> Age <u>+</u> FAGE	sis first made. Nurse; If respondent gives you a year rather than an age you Enter a numeric value between 0 and 2000.
36	And in the last ten years (that is since you were 43 year Yes 1 No $2\rightarrow Q37$	s old,) have you had cancer ? <u>+</u> CANCER
b.	Looking at this card [please tell me what type of cancerand give any further details by opening a notepad by usingLeukaemiaHodgkin's disease2 \rightarrow Q36dLymphoma3 \rightarrow Q36dSkin cancer4 \rightarrow Q36dBone cancer5 \rightarrow Q36dBreast cancer6 \rightarrow Q36dCancer of the uterus7 \rightarrow Q36dCancer of the cervix8 \rightarrow Q36dCancer of the colon9 \rightarrow Q36dOther (specify)10	you have had in the last ten years? Show card D. Nurse: Code all that apply ng Ctrl+M. Enter at most 11 values. ± CWHERE01 CWHERE02
c.	What other kind of cancer have you had? <i>Nurse: type ve</i>	rbatim. <u>+</u> OTHCNCER
d.	Has a doctor said you had this problem? Yes 1 No 2	± CDOCTOLD
c.	How old were you then? <i>Nurse: Enter age when diagnost can enter the year here instead. Enter 0 if born with illne</i> Age <u>+ CAGE</u>	sis first made. Nurse; If respondent gives you a year rather than an age you ess. Enter a numeric value between 0 and 2000.
	And in the last ten years (that is since you were 43 year cephalomyelitis, better known as ME? Yes 1 No $2\rightarrow Q38$	s old,) have you had Chronic fatigue syndrome or Myaligic ± ME
b.	Has a doctor said you had this problem? Yes 1 No 2	<u>+</u> MEDOCTLD
	How old were you then? Nurse: Enter age when diagnost a enter the year here instead. Enter 0 if born with illness.	sis first made. Nurse; If respondent gives you a year rather than an age you Enter a numeric value between 0 and 2000.
38	And in the last ten years (that is since you were 43 year Yes 1 No $2 \rightarrow Q39$	s old,) have you had diabetes ? <u>*</u> DIAB

b.	What kind of diabetes I Insulin-dependen Non-insulin depe High blood sugar Some other kind	t 1 indent or 2 i or 3	ad out Nurse:	code all that apply. Enter at most 3 v	alues. <u>+</u> KINDDIA1 KINDDIA2
c.	Has a doctor said you h Yes No	had this problem? 1 2	<u>+</u>	DDOCTOLD	
d.		e instead. Enter 0 if born v		nade. Nurse; If respondent gives you er a numeric value between 0 and 200	
39.	And in the last ten yea Yes No	ars have you had asthma? 1 2→Q40	? <u>+</u>	ASTHMA	
b.	Has a doctor said you h Yes No	had this problem? 1 2	±	ADOCTOLD	
c.		e instead. Enter 0 if born v		nade. Nurse; If respondent gives you er a numeric value between 0 and 200	
40.	And in the last ten yea Yes No	urs that is since you were 4 1 2→Q41	43 years old, hav	ve you had hay fever ? <u>+</u> HAYF	
b.	Has a doctor said you h Yes No	had this problem? 1 2	±	HFDOCTLD	
c.		<u>e instead. E</u> nter 0 if born v		nade. Nurse; If respondent gives you er a numeric value between 0 and 200	
41.	And in the last ten yea Yes No	urs have you suffered from 1 2→Q42	n migraines ? <u>+</u>	HEADACHE	
b.	Has a doctor said you h Yes No	had this problem? 1 2	±	HADOCTLD	
c.		<u>e instead. E</u> nter 0 if born v		nade. Nurse; If respondent gives you er a numeric value between 0 and 200	
42.	(And in the last ten ye day ?	ars that is since you were	43 years old,) h	ave you had a sudden speech proble	m which got better after a
	Yes No	1 2	<u>+</u> SPEECH	I	
43.	(And) in the last ten y o day ?	e ars (that is since you we	re 43 years old,)	have you had sudden sight problem	s which got better after a
	Yes No	1 2	<u>+</u> SIGHT		
44.	And in the last ten yea better after a day ?	ars (that is since you were	43 years old,) h	ave you had a sudden weakness in a	n arm or leg which got
	Yes No	1 2	<u>+</u> LIMB		

45. And in the last ten ye	ears (that is since you were 43 years old,) have you had anaemia?	<u>+</u> BLO	OD
Yes No	1 2		
-	ears) have you had any liver diseases ?	± LIV	ER
Yes No	1 2		
47 (And in the last ten w	ears) have you had any stomach trouble such as ulcers, gastritis or	agid indi	raction?
Yes	1	\pm TUN	-
No	2		
-	ears) have you had gall bladder trouble ?	<u>+</u> GAL	LB
Yes No	1 2		
49. (And in the last ten ye	ears) have you had any kidney or bladder infections?	+ KID	NEY
Yes	1	_	
No	2		
50. (And in the last ten ye Yes	ears) have you had a hernia ? 1	<u>+</u> HER	NIA
No	2		
	ears) have you had any allergies ?	± ALI	JERGY
Yes No	1 2		
	ears) have you had cataracts, glaucoma or other serious eye trou	հետ	+EYE
Yes	1	DIC :	<u>+ 616</u>
No	2		
53. (And in the last ten ye Yes	ears) have you had any skin trouble such as eczema or psoriasis ?		\pm SKIN
No	2		
54. (And in the last ten ye Yes	ears) have you had any persistent trouble with your gums or mou 1	ıth?	± GUM
No	2		
55. Do you now regularly Yes	y take any prescribed medicines?		<u>*</u> OHOM
No	2→Q56		
b. What are they called?	? Nurse: Record names of all medicines and they are used for.		<u>+</u> OHOP
56. Do you usually cougl	h first thing in the morning in the winter?		<u>*</u> WIC
Yes No	1 2		
b. Do you usually coug Yes	the day or night in winter?		<u>*</u> WID
No	2 (If no to both 56a & b \rightarrow Q57)		
c. Do you cough like th	nis on most days for as much as 3 months each year?		<u>*</u> WIM
es No	1 2		
		wintan ⁰	* DHI
Yes	g up any phlegm (spit from the chest) first thing in the morning ir 1	i winter?	·
No	2		

				12
b.	Do you usually bring Yes	up any phlegm during the day or at night in winter?	<u>*</u> PHLD	
	No	2		
c.	Do you bring up phle	gm on most days for as much as 3 months each year?	<u>*</u> PHLM	
	Yes	1	-	
	No	2		
d.		ve you had a period of cough and phlegm lasting for 3 weeks or more?	<u>*</u> COPH	
	Yes No	1 2		
			* WZY	
e.	Yes	sound wheezy or whistling?		
	No	$2 \rightarrow Q57g$		
f.	Do you get this most	days or nights?	<u>*</u> WZYD	
	Yes	1		
	No	2		
g.		rs, have you had any chest illness, for example, bronchitis or pneumonia,		or
	indoors for a week or Yes	more? 1	* BRONC	
	No	2→Q58		
h	How many illnesses l	ike this have you had in the last 3 years. Have you hadread out		
	One or	1	<u>*</u> NUM	
	More than one	2		
i.	-	ctor about this during the last 3 years?	≃ BROND	
	Yes No	1 2		
58.	Now a few questions Yes	about smoking. Can I check, do you smoke cigarettes at all nowadays?	<u>*</u> SMOS	
	No	2→Q59		
h	How many cigarettes	a day do you usually smoke? Nurse: If roll-ups give equivalent number of	of cigarettes Enter number	
υ.	Enter a numeric value	e between 1 and 300.	g eigurenes. Emer number.	
		<u>*</u> SMODS		
c.	What is the main bran	nd of cigarettes you smoke? Nurse: Ask to see packet if necessary. Type b		
			<u>*</u> SMOSB	
d.	Enter the 4 digit cigar	rette brand code. Enter a numeric value between 0 and 9999.		
		*CIGCODEA $\rightarrow Q60$		
59.	Have you ever smoke	d cigarettes regularly, by which I mean at least one cigarette a day for 12	months or more? * SMOSE	
	Yes	1		
	No	2		
60.	Do any of the people Yes	you live with smoke cigarettes at home?	<u>≃</u> SMOH	
	No	$2 \rightarrow Q61$		
	Not applicable	$3 \rightarrow Q61$		
b.	Thinking about all the	e people you live with, on average, about how many cigarettes a day do th	ney smoke at home?	
	Enter total number of	cigarettes. Enter a numeric value between 0 and 90.	•	
	Number			
61.	Do you smoke a pipe		<u>*</u> PIPE	
	Yes No	$\begin{array}{c}1\\2 \rightarrow Q62\end{array}$		
	110	- / X-		

				13
b.	How much pipe tobac Grams or Ounces	teo do you usually smoke per week ? <i>Nurse: Enter code first and amoun</i> 1 2	t at next question. <u>+</u> PAMNT	
c.	Nurse: Enter amount Amount	in grams . If less than one gram, enter 0. Enter a numeric value between	0 and 900.	
d.	Nurse: Enter amount a Amount	in ounces . If less than one ounce, enter 0. Enter a numeric value betwee <u>*</u> POZ	n 0 and 90.	
f.	What brand of tobacco	o you smoke? <i>Nurse: ask to see packet if necessary.</i>	- PIPEB	
62	. Do you smoke cigars ' Yes	? <u>*</u> CIG 1		
	No	$2 \rightarrow Q63$		
b.	How many cigars do y	you smoke per week ? <i>Enter a numeric value between 0 and 300.</i>	<u>+</u> CIGA	
c.	What brand of cigars	you smoke? <i>Nurse: ask to see packet if necessary.</i>	<u>+</u> CIGS	
63	• 1	ents smoke cigarettes, cigars or pipes when you lived with them as a chi <i>people respondent lived with. Code all that apply. Enter at most 4 value</i> 1 2 3 4	v	live with SMOP1 SMOP2
64	. Now some questions a Yes No	bout your family? #^ Can I now check, is your natural mother alive? 1 →Q65 2	* MLIV	
b.	How old was your mo Age	other when she died? Enter age in years. Enter a numeric value between	10 and 120.	
c.	What was the date of 1 1999. Year	her death, the year first please? If don't know press $Ctrl+K$. Enter a num	eric value between 19	946 and
d.	The month please? If a Month	don't know press Ctrl+K. Enter a numeric value between 1 and 12.		
e.	The day please? <i>If dor</i> Day	n't know press Ctrl+K. Enter a numeric value between 1 and 31. <u>* MDD</u>		
f.	What was the cause of	f her death? (If necessary, probe: What was on the death certificate?) W	rite in fully. \pm	MCAUSE
65	. (Can I now check,) is y Yes No	your natural father alive? * FLIV $1 \rightarrow Q66$ 2		
b.	How old was your fath Age	her when she died? Enter age in years. Enter a numeric value between P \simeq FDA	0 and 120.	
c.	What was the date of 1 1999. Year	his death, the year first please? <i>If don't know press Ctrl+K. Enter a num</i> * FDY	eric value between 19	946 and
	1001			
d.	The month please? If a Month	don't know press Ctrl+K. Enter a numeric value between 1 and 12.		

e.	The day please? If don't know press Ctrl+K. Enter a numeric value between 1 and 3. Day * FDD	1.	
f.	What was the cause of his death? (If necessary, probe: What was on the death certif	ficate?) Write in fully. \pm FC	AU
	 male respondent go to Q73. 5. I would now like to ask you some questions about mammograms, which are x-rays ever had a mammogram? Yes 1 	of the breast. Have you ≃ MME	
	No $2 \rightarrow Q69$		
67	7. When did you have your first mammogram. Please either tell me the year or how ol whether the answer is being given as a year or as an age.	Id you were at the time? Nurse: record	d
	Age $1 \rightarrow Q67b$ Year $2 \rightarrow Q67c$	± AGEYEAR1	
b.	Nurse: Enter age in years. Enter a numeric value between 0 and 53.Age \rightarrow Q67d	+ MMMA1	
c.	Nurse: Enter year using 4 digits. Enter a numeric value between 1946 and 2001. Year	+ MMYX	
d.	What is the name of the hospital/medical facility you attended for your mammogram <i>type 'dk'</i>)	n? Nurse: type in full name. (If don't i <u>+</u> MAM1NAME	know,
e.	What town is the hospital/medical facility in? <i>Nurse: type in full name. (If don't kno</i>	w, type 'dk') \pm MAM1TOWN	ſ
f.	Was the mammogram part of a routine breast screening? Yes 1	± MMR1	
	No 2		
g.	Was anything abnormal found in your first mammogram? Yes 1 No $2 \rightarrow Q67i$	± MMAB1	
h.	What was found? Nurse: Type in verbatim.	<u>+</u> MMB1WHAT	
i.	Have you had any other mammograms since the one we've just talked about? Yes 1 No $2\rightarrow Q69$	± MAMMOTH	
68	8. When did you have your most recent mammogram. Please either tell me the year of record whether the answer is being given as a year or as an age. Age $1 \rightarrow Q68b$ Year $2 \rightarrow Q68c$	r how old you were at the time? Nurs \pm AGEYEARR	e:
b.	Nurse: Enter age in years. Enter a numeric value between 0 and 53. Age \rightarrow Q68d	+ MMMAR	
c.	Nurse: Enter year using 4 digits. Enter a numeric value between 1946 and 2001. Year	+ MMYXR	
d.	What is the name of the hospital/medical facility you attended for your mammogram $type \ 'dk'$)	n? Nurse: type in full name. (If don't i <u>+ MAMRNAME</u>	know,
e.	What town is the hospital/medical facility in? Nurse: type in full name. (If don't kno	w, type 'dk') \pm MAMRTOWN	1

			15
f.	Was the mammogram part of a	4	$\frac{1}{2} \pm MMRR$
	Yes No	$\frac{1}{2}$	
	110	2	
g.	Was anything abnormal found	n your most recent mar	mmogram?
	Yes	1	±MMABR
	No	2→Q57	
h.	What was found? Nurse: Type	n verbatim.	<u>+</u> MMBRWHAT
69	. Have you ever consulted a doct	or about breast lumps?	\simeq LUE
	Yes	1	
	No	$2 \rightarrow Nurse: circle code$	e 08 on front of consent booklet. ^Q73
70	any kind i.e. GP, hospital const		east lumps. Is itread out Nurse: if asked, doctor can be a doctor of
	Once Twice		\pm LUTIME
	3 times or	2 3	+ LOIIME
	More than 3 times?	4	
		•	
b.			first consultation about breast lumps. When did you have your first you were at the time? <i>Nurse: record whether the answer is being given</i>
	Age	1→Q70d	± LUWHENX
	Year	2→Q70e	
c.	Nurse: Enter age in years. Ente Age	r a numeric value betwe →Q70f	een 0 and 53. <u>+</u> LUAX
d.	<i>Nurse: Enter year using 4 digit.</i> Year	s. Enter a numeric value	the between 1946 and 2001. \pm LUYX
e.	So your first consultation was i Yes No	n [LFF year] when you 1 2 Nurse: go back and	-
	110	2 marse: 50 back and	uniona.
f.		d you have your first co	onsultation? Nurse: please enter the month. Enter a numeric value
	between 0 and 12.	_	
	Month	<u>+</u>	LUMX
g.	Show Card E. Looking at the sh	now card E. please tell n	ne what was the diagnosis. Please choose an answer from this card.
ъ.	Nurse: code one only.		UDGX
	No abnormality	1→Q	70j
	Benign breast lump	2→Q	70j
	Breast cancer	3→Q	70j
	Other, specify at next que	stion 4	
	Status unknown	5→Q	70j
1.	What may the diamenia?		
n.	What was the diagnosis?	<u>+</u> L	UOTH
i.			ece of tissue removed from your breast)? \pm LUBX
	Yes No	1 2→Q71	
		- /	
j.	What is the name of the hospita $know$, $type'dk'$) $+$ LUH	l you attended for your OSPX	biopsy in [LFF month and year]. Nurse: type in full name. (If don't
k.	What town is the hospital in? N	urse: type in full name.	$(If don't know, type 'dk') \pm LUTOWNX$

 \pm LUCONSX

	If only one consultation about brack consultation about breast lumps. you were at the time? Nurse: reco Age Year	When did you have y	our most recen ver is being giver	consultation. Pleas	e either tell me	
b.	Nurse: Enter age in years. Enter Age	a numeric value betv] →Q71f	veen 0 and 53. <u>+</u>	LUAX2		
c.	Nurse: Enter year using 4 digits. Year	Enter a numeric vali	ıe between 1946	and 2001. <u>+</u>	LUYX2	
d.	So your first consultation was in Yes No	[LFF year] when you 1 2 Nurse: go back an	-]. Is that correct?	<u>+</u> LUX	КСНК2
	In what month of [LFF year] did between 0 and 12. Month		consultation? <i>Nu</i>	rse: please enter the	e month . Enter	a numeric value
	Show Card E. Looking at the sho Nurse: code one only. No abnormality Benign breast lump Breast cancer Other, specify at next quest Status unknown	$ \begin{array}{c} \frac{?}{1 \rightarrow 0} \\ 2 \rightarrow 0 \\ 3 \rightarrow 0 \end{array} $	LUDGX2 Q71j Q71j Q71j Q71j	e diagnosis. Please c	hoose an answ	er from this card.
g.	What was the diagnosis?	<u>+</u>	LUOTH2			
h.	Did you have a breast biopsy, (th Yes No	at is having a small p 1 2→Q72	viece of tissue re	noved from your br	east)?	<u>+</u> LUBX2
	What is the name of the hospital <i>know, type 'dk'</i>) \pm	you attended for you	r biopsy in [LFF	month and year]. N		ll name. (If don't LUHOSPX2
j.	What town is the hospital in? <i>Nu</i>	rse: type in full name	. (If don't know,	type 'dk') <u>+</u>	LUTOWNX2	
k.	And can you tell me the name of	the consultant in cha	rge of your biop	sy? <u>+</u>	LUCONSX2	2
	. To help analyse this information for the Medical Research Counci Yes	1 to do that? ± 0	CNSNT4IN		-	Vould you be willing
	No In order for this to be done, we no date it? <u>+CONSENT</u> <i>Aurse: Pla</i>		ritten permission	. Could you please r	read Consent H	
	consent booklet. ^			0 · · · · · · · · · · · · · · · ·		
	In the last 12 months, have you h which. Code all that apply. Enter Pain		n your left hand	or fingers on most d	ays for at least	a month? Probe for
	Stiffness Neither	$\frac{2}{3} \simeq \frac{1}{2}$	INPL1	HNPL2		

74. In the last 12 months, have you had pain or stiffness in your **right** hand or fingers on most days for at least a month? *Probe for which. Code all that apply. Enter at most 2 values.*

Pain	1	HNDR.	1
Stiffness	2	~ HNPR.	L
Neither	3	HNPR	2
rentifer	5		

75. Do you have difficulty because of long term health problems holding something heavy like a full kettle or removing a stiff lid from a jar?

76. Now I would like to examine your hands for any bumps or swellings. Would you be willing for me to examine your hands? *If no, record whether refusal or other reason.*

Yes	1		HAND1
No refuses	2→Q77	<u>+</u>	HAND2
No for some other reason	3→Q77		IIANDZ

b. *Fill out details on front cover and make examination of each hand and record markings on* **page 2** *of paper test booklet. Serial:* [LFF] *Date:* [LFF] #^

77. How frequently at home or at work do you use your hands in strong movements, such as squeezing water out of a towel, playing racket sports, digging the garden, or carrying heavy items such as a suitcase, briefcase, bucket or shopping bag. Please choose an answer from this card. *Show card F*

Several times a day	1		
Once a day	2		
Once or several times a week	3	~	HNSMF
Occasionally	4		
Never	5		

78.Do you have difficulty because of long term health problems using either arm to reach up high above your head or to reach behind to tuck a shirt in or do up a zip? <u>*</u> ARM

Yes No 1 2

79. How frequently at home or at work do you use your arms to reach up above head, such as dusting high pictures, replacing light bulbs, reaching objects on high shelves, or gardening activities like pruning or trimming high hedges. Please choose an answer from this card. *Show card F*

Several times a day	1	
Once a day	2	
Once or several times a week	3 <u>~</u>	SHAHF
Occasionally	4	
Never	5	

80.In the last 12 months, have you had pain or stiffness in your **left** knee on most days for at least a month? *Probe for which. Code all that apply. Enter at most 2 values.* ~ KNPL1

Pain	1	KNPL2
Stiffness	2	
Neither	3	

81. In the last 12 months, have you had pain or stiffness in your **right** knee on most days for at least a month? *Probe for which*.

Coue an man appiy. Eme	i ai mosi 2 vances.	_ KNPKI
Pain	1	KNPR2
Stiffness	2	
Neither	3	

82. Have you ever injured your knees badly enough to see a doctor about it? *Probe for which. Code all that apply. Enter at most 2 values.*

Right knee	1	KNEE1
Left knee	2	\pm KNEE2
Never had a knee injury	3	

2

83. In the last 12 months, have you had sciatica, lumbago or severe backache? <u>+</u> BACK Yes 1

No

FALL

*

84.Do you find it difficult to walk for a quarter of a mile on the level because of long term health problems? If asked: a quarter of a mile is 400 yards. + WALK Yes 1 No 2→Q85 b. How far can you walk without stopping or severe discomfort. Would you say....read out.... If asked a quarter of a mile is 400 yards. More than 400 yards 1 200 to 400 yards 2 WALKL 50 to 200 yards or 3 Less than 50 yards 4

85. Do you find it difficult walking up and down stairs, because of long term health problems? <u>*</u> STEP Yes 1 No 2→Q86
b. Can you walk up and down a flight of 12 stairs in a normal manner without holding on or taking a rest? <u>*</u> STEPL Yes 1 No 2

b. Have you fallen at all in the past 12 months that is since [LFF month and year]? \pm FALLEN Yes 1 No $2 \rightarrow 087$

86.Do you easily fall or have difficulty keeping your balance because of long term health problems?

1

c. How many times have you fallen in the past 12 months. Have you fallen*read out....* ± FALLNO Once or twice 1 Between 3 and 11 times or 2 Have you fallen 12 or more times in the past 12 months 3

87. I would now like to assess your balance and co-ordination. First, I will ask you to fold your arms and, after I count up to three, stand on your preferred leg, and raise your other foot off the floor like this (*nurse demonstrate*). I will ask you to hold this position for as long as you can or until I tell you to stop. Then I want you to repeat the test with your eyes closed. Would you be willing to have a go? *Nurse code one only*.

Respondent willing	1	
Respondent not willing	2→Q88	\pm BALINT
Respondent unable to perform test	3→Q88	

b. Which is your dominant leg (ignoring any current injury)? *If asked: Which leg would you kick a ball with or hop on. Code one only.*

Right leg	1	~	LEGDM
Left leg	2		

Balance not attempted

Yes

c. Nurse carry out test with cohort member's eyes open. Allow the cohort member to practice. Nurse code one only. Balance measured 1 Balance refused $2 \rightarrow Q87e \pm OPENRESP$ Balance attempted, not obtained $3 \rightarrow Q87e$

4→Q87e

d. Nurse: record time for balance test with eyes open. Enter time in seconds. Enter a numeric value between 0 and 30. Time <u>~ LEGBP</u>

e. Nurse carry out test with cohort member's eyes open. Allow the cohort member to practice. Set stop watch for 30 seconds. Nurse code one only.

Balance measured	1		
Balance refused	2→Q88	<u>+</u>	CLSERESP
Balance attempted, not obtained	3→Q88		
Balance not attempted	4 → Q88		

f. Nurse: record time for balance test with eyes closed. Enter time in seconds. Enter a numeric value between 0 and 30.

·					19
Time		EGBC			
88. I would now like you to do som					
you to stand up from your chair <i>Nurse code one only</i> .	and sit down again	ten times like t	nis (<i>nurse aemonsti</i>	<i>ate</i>). Would you be willing	to have a go?
Respondent willing	1				
Respondent not willing	-	→Q89	+ CHAIRIN	Г	
Respondent unable to perf		→Q89	-		
1 1					
b. Nurse: Let the cohort member p				ne in seconds. Enter code 8	288 if
respondent unable to finish. En	ter a numeric value	between 0 and	888.	\simeq CHRST	
89. Have you broken a bone since	1011 Wara 25 Maars o	149			
Yes	1	iu:		≃ BROKB	
No	2				
90. Have you ever been knocked u	nconscious by a blo	w to the head?	<u>~</u> KOU	NE	
Yes	1				
No	2				
91. In the last 4 weeks, that is since	II FE day and data	l hava vou taka	n part in any sports	or vigorous loisuro activitio	os or dono any
exercises in your spare time, no					
press-ups, dancing, mountain c					mining, yogu,
Yes	1		,		
No	2→Q92				
b. On how many occasions in the	last 4 weeks did you		ties? Enter a numer	ric value between 1 and 100).
Number		<u>~</u> EXERN			
• On how more of these second			4		h stars of O
c. On how many of these occasion <i>and 100</i> .	is did your exercise	make you swea	ty and or out of bre	ath? Enter a numeric value	between 0
Number		~ EXERS			
Tullioci		_ LAERS			
92. The next few questions are about	ut your social life, p	articularly with	friends and relative	es who do not live at home	with you. ^
Are there any relatives or friend					+ FRNDC1
Yes	1	-		•	—
No	2				
	C: 1 1 C		••, ••,	11 4 1 D	
b. Thinking of all your relatives of them <i>read out</i>	r friends, how often	do you regularl	y visit or are visited <u>~</u> FRNDC	1 by these people. Do you so	ee
Never/almost never	1		~ FRIDC		
Once every few months	2				
About once a month	3				
About once a week	4				
Almost daily	5				
Annost dany	5				
c. How often do you regularly vis	it or are visited by t	these persons?	*		
Never/almost never	1	F	_		
Once every few months	2)		
About once a month	3		not on cap	pi99a, nor in ca	api source
About once a week	4)		
Almost daily	5				
	C				
93. How many relatives or friends	do you see once a r	nonth or more?	* FRNDR		
None	1		_		
1-2	2				
3-5	3				
6-10	4				
More than 10	5				
	-				
94. Do you think that you have frie	nds, neighbours or 1	relatives who we	ould help you out if	a problem or crisis came u	p?
Would you say you had read			<u>*</u> FRNDH	-	-
No one to help	1				

No one to help1Would sometimes get help2Would often get help, or3

20 Would always get help? 4 95. Overall do you wish that you had more of a social life, or are things about right for you, or would you prefer to see less of people? 1 Prefer less About right 2 * FRNDM Prefer more 3 96. I would now like to ask you some questions about things you have experienced over the last 12 months, that is since [LFF month and year]. Thinking back over the last 12 months have you developed, or found out that you have, a serious illness or disability? * ILL Yes 1 No 2 b. Have you had an accident or received an injury which has affected you for a month or more? * AC Yes 1 No 2 * ROB c. Have you been assaulted, robbed or been a victim of attempted robbery? Yes 1 2 No d. Have you lost your job or thought you would soon lose your job? * LJOB Yes 1 2 No * WKC e. Have you had any other crises or serious disappointments in your work or career in general? Yes 1 No 2 * HOU2 f. Have you moved house in the last 12 months? Yes 1 No 2 * HOUM g. Did you move away from the area where most of your friends lived? Yes 1 No 2 h. During the last 12 months has your spouse/partner had a serious accident or illness, or received a serious injury, or been assaulted? 1 Yes 2 No SPAC No spouse/partner 3 SPLJ i. Has your spouse/partner lost their job or thought they would soon lose their job? Yes 1 2 No 3 No spouse/partner * SPCR Has your **spouse/partner** had any other crises or serious disappointments in their work? j. Yes 1 No 2 No spouse/partner 3 k. Have you had any serious disagreements with your **spouse/partner** or felt betrayed or disappointed by them? * DSSP Yes 1 No 2 No spouse/partner 3 1. In the last 12 months have you had any serious difficulties with any of your children, because of their health or behaviour or for other reasons? Yes 1 * CHDF No 2

No children

m.	. Has a friend or relative (other than your spouse/partner or or received a serious injury?	children) or someone you know wel	l had a serious accident or illness
	Yes	1	
	No	2	* RELIL
	Not had a friend/relative known anyone well this yea	r 3	
n.	Has a friend or relative or someone you know well died du	uring the last 12 months?	<u>*</u> RELD
	Yes	1	
	No	2	
	Not had a friend/relative known anyone well this yea	ur 3	
о.	Have you fallen out or had a serious disagreement with a	friend or relative or felt betrayed by	them? <u>*</u> RDIS
	Yes	1	
	No	2	
	Not had a friend/relative known anyone well this yea	ur 3	
p.	Have you lost contact with a close friend or relative for an	y other reason?	* RLOS
-	Yes	1	_
	No	2	
	Not had a friend/relative known anyone well this yea	ur 3	
q.	Have you had any other serious upsets or disappointments	in the last year?	* UPS
-	Yes 1	-	
	No 2→Q97		
r.	What were they? <i>Type verbatim</i> .		<u>*</u> UPS1 not capi99a

97. The next section of the interview is about paid work. Are you currently in paid work? *Include self-employed, government schemes for employment training, temporary absence (e.g. holiday), unpaid work for family business. Exclude: waiting to take up a job.*

	up u job.			
	Yes	1→Q98		≃ JOBW
	No	2		
b.	Are you serious	ly looking for any kind	of paid work?	
	Yes	1→Q97d		
	No	0		<u>~</u> JOBLK
C	What is the mai	n reason you are not see	king paid work. Show Card G.	
С.	Student	in reason you are not see	1	
		fter home/family	2	
		dependent relatives	3	
		ily sick or injured	4	+ WHAT
		sick or disabled	5	
		om paid work	6	
	Other reas		9	
d.	Since 1989 have	e you had any paid work	, include any job held in 1989?	<u>~</u> JOBE
	Yes	1		
	No	% 2		
00	I am now going	to ask some questions	hout your anougo/northar's work	Is your spouse/partner currently in paid work?
90				<i>iporary absence (e.g. holiday), unpaid work for family</i>
	• •			iporary absence (e.g. nonady), unpaid work for family
		de: waiting to take up a_1	<i>JOD</i> .	
	Yes	$1 \rightarrow Q98d$		<u>+</u> SPJW
	No	2		
b.	Are they serious	sly looking for any kind	of paid work?	~ SPJLK
	Yes	1	-	
	No	0		

c.	Since 1989 have they Yes No	y had any p 1 0	aid work, incl	ude any job held i	n 1989?	*	SPJE	
d.						ountan	ms, for example primary school teach t, government: record grade, army: re SPSOC	
e.	What are/were the ma	in things th	ney do/did in t	he job? Clarify for	r obscure j		nly. If self-explanatory, type 'as above SPSOC2	
						<u> </u>	SP30C2	
f.	Are/were they worki Employee Self employed	ng as an er 1→Q98i 2		/were they self-em	nployed?	<u>+</u>	SPESR	
g.	Do/did they have any Manager	y manageri	al duties, or ar	e/were they super-	vising any	other	employees?	
	Foreman, super Not supervising		argehand	2 3		<u>+</u>	SPESS	
h.	How many employee	es are/were	there at the pl	ace where they we	ork(ed)?			
	1 to 9 10 to 24 25 to 499	1→Q99 2→Q99 3→Q99				<u>+</u>	SPESR1	
	500 or more	$4 \rightarrow Q99$						
i.	Do/did they work on On own / with J With employee	partner(s) b			ees?	<u>+</u>	SPESSA	
j.	How many people do 1 to 9		employ at the p	place where they v	vork(ed)?	<u>+</u>	SPESSB	
	10 to 24	$\frac{1}{2}$						
	25 to 499	3						
	500 or more	4						
99	income (after deduct	ion for inco t. You shou	ome tax and na ild also include	ational insurance), e contributions fro	any state l m other m	benefi ember	nclude your own and your partner's exts and any other sources of income success of your household (such as children * INCH	ch as
	which of the letters t	A	1	J	10			
		В	2	K	11			
		C	3	L	12			
		D E	4 5	M N	13 14			
		F	6	0	15			
		G	7	P	16			
		Н	8	Q	17			
		Ι	9	R	18			
10		rimary sch	ool teacher no	t teacher, product	-	er not	e full title of your present job? Use pr engineer, chartered accountant not SOCR	ecise
							DUCK	
b.	What are/were the ma	in things y	ou do/did in th	ne job? Clarify for	• obscure j		nly. If self-explanatory, type 'as above' SOCR2	'.
							-	

c.	Are/were you working as an employee or self-employed?				
	Employee	1	*	ESR	
	Self employed	2→Q101			

d. Did/do you have any managerial duties, or were/are you supervising any other employees?

	Manager	1			
	Foreman, supervisor or chargehand	2	<u>+</u> E	ISS	
	Not supervising others	3			
e. Ho	ow many employees are/were there at the p	place where y	ou work(ed)?		
	1-9 1	•			
	10 to 24 2		<u>+</u> -	ESR1	
	25 to 499 3				
	500 or more 4				
101.W	/ere/are you working on your own or did/o				
	On own/with partner(s) but no employe	_	<u>+</u> I	ESSA	
	With employees	2			
1 11		1 1	1 1/ 10		
b. Ho	ow many people did/do you employ at the 1-9 1	place where	you worked/work?		
	1-9 1 10 to 24 2		1	FCCD	
	25 to 499 3		<u>+</u>	ESSB	
	500 or more 4				
	500 01 more 4				
c In	this job do/did you work <i>read out</i>		*	WKFR	
c . III	Full time, that is 30 hours or more per v	veek 1	—		
	Or part-time	2			
	of part time	2			
d Iv	vould next like to ask you about your usua	l gross earni	os before any deductio	ns and including overti	me. What nay period
	build it be convenient for you to use <i>read</i>				\pm EARNP
	One week 1	044	ij seusonany emptoyeu	, <i>uo noi use coue s</i>	
	Four weeks or a month 2				
	Or one year 3				
QL	HOW CARD J/1				
	hich of the letters on this card represents y	our usual ore	oss earnings for that pay	v period before any ded	uctions and including
	gular overtime? Nurse enter number.	our usuur gro	9		1.0
108	A 1		J 10		19 EARN1
	B 2		K 11		20
	C 3		L 12		21
	R 4		M 13	V	22
	E 5		N 14	W	-23
	F 6		0 15	X	24
	G 7		P 16	Y	-25
	Н 8		Q 17	Z	26
	I X		R 🔨 18		
\rightarrow					
	ow many hours a week do you usually wor	k in this job,	including regular overt	ime? Enter number. En	ter a numeric value
be	tween 0 and 120.				
	Hours	~ J	OBHW		
_					
g. Do	bes your employer contribute towards your	r pension?	<u>*</u> EMPCN		
	Yes 1				
	No 2				
102	A a multiplicity do more home a second	- d : - h 9			
102.	As well as this job, do you have a secon	na job?	\sim JOBTW		
	Yes 1 No 2				
	110 2				
h Sir	nce 1989, how many jobs have you had all	ogether incl	uding any job held in 1	080 and any current ich	9 Enter number Enter
	umeric value between 0 and 100.	logether, mer	\pm JOBN	b) and any current job	: Liner number. Liner
u i	iumeric value between 0 ana 100.		<u>-</u> 00DN		
103 0	Going back to 1989, have you had any spel	ls of a month	or more when you we	re not in any kind of pai	d work? Include 1980
105. 0	Yes 1	is of a mont	of more when you we	to not in any kind of pu	a work. <i>Include</i> 1909.
	No 0		* NWKS		
[If	T not selected go to f	. 1			
SHO	OW CARD I/2 {as for e. b	uit with	26 lettere a	nd numberel 1	EARN2
		at witch	av iccleip a		

b. Since 1989, how much of the time have you not <i>in paid work since 1989.</i> Show Card J.	been in any paid w \pm TIME1	ork?	Choose an answer from	n this card? Amount of time not
Less than 6 months	2			
6 - 11 months	3			
1-4 years	4			
	5			
5-9 years				
Since 1989	6			
c. And how much of that time were you unemploy <i>Estimate, if unsure. Show Card J.</i>	ed, that is seriously \pm TIME2	look	ing for work. Please ch	oose an answer from this card?
None of the time 1				
Less than 6 months 2				
6 - 11 months 3				
1 - 4 years 4				
5 - 9 years 5				
Since 1989 6				
51100 1909				
104.Now please think of your present job. On the w you were <i>read out</i>	hole, how happy w	vould	you say you are /were	with your job? Would you say
Very happy 1				
Fairly happy 2		*	HAPWK	
Not very happy, or 3				
Unhappy 4				
105. How often did you find your work stressful ?	Would you say that	t it w	asread out	* WKSTR
Rarely stressful 1				
Sometimes stressful 2				
Stressful most of the time, or 3				
Stressful all of the time 4				
106.On your present income do you find (as a famil that it's really quite hard to manage	y) <i>read out</i> 1	*	INCM	
that you manage fairly well	2			
that you manage comfortably	3			
b. Has your family/have you had to go without thin probe 'Often or sometimes'	ngs you really need	ed in	the last year because yo	ou were short of money? If yes,
	1	*	TNCGW	
Yes, sometimes	2	-		
No	3			
110	5			
c. Have you found you have been unable to pay the <i>sometimes'</i>	e bills in the last ye	ar be	cause you were short of	Emoney? If yes, probe 'Often or
Yes, often	1	*	INCUB	
Yes, sometimes	2	_		
No	3			
107.Over the past 12 months would you say that yo example keeping appointments, remembering w				
short lists of things to do?		<u>~</u> T	RMEM	
Yes 1				
No 2				
108.Now for something different. I want to see how time and when I reach the end of the list you hav in any order you like. It is best not to talk to any <i>3 and make sure the cohort member has a penci</i>	ve one minute to wr one while you are c	ite do	own as many words as y	you can. Please write the words
Word tests administered		1		
Test not attempted - respondent has difficu	lty reading/writing	-	O109	+ WLREF
Word lists refused	ity reading/ writing		Q109	

b. Nurse: Show the words at two second intervals using **Word List** [FF **A**/**B**]. Make sure the last word is shown for two seconds. Tell respondent to start. Start the stopwatch and time for one minute then tell the respondent to finish. #^ Turn booklet to **page**

5. Show the words again. Tell respondent to star finish. #^ Turn booklet to page 7 . Show the word then tell the respondent to finish. #^ Nurse: reco	ls again. Tell resp rd whether the wo	ondent to start. Sta	irt the stopwai	tch and time for one minute
All 3 trials were attempted 2 out of the 3 trials were attempted Only one trial was attempted None of the trials were attempted	$1 \rightarrow Q109$ $2 \rightarrow Q109$ $3 \rightarrow Q109$ 4		<u>+</u> WLDONE	E
c. Nurse: Please record why no word list trials we	re done.		<u>+</u> NOWRD	LST
109. <i>Nurse: Turn to letter search</i> (page 4 of paper terns list, crossing out the P's and W's . Start at the to the beginning of the next row and work from left and W's with one mark of the pencil like this. (<i>L</i> accurately as you can. <i>Nurse: Set your stop wate Record whether the letter search was attempted</i> . Letter search attempted $1 \rightarrow Q110$ Letter search not attempted 2	p left where the an t to right again, lik Demonstrate). Can h for one minute.	row is and work a te reading a page. ry on until I tell yo	long the row f Carry on this ou to stop. We	rom left to right, then go to way crossing out any P's ork as quickly and as <i>stop at the correct moment</i> .
b. Nurse: Please record why the letter search was	not attempted.		<u>+</u> 1	JOLS
110.Do you remember that list of 15 words I showed can remember. I would like you to write down a <i>paper test booklet. Record whether the fourth wo</i>	s many of those word list trial was a	ords as you can re	member. <i>Nurs</i> e only.	e: Turn to page 8 of the
Fourth trial attempted Fourth trial not attempted	1→Q111 2		<u>+</u>	WL4DONE
b. Nurse: Please record why fourth word list trial w	vas not attempted		<u>+</u>	
111.Nurse: Hold up blank envelope. Later on I am g have finished doing that I would like you to do t you remember to do that then, without me remin Respondent will do the test Respondent refuses to do the test	he following: Tur	n it over, seal it, an	id write your i	nitials on the back. Could
112.Now I would like you to tell me the names of as that is not vegetable or mineral. <i>If asks for clarif</i> <i>minute and write down the animals on page 8 of</i> Respondent will do the test	ication: animals i	nclude birds, insec	rts, humans, et	c. Set the stop watch for one ANIMLINT
Respondent refuses to do the test	2			ANIN
113.Nurse: Hand over the envelope. Please write the Bedford. Please go on remembering this name at and initials written on back.				
Yes, both actions completed correctly, with Only one action completed, without promp No actions completed, without prompting		1 2 3	<u>+</u>	REMEM
114.I would now like you to read slowly down this i and onto the next. I must warn you that there are so just guess at these. Please begin when you ar <i>paper test booklet. Place mark next to each word</i> NART test attempted	e many words that e ready. <i>Nurse: H</i> d to indicate corre	you won't recogn and over NART rea	ise. In fact me ading test to re	ost people don't know them, espondent. Turn to page 6 of
NART test not attempted NART test terminated early	$1 \rightarrow Q115$ 2 3 \rightarrow Q115		<u>+</u>	NARTINT
b. Nurse enter reason test not attempted.			<u>+</u>	NONART

^{115.}Can you tell me the name and address I asked you to remember a short while ago? *Nurse enter the codes next to the words remembered. Code all that apply. Enter at most 6 values.*

								2	26
	John	1							
	Brown	2		ר תיתי א דא 1					
	42	3		NAADTA1					
	42 West	4		NAADTA2					
	Street	5	<u>+</u>	NAADTA3					
	Bedford	6		NAADTA4 NAADTA5					
	None of the above			NAADTAS					
	Refused	8		NAADIAO					
		y member have vi	sual difficult	y during testi	ng?				
	No difficulty	1							
	Mild difficulty	2 <u>~</u> SE	ET						
	Severe difficulty								
	No tests done	4							
- - -	e: Did the surve No difficulty Mild difficulty Severe difficulty No tests done	y member have h a 1 2 <u>~</u> HE 3 4		lty during tes	sting?				
any o [<i>LFF</i>	f the questions a	re not clear. <i>Nurs</i> <i>t page(s) [LFF] b</i> 11	e enter detail	s on front cov	ver of yell	ow self-completio		exam. Please ask me if Serial: [FF] Date:	
	e: count up and e Number	enter the number of		entioned. Ente <u>+</u> ANIN	er a nume	ric value between	0 and 100.		
c. Nurse	e: set up equipme	ent for physical m	easurements.	#^ Nurse: Ha	as CM coi	mpleted the self c	ompletion b	ooklet?	
	Yes	1							
	No	2				<u>+</u> SCFIN			
d. Nurse	e: Collect self-co	mpletion booklet	and record.						
	Booklet complet	ed independently			1				
	Booklet complet	ed with assistance	e from intervi	ewer	2	<u>+</u> SC3END			
	Booklet complet	ed with assistance	e from someo	ne else	3				
	Booklet refused				4				
and d	ate form 5 of the Form 5 signed	ake some physica e consent booklet. 1→Nurse: circle 2→Nurse: circle	. Nurse: Mak e 09 on front	e sure the for of consent bo	m is signe oklet. #^			sent. Please read, sign ± MEDINTRO	
h If form	ala ash Con I a	neck, are you preg	mant at the	oment?	יסת נ	EGNTJ			
0. IJ Jem			-				imation		
	Yes No	$1 \rightarrow Respondent$ 2	is pregnant. I	vo measurem	ents to be	done. $^{\rightarrow}$ Lung f	unction		
analy Press						population. Are y		ressure. <i>If asked</i> The o have your Blood	
				• • •	100'	DDCOMCT			

Serial

 \pm BPCONST No, refuses 2→Q120i Unable to measure BP for reason other than refusal 3→Q121? b. Nurse: Enter serial of <u>Omron. Enter a numeric value between 1 and 60.</u>

c. Enter first pulse reading (bpm). If reading not obtained, enter 999. Enter a numeric value between 1 and 999. Pulse <u>+</u> PULSE

± OMRON

d. Enter first systolic reading (mmHg). If reading not obtained, enter 999. Enter a numeric value between 1 and 999. Systolic ± SYS

e.	Enter first diastolic read Diastolic	ling (mmHg). If reading a	ot obtained, enter 999. Enter a $\pm $ DIAS	numeric value between 1 and 999.
f.	Enter second pulse read Pulse	ing (bpm). If reading not	obtained, enter 999. Enter a nu <u>+</u> PULSE2	meric value between 1 and 999.
g.	Enter second systolic rea Systolic	ading (mmHg). If reading	not obtained, enter 999. Enter ± SYS2	a numeric value between 1 and 999.
h.	Enter second diastolic re Diastolic	eading (mmHg). If readin	g not obtained, enter 999. Ente + DIAS2	r a numeric value between 1 and 999.
Yo		F normal/?] ^ Nurse: C	cle code 20 on front of consent	t booklet. ^→Q121
i.	Record why reading refu Respondent upset/a Other reason(s) (Sp		Enter at most 2 values. \pm] 1 \rightarrow code 20 2	NATTBP
j.	Enter full details of othe	er reason(s) for not obtain	ing/attempting two BP reading.	s. <u>+</u> OTHNBP
12	weeks?		. Can I check, have you had ab	dominal or chest surgery in the past three
	Yes 1 No 2	→Q122	HASURG	
b.			nplaint or stroke in the past six	weeks?
	Yes 1 No 2		HASTRO	
c.	In the past three weeks, Yes 1 No 2		ory infections such as influenza <u>+</u> CHESTINF	a, pneumonia, bronchitis or a severe cold?
d.	(Can I just check), have Yes 1 No 2		er or any medication for your b <u>+</u> INHALER	reathing in the last 24 hours?
	How many hours ago die etween 0 and 24.	d you use it? Interviewer	enter number of hours. If less t	han one hour, code 0. Enter a numeric value
	Hours	±	NHALHRS	
f.	the population. Would y Yes 1	you be willing to have you	re your lung function which wi r lung function measured? <u>LFWILL</u>	ll help us to find out more about the health of
		$2 \rightarrow Q122$		
g.	Nurse: Enter the two-dig	zit spirometer serial num 	er. Enter a numeric value betw SPIRNO	een 1 and 60.
			rd the results of two blows by t easurements and code whether	he respondent in the boxes below. Record technique was satisfactory. ^
h.	First blow. If no reading	z obtained enter '0' and s	ppress all checks. Enter a num <u>*</u> FEV	eric value between 0.00 and 9.95.
i.	First blow. If no reading	s obtained enter '0' and s	ppress all checks. Enter a num <u>*</u> FVC	eric value between 0.00 and 9.95.
j.	First blow. If no reading	; obtained enter '0' and s	ppress all checks. Enter a number $\frac{\pm}{\text{FER}}$	eric value between 0 and 200.
k.	First blow. If no reading	s obtained enter '0' and s	ppress all checks. Enter a number $\pm PF$	eric value between 0 and 995.

1. First blow. Now switch off the spirometer and switch it on again to take another reading. Press enter to continue.

<u>+</u> CL1

m.	First blow. Technique satisfactory?	+	TECHNIQU			
n.	Second blow. If no reading obtained enter '0' and	supp	press all checks. I	Enter a numeric value be	tween 0.00 and 9.95.	<u>*</u> FEV2
0.	Second blow. If no reading obtained enter '0' and	supp	press all checks. I	Enter a numeric value be	tween 0.00 and 9.95.	* FVC2
p.	Second blow. If no reading obtained enter '0' and	supp	oress all checks. I	Enter a numeric value be	tween 0 and 200.	<u>+</u> FER2
q.	Second blow. If no reading obtained enter '0' and	supp	press all checks. I	Enter a numeric value be	tween 0 and 995. <u>+</u>	PF2
r.	Second blow. Now switch off the spirometer and s $\pm CL2$	witc	h it on again to to	ike another reading. Pre	ss enter to continue.	
s.	Second blow. Technique satisfactory?	<u>+</u> .	rechniq2			
12	2.I would now like to measure your height and wei Standing height measured Standing height refused Standing height attempted, not obtained Standing height not attempted	ight. 1 2 3 4	^ Nurse code:	± STHTRESE)	
b.	Nurse: Measure standing height and enter in cent	imet	res to nearest 0.5 <u>*</u> HT	cm. Enter a numeric val	ue between 0.0 and 244.0.	
c.	Nurse: Check standing height is entered correctly	. Yo	u are [LFF] centi	metres high or [LFF] fee	t [LFF] inches?	
	Yes 1 No 2	Η	TREAD			
12	3.Nurse code:					
	Sitting height measured	1				
	Sitting height refused Sitting height attempted, not obtained Sitting height not attempted	2 3 4		<u>+</u> SITHTRSP		
b. <u>+</u>	Nurse: Measure sitting height and enter in centime SITHT	netre:	s to nearest 0.5cn	a. Enter a numeric value	between 0.0 and 244.0.	
124	4.Nurse code:					
	Weight measured		1			
	Weight refused Weight attempted, not obta Weight not attempted	ained 4	2 1 3	<u>+</u> WTHT	RSP	
b.	Nurse: Enter serial number of scales. Enter a num Serial	neric	value between 1	and 60.	+ SCALES	
c.	Nurse: Measure weight to nearest 0.5 kilograms. Weight	Ente	r a numeric value	e between 0.0 and 244.0.	\pm WEIGHT	
d.	Nurse: Check weight is entered correctly. So youYes1±No2	-	gh [LFF] kilo's or	[LFF] stone [LFF] poun	ds?	
12	5.I would now like to measure your upper arm circ	umfe	erence. If asked:	This gives us information	n about the distribution of	fat.
	Measurement agreed Measurement refused	1 2 3	<u>+</u> MUACI	-		
b.	Measure circumference of left arm and record in between 10.0 and 100.0.	centi <u>*</u>	imetres. If measur	rement not obtained, ente	er '99.9'. Enter a numeric	value
c.	Is this measurement reliable? Yes 1 <u>+</u> CUPREL					

29

12			Vould you be willing to have your chest, waist and hip circumference or assessing the distribution of weight over the body.'
	Measurement refused Unable to take measurement	1 2 3	<u>+</u> CWHINTRO
b.			 m. Enter chest measurement in centimetres (Remember to include the Enter a numeric value between 0.0 and 1000.0. <u>*</u> CHC
c.			nearest mm . Enter expanded chest measurement in centimetres not obtained, enter '999.9'. Enter a numeric value between 0.0 and
	Expanded chest		<u>*</u> CHCE
	Nurse: Measure the waist circumference to the cimal point). If measurement not obtained, enter Waist		m. Enter waist measurement in centimetres (Remember to include the a numeric value between 0.0 and 1000.0. <u>*</u> ABC
			Enter measurement of hip circumference in centimetres (Remember netre '999.9'. Enter a numeric value between 0.0 and 1000.0. <u>* HIPC</u>
f.		the neares <u>*</u> RTEME	st degree. Enter a numeric value between 0 and 40.
g.	Nurse: Record the time of day.Morning1Afternoon2Evening3	<u>*</u> TIME	ID
12	handle as hard as you can, just for a couple of s	seconds and	gripping action. I will count up to 3 and then ask you to squeeze this I then let go. Please watch the display as you are squeezing so that ments from your right hand followed by 2 measurements from your
	Measurement agreed	1	
	Measurement refused Unable to take measurement	2 3	± GRIPINT
b.	Nurse: Enter serial number of dynamometer. E Serial	Inter a num <u>+</u> DYNAM	
c.	Nurse: Record and code one only. Respondent has the use of both hands Respondent is unable to use right hand Respondent is unable to use left hand Respondent is unable to use either hand	1 2 3 4	* NOTATT
d.	Would you be willing to have your hand grip n Yes 1 No 2	neasured?	<u>*</u> GRIPWILL
e.	Which is your dominant hand ? ~ HNLR Right hand Left hand	1 2	
f.	the procedure once again. Show the responden	t how to do	t hand grip and set the probable range on the dynamometer. Explain the test and let cohort member have a practice with both hands. ^ cimal place. Enter a numeric value between 0.1 and 200.0

g. Right hand, first measurement. Enter the results to one decimal place. Enter a numeric value between 0.1 and 200.0

•

 \simeq GRPL1

		30
		<u>~</u> GRPR1
h.	Left hand, second measurement. Enter the results to	o one decimal place. Enter a numeric value between 0.1 and 200.0 $\simeq \text{ GRPL2}$
i.	Right hand, second measurement. Enter the results .	to one decimal place. Enter a numeric value between 0.1 and 200.0 $\simeq \text{ GRPR2}$
12	no, record whether refusal or other reason.	mps or swellings. Would you be willing for me to examine your knees? <i>If</i>
	Yes1No refuses2No for some other reason3	KNEEINT
b.	apply. Enter at most 5 values. $+$	nswers in CAPI. #^ Nurse record examination of left knee. Code all that LEFTK1 LEFTK2
	Bony swelling at the joint margin2Crepitus3	LEFTK3 LEFTK4
	Valgus5None of these6	LEFTK5
c.	apply. Enter at most 5 values.+Knee tenderness1Bony swelling at the joint margin2	nswers in CAPI. #^ Nurse record examination of right knee. Code all that RIGHTK1 RIGHTK2 RIGHTK3 RIGHTK4 RIGHTK5
d.	Nurse: Are there any other observations to make. <u>+</u> Yes 1 No 2	KNEEOTH
e.		mber to write in which knee(s) are affected. \pm KNEEYES
12	your cheeks with a small swab. Are you willing to ha DNA(genetics) study. Sample agreed 1	the inside of your mouth. This involves you gently rubbing the inside of ave a mouth swab taken? <i>If asked</i> The sample will be analysed for SALINT1
b.	Make sure the respondent has signed and dated the f	this form. <i>Nurse, hand over consent</i> form 6 and ring consent code 11 . <i>Form before taking the sample. Nurse code one only.</i> CONSENT5
c.	Nurse Take mouth swab sample and code: Buccal sample obtained 1 Buccal sample not obtained	$\frac{\pm}{2}$ SALOBT1
13	0.Now follows the blood sample module. <i>Nurse expla</i> clotting or bleeding disorder? (<i>NB Aspirin therapy is</i> Yes 1 No 2	in purpose and procedure for taking blood. May I check, do you have a not a contraindication for blood sample.) \pm CLOTB
b.		ing epileptic fit, convulsion or convulsion associated with high fever)? FIT2

c. Was this fit brought on by having a blood sample taken? \pm FIT3

Yes1Nurse: No blood sample to be taken. Circle codes 14, 16, 18 and 26 on front of consent booklet. ^No2

d. Would you be willing to have a blood sample taken? <u>+ BSWILL</u> Yes 1 No 2

e. Before I can take any blood, I have to obtain your written consent. Nurse: Fill in respondent's name and your name at top of consent form 7 in consent booklet. Ask respondent to read, sign and date part 1 of blood sample consent form. ^ Circle consent code 13 on front of consent booklet. ^ Check you have all applicable signatures. Take blood samples. Fill tubes in this order: Tube 2: EDTA (purple) 3 ml. Tube 3: EDTA (purple)2 ml. Tube 4: ACD (yellow) 6 ml. Tube 5: Lithium Heparin (green) 4 ml. Tube 6: EDTA (purple) 3 ml. Write the serial number, nurse number, sex and date of collection on the (red) label. Do one label per tube. ^ Code if Tube 2: EDTA (purple) 3 ml was filled (include partially filled tube):

Yes
1
± SAMPF1
No

- f. Code if **Tube 3: EDTA (purple)2 ml** was filled (include partially filled tube): Yes 1 <u>+</u> SAMPF2 No 2
- g. Code if **Tube 4: ACD (yellow) 6 ml** was filled (include partially filled tube): Yes 1 ± SAMPF3 No 2
- h. Code if **Tube 5: Lithium Heparin (green) 4 ml** was filled (include partially filled tube): Yes 1 <u>+</u> SAMPF4 No 2
- i. Code if **Tube 6: EDTA (purple) 3 ml** was filled (include partially filled tube): Yes 1 <u>±</u> SAMPF5 No 2
- j. Blood sample outcome: ± SAMPTAK Blood sample obtained 1 No blood sample obtained 2
- k. Record which arm blood taken from: <u>+</u> SAMPARM Right 1 Left 2 Both 3

1. Record any problems in taking blood sample. Code all that apply. Enter at most 7 values. **±** SAMDIF1 No problem 1 SAMDIF2 Incomplete sample 2 SAMDIF3 Collapsing/poor veins 3 Second attempt necessary 4 SAMDIF4 Some blood obtained, but respondent felt faint/fainted5 Unable to use tourniquet 6

7

131.May we have your consent to take part in the genetics study? *Nurse: If asked, read out consent form 7 part 2*. Yes $1 \pm \text{GENE}$ No 2

b. I need to have your written consent to take part in the genetic studies project. Please read and sign **Part 2 of Form 7**. ^ *Nurse: circle consent code 15 on front of consent booklet.* ^ May we have your consent to store any remaining blood for future analysis?

Storage consent given	1	<u>+</u> CONSTORB
Consent refused	2	

c. I have to obtain your written consent for this. Nurse: Ask cohort member to read sign and date part 3 of blood sample consent form. Circle consent code 17 on front of consent booklet. ^ This is the end of all the measurements. Can I check, are you currently registered with a GP?
 Yes
 1
 + GPREG

Yes	0	1	<u>+</u>	GPREG
No		2		

Other

132. Would you like the results of your measurements to be sent to your GP? If asked, please read out the measurements listed below. Enter at most 12 values.

w. Enter al most 12 values.		
Blood Pressure	1	SHOWME01
Respiration	2	SHOWME02
Standing height	3	SHOWME03
Sitting height	4	SHOWME04
Weight	5	SHOWME05
Upper arm circumference	6	<u>+</u> SHOWME06
Chest circumference	7	SHOWME07
Expanded chest circumference	8	SHOWME08
Abdominal circumference	9	SHOWMR09
Hip circumference	10	SHOWME10
Blood sample	11	SHOWME11
None of the above	12	SHOWME12

b. Before I can pass your results onto your GP, I need your written consent. Please check the details are correct, then sign and date Consent Form 8. *Nurse please fill in correct details on consent form 8*. *Check respondent has signed the form. Circle codes as appropriate on front of consent booklet.* ^ *Check name by which GP knows respondent. Check GP name, address and phone no. Are recorded on front of consent booklet.* ^ There is just one more thing the MRC National Survey would like you to do and that is to keep this diet diary for the next 5 days and then send it back in this envelope. All the instructions are in the diary. If you'd like to talk to someone about it please call the number on the diary ask them to return your call. *Nurse: If pressed for further clarification say* I'm sorry I don't know anything about this but if you'd to talk to someone about it, please call the number on the diary and ask them to return your call. *Nurse: Enter details on front of diary and hand over with reply envelope.* Date of interview: [LFF] Serial number: [LFF]

Diary accepted 1 Diary refused 2

DIARY1

133.A few interviews on any survey are checked by a supervisor to make sure people are happy with the way the interview was carried out. In case my supervisor needs to contact you...*Nurse check front of ARF: If telephone number recorded:* may I check your telephone number is*(read out and amend ARF if different)? If telephone number not recorded:* it would be helpful if you could let me have your telephone number? *(nurse record on front of ARF.)*

Telephone number obtained	1	
Telephone number refused	2	<u>+</u> TPHONE
No telephone number available	3	

^ to close the interview. Please enter the first four digits of your nurse number. If already entered just press <enter> to continue. <u>+</u> NURNO