Place SM label here

SERNO

RECDN0610   RECMN0610   RECYN0610

MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT
MRC Unit for Lifelong Health and Ageing
33 Bedford Place
London
WC1B 5JU

CLINIC STUDY 2008-10

Nurse Clinic Schedule

Version Dated: 01/05/2008

NCNH = Home visit - so Survey Member not asked this question

NCNC = Not coded in Manchester Clinic Feasibility Study

		day		month		year		
Date of birth	DOBD0610		DOBM0610	0 3		1 9 4 6	DOBY0610	
Nurses No's.	NUR10610		NUR20610					
Interview date	INTNDN0610 day		INTNMN0610 month		year	2 0	INTNYN0610	

CLINNID0610

Record the time of day (24 hour clock): TIMD0610

A. NURSE INTERVIEW (1): Consents, urine and medical review

Thank participant for coming. Make sure travelling expenses have been dealt with. Collect the pre-assessment questionnaire and check if the participant had any problems filling it in.

Explain purpose of clinic visit and ask if participants have read the information pamphlet and if they have any questions about the study and the measures.

Explain we need to obtain their consent to be interviewed and measured today and to use information collected today and at previous times for research. Explain that even having given consent they can still decline to do any part of the interview or examination.

Explain that results of some tests (blood pressure, lung function and anthropometry) will be given to them today.

Explain we will be asking them to consent to send results to their GP that may be useful for their health care and that this will be explained at the relevant parts of the examination. Confirm the GP address already on the GP letter. If the GP details have changed use a new GP letter. If the participant does not want any results sent to their GP use the participant feedback letter rather than the GP letter.

Participant should now read and sign the general consent form. Delete any sections that the participant does not consent to (e.g. results to GP or use of blood sample for genetic aspects of health).

1a. *Are any sections of the general consent form crossed out?*   Yes   1   CONFCT0610
    No   0 → *go to 1c*

If the participant does not want results sent to GP, ask them to sign the clinical advisor consent form. Explain that if this consent is not given, a blood sample cannot be drawn and certain cardiovascular tests cannot be taken.

b. *If necessary, has the clinical advisor consent form been signed?*   Yes   1   ACONFS0610
    No   0

c. *If the participant has not completed a hospital records consent form ask them to do so and record whether the form has now been signed:*

Hospital consent form now signed   1   HCONF0610
Hospital consent form not signed   2
Not applicable, form already signed   3

2a. Have you brought your urine sample with you?   Yes   1   URNSP0610
    No   0

b. Have you brought the completed urine instruction sheet?   Yes   1   URNSH0610
    Complete a new sheet if necessary   No   0

3. Have you had anything to eat in the last 12 hours?   Yes   1   EAT12H0610
    No   0

If *yes*, how many hours ago did you last eat*?*

hours LAEAT0610

4. Besides water, have you drunk anything else in the last 12 hours?   Yes   1   DRNK120610
    No   0 → *go to Q6*

5a. Have you drunk tea or coffee or cola in the last 12 hours?   Yes   1   CFTE120610
    No   0

If *yes*, how many hours ago did you drink tea, coffee or cola?

hours LACFTE0610

b. Have you drunk anything else in the last 12 hours?   Yes   1   OTH120610
                                                             No   0

If yes, please specify …………………………………………………………………………………

6. Have you smoked tobacco in the last 12 hours?   Yes   1   TOB120610
                                                       No/Non-smoker   0

If yes, how many hours ago did you smoke tobacco?   TOBHR0610

7. Did you do any strenuous physical activity yesterday?   Yes   1   ACTY0610
                                                               No   0

8. Have you had any operations in the last 3 months?   Yes   1   OPL30610
                                                           No   0

If yes, please specify: OPTYP0610…..OPTYP20610…………………………………………………

9a. Do you ever have any pain or discomfort in your chest?   No   0 → *go to Q10*
                                                                 Yes   1   ANGINN0610

b. Do you get this pain or discomfort when you walk uphill or hurry?   No   0   CHPRUN0610
                                                                           Yes   1
                                                    Never walk uphill or hurry   2
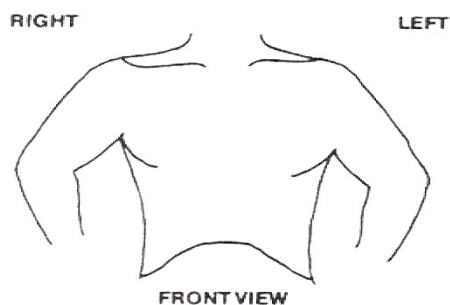
c. Do you get it when you walk at an ordinary pace on the level?   No   0   CHPRNN0610
                                                                       Yes   1
                                                          Never walk   2

d. What do you do if you get this pain while walking?   (*Circle one*)

Stop or slow down	1 CHPRRN0610
Carry on	2
Carry on after using a spray or taking tablet under your tongue (nitroglycerine)	3 CHPRRN20610
Not applicable	4

e. Does the pain or discomfort in your chest go away if you stand still?   No   0 → *go to g*
                                                                               Yes   1   CHPRSN0610

f. How long does it take to go away?   10 minutes or less   1   CHPRTN0610
                                           More than 10 minutes   2

g. Where do you get this pain or discomfort? Mark the place(s) with an X on the diagram.   CHPRL1N0610
CHPRL2N0610
CHPRL3N0610
CHPRL4N0610
CHPRL5N0610
CHPRL6N0610
CHPRL7N0610
CHPRL8N0610
CHPRL9N0610

For office use only

RIGHT   LEFT

FRONT VIEW

10. *Check whether they have brought their regular medicines with them and ask*:
Have you taken any medicines, prescribed or non-prescribed, in the last 24 hours?　　　Yes　1　　MED240610
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　No　0

If 'Yes', please give details in the table below. Use one row for each medication. Be sure to include use of puffer or inhaler or any medication for breathing, and any medications bought from a pharmacy.Use spare medication sheets if necessary and attach to questionaire

	Name of medicine		How many hours ago did you last take the medicine?	Do you take this medicine regularly?	Is this medicine prescribed by your GP or consultant?	MEDN0610 MEDNHR0610 MEDRN0610 MEDNGP0610
a.	MEDA0610	MEDAHR0610		Yes 1 No 0 MEDRA0610	Yes 1 No 0 MEDAGP0610	MEDO0610 MEDOHR0610 MEDRO0610 MEDOGP0610
b.	MEDB0610	MEDBHR0610		Yes 1 No 0 MEDRB0610	Yes 1 No 0 MEDBGP0610	MEDP0610 MEDPHR0610 MEDRP0610 MEDPGP0610
c.	MEDC0610	MEDCHR0610		Yes 1 No 0 MEDRC0610	Yes 1 No 0 MEDCGP0610	MEDQ0610 MEDQHR0610 MEDRQ0610 MEDQGP0610
d.	MEDD0610	MEDDHR0610		Yes 1 No 0 MEDRD0610	Yes 1 No 0 MEDDGP0610	MEDR0610 MEDRHR0610 MEDRR0610 MEDRGP0610
e.	MEDE0610	MEDEHR0610		Yes 1 No 0 MEDRE0610	Yes 1 No 0 MEDEGP0610	MEDS0610 MEDSHR0610 MEDRS0610 MEDSGP0610
f.	MEDF0610	MEDFHR0610		Yes 1 No 0 MEDRF0610	Yes 1 No 0 MEDFGP0610	MEDT0610 MEDTHR0610 MEDRT0610 MEDTGP0610
g.	MEDG0610	MEDGHR0610		Yes 1 No 0 MEDRG0610	Yes 1 No 0 MEDGGP0610	MEDU0610 MEDUHR0610 MEDRU0610 MEDUGP0610
h.	MEDH0610	MEDHHR0610		Yes 1 No 0 MEDRH0610	Yes 1 No 0 MEDHGP0610	MEDV0610 MEDVHR0610 MEDRV0610 MEDVGP0610
i	MEDI0610	MEDIHR0610		Yes 1 No 0 MEDRI0610	Yes 1 No 0 MEDIGP0610	MEDW0610 MEDWHR0610 MEDRW0610 MEDWGP0610
j.	MEDJ0610	MEDJHR0610		Yes 1 No 0 MEDRJ0610	Yes 1 No 0 MEDJGP0610	MEDX0610 MEDXHR0610 MEDRX0610 MEDXGP0610
k.	MEDK0610	MEDKHR0610		Yes 1 No 0 MEDRK0610	Yes 1 No 0 MEDKGP0610	MEDY0610 MEDYHR0610 MEDRY0610 MEDYGP0610
l.	MEDL0610	MEDLHR0610		Yes 1 No 0 MEDRL0610	Yes 1 No 0 MEDLGP0610	MEDZ0610 MEDZHR0610 MEDRZ0610 MEDZGP0610
m.	MEDM0610	MEDMHR0610		Yes 1 No 0 MEDRM0610	Yes 1 No 0 MEDMGP0610	

4

999998 = Food Supplement

11. Has a doctor told you that you have any of the following health problems?

	Health Problem	YES	NO
a.	High blood pressure DHIB0610	1	0
b.	Diabetes DDIAB0610	1	0
c.	Bleeding or clotting disorder DBLOD0610	1	0
d.	Angina DANGE0610	1	0
e.	Heart attack (myocardial infarct, coronary thrombosis) DHARAN0610 DHARD0610 DHARM0610 DHARY0610	1 when did this (last) occur? dd/mm/yyyy ▢▢ ▢▢ ▢▢▢▢	0
f.	Aortic aneurysm AOAN0610	1	0
g.	Aortic stenosis AOST0610	1	0
h.	Myocarditis (infection of the heart) MYO0610	1	0
i.	Cardiomyopathy ('large heart' or 'weak heart') CDMYO0610	1	0
j.	Other heart trouble (Valvular disease, HRTRB0610 Ischaemic heart disease, tachycardia, palpitations or heart murmur, other) Please specify. HRTTYP0610 HRTTYP20610	1	0
k.	Pulmonary embolism (blood clot on the lung) or systemic embolism within the last 4 weeks PE40610	1	0
l.	Do you have a pacemaker? PAC0610	1	0

BSHR0610

B. **BLOOD SAMPLE**: Record the time of day (24 hour clock): ▢▢▢▢

If participant has not consented for GP to be sent the results
nor for the clinical advisor to contact them→No blood sample to be taken →module C.

12a. Have you given a blood sample before? Yes 1 BSBEF0610
  No 0

b. If *yes*, were there any problems (e.g. fainting)? Yes 1 BSPROB0610
  No 0
  Please specify: BSPROBR0610 67 =BSPROBRA0610 ……… BSPROBRA0610 if ICD code used ……………………………

Explain the purpose and procedure for taking blood.

13. Would you be willing to have a blood sample taken? Yes 1 BSWILL0610
  No 0→ *module C.*

If NO, please give reason: …BSWILLR0610………BSWILLR20610……………………………………

5

Collect blood sample into separate safety monovettes, appropriately labelled, with appropriate anticoagulants for different analytical purposes: lithium heparin, EDTA, fluoride oxalate, citrate and a plain tube (see detailed protocol in the manual). Then answer Q14a-d:

14a. *Was the whole blood sample obtained?*

Yes	1	SPTAK0610
Only part	2	
None	3	

If incomplete or absent sample, please give reason.   *(Circle all that apply)*

Collapsing/poor veins	1	SAMDIF10610
Second attempt necessary	2	SAMDIF20610
Participant felt faint/fainted	3	SAMDIF30610
Unable to use tourniquet	4	SAMDIF40610
Other *(Specify)*_____	5	SAMDIF50610
Remote Home visit	6	SAMDIF60610
_____	7	SAMDIF70610
	8	SAMDIF80610

b. *Was a butterfly used instead of a fixed needle?*

Yes	1	
No	0	BFLY0610

If yes, please give reason for using butterfly BFLYR0610 _____

c. *Record where blood taken from. If from more than one place record on blood tracking form:*

Right arm	1	
Left arm	2	
Right hand	3	JAPARM0610
Left hand	4	
More than 1 place	5	
Not obtained	8	

d. *Was participant sitting in a chair or lying down when the blood was taken?*

Sitting in chair	1	BSPD0610
Lying down	2	

15. The research team will write to you to tell you when the results of the blood tests have been sent to your GP [*unless consent not given*]

Do you want to receive a copy of the blood results?

Yes	1	BSR0610
No	0	

If 'yes' please tick the appropriate box on the GP letter
Please tick the box to confirm you have done this   [ ] BSRGP0610

Now complete the front page of the blood sample tracking form, and the time urine received and delivered on the urine tracking form.

Hand both the blood and urine samples, and their corresponding tracking forms, to the lab staff.
Please tick the box to confirm you have done this

[ ] LAB0610
6 = NCNH   *For office use only* [ ]

6

Record the time of day (24 hour clock): LABT0610 ☐☐☐☐

C. ECHO: (LV MASS, GLOBAL DIASTOLIC AND SYSTOLIC FUNCTION)

If participant has not consented for GP to be sent results that are directly relevant to their health nor for the clinical advisor to contact them if necessary then do not take these measures.

Explain purpose and procedures for echocardiogram.

16. Would you be willing to have an echocardiogram?   5 = see EC0610 (Q16 2006/7 version)

    Yes   1   ECO20610   6 = NCNH

    Yes, but unable (e.g. arrived too late) 2 } → *No ECHO to be taken →module D*

    No, not willing   0 }

If no echocardiogram completed, please give reason:….ECOR0610…..5555 = NCNC……6666 = NCNH

Ask participant to undress and put on a gown.

17. *Was the echocardiogram completed satisfactorily?*   Yes 1 ECOK0610

                                                             No   0 6 = NCNH

                                 5555 = see EDPROB0610 (Q17 2006/7 version)

If not completed satisfactorily, please explain: …EDPROB20610 6666 = NCNH………………

18a. *If the echocardiogram was abnormal, was a full echocardiogram carried out so a clinical report could be written?*   Yes 1 ECF0610

                                                              No   0 6 = NCNH

b. *Are there any reasons for not doing the step test?*   Yes 1 STP0610

                                                       No   0 6 = NCNH

                    5555 = see STPRES0610 (Q18b 2006/7 version)

Please specify:…STPRES20610 6666 = NCNH…… …………………………………..

D. CAROTID IMT and DISTENSIBILITY

If participant has not consented for GP to be sent results that are directly relevant to their health nor for the clinical advisor to contact them if necessary then do not take this measure.

Explain purpose and procedures for the carotid IMT and distensibility measures

                                      5 = see IMT0610 (Q19 2006/7 version)

19. Would you be willing to have these measurements taken?   6 = NCNH

    Yes   1   IMT20610

    Yes, but unable (e.g. arrived too late) 2 }

    No, not willing   0 } → *No IMT/distensibility measure taken →module E*

                                     5555 = Not asked in clinic feasibility study

If no measurements taken, please give reason:…IMTR0610………6666 = NCNH……………

20a. *Echocardiographer to provide two blood pressure measurements with the participant supine:*

RIGHT   LEFT

i) Systolic ☐☐☐ 666 = NCNH   ii) Systolic ☐☐☐ 666 = NCNH

                    RSYS0610   LSYS0610

Diastolic ☐☐☐ 666 = NCNH   Diastolic ☐☐☐ 666 = NCNH

                    RDIAS0610   LDIAS0610

b. Were the **CAROTID IMT** and **DISTENSIBILITY** measures completed satisfactorily? 6 = NCNH

<div style="text-align:right">

Yes 1 IMTOK0610

No 0

</div>

6666 = NCNH

If not completed satisfactorily, please explain: IMTOKR0610 …………… 5555 = NCNC …………

21. *Was plaque present in the common carotid artery or the bifurcation?*

6 = Q not asked

5 = NCNH

RIMTOK0610   RIMTOKR0610   PLPR0610   Yes 1

66 = NCNH   5555 = NCNC   5 = Q not asked   No 0   PLQBIF0610

67 = Q not asked 6666 = NCNH   6 = NCNH

                  6677 = Q not asked

GP LETTER (OR PARTICIPANT FEEDBACK LETTER)

Echocardiographer to complete relevant part of the letter and sign the form. 6 = NCNH

Please tick the box to confirm you have done this   [ ]   ECGP0610

_____

E. SELF-COMPLETION

Introduce self-completion questionnaire

"Now it's time for breakfast and while I am getting that ready I'd like to give you this questionnaire to fill in by yourself. The questions are about how you have been feeling recently. Please check with me if any of the questions are unclear."

22. Can I ask, would you be willing to complete this questionnaire?   Yes 1 SCY0610

No 0

If NO, please give reason: SCYR0610 ……………………………………………….………

BREAKFAST

23. *Check any uncompleted or inconsistent questions on the self-completion questionnaire and record:*

Booklet completed independently	1
Booklet completed with assistance from interviewer	2 SCEND0610
Booklet completed with assistance from someone else	3
Booklet not completed	4

Check any uncompleted or inconsistent questions on the pre-assessment questionnaire:

Please tick the box to confirm you have done this   [ ]   CHPRE0610

F. **ANTHROPOMETRY**: Record the time of day (24 hour clock):   ANTHR0610

☐☐☐☐

Explain purpose and procedure for each anthropometric measure

24. Would you be willing to be measured and weighed?   5 = see MESOK0610 (Q25 2006/7 version)

Yes   1

Yes, but unable (e.g. equipment not available)   2   MESOK20610

No   0 → *No anthropometric measures to be taken →module G*

If no, please give reason: MESOKR0610   MESOKR20610   …………………………………………………………………………

25. *Measure standing height.*
Enter in centimetres to nearest mm.   HTN0610   Height   ☐☐☐ • ☐

26. *Measure sitting height (participant seated on a board on a chair)*
Enter in centimetres to nearest mm.
   SITHTN0610 Sitting height   ☐☐☐ • ☐

The variable HTPRT0610 was dropped after 2007/8 and was not in feasibility study.   6 = Q not asked

27. *Measure weight (using kilograms) and record scale reading*

   WTN0610 Weight   ☐☐☐ • ☐

28. *Measure circumference of right arm to the nearest mm.*
Enter in centimetres   Arm   ☐☐☐ • ☐
   RUAC0610

29a. *Measure the chest circumference to the nearest mm.*
Enter in centimetres   CHC0610   Chest   ☐☐☐ • ☐

b. *Measure the **expanded** chest circumference to the nearest mm.*
Enter in centimetres
   CHCE0610 Expanded   ☐☐☐ • ☐

30. *Measure the waist circumference to the nearest mm.*
Enter in centimetres
   ABC0610 Waist   ☐☐☐ • ☐

31. *Measure the hip circumference to the nearest mm.*
Enter in centimetres   HIPC0610 Hip   ☐☐☐ • ☐

GP LETTER (OR PARTICIPANT FEEDBACK LETTER)
Now write the height, weight, waist and hip circumference measurements on the letter

Please tick the box to confirm you have done this   ANTCP0610   ☐

How were the anthropometric measures taken?:

On skin   1
Light clothes   2   ANTHW0610
Other (Specify, e.g. heavy clothes)   3   6 = Q not asked
ANTOTH0610   5555 = not asked   6666 = not coded   ……………………………………………………………………

Please note below any changes to protocol for the anthropometric measurements
e.g. participant sat on the floor for sitting height measurement:

ANTPRT0610   ANTPR0610   5 = not asked   …………………………………………………………………………………………
5555 = Q not asked   Still need to code missing for 2008-10

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G. BLOOD PRESSURE (SEATED)

32. Would you be willing to have your blood pressure taken? 5 = see BPCNST0610 (Q34 2006/7 version)

Yes	1	BPCNST20610
Yes, but unable (e.g. machine broken)	2	→ *No blood pressure taken → module H*
No	0	

If no measure taken, please give reason: …BPCNSTR0610………………………………………

Provide machine no   98 = used hospital   ☐ OMRON0610

Enter ambient temperature in Celsius to the nearest degree.   ☐☐ RTEMP0610

First reading: SYSTOLIC   ☐☐☐ SBP10610

DIASTOLIC   ☐☐☐ DBP10610

PULSE   ☐☐☐ PULSE10610

Second reading: SYSTOLIC   ☐☐☐ SBP20610

DIASTOLIC   ☐☐☐ DBP20610

PULSE   ☐☐☐ PULSE20610

GP LETTER (OR PARTICIPANT FEEDBACK LETTER)
Now write the blood pressure measurements onto the letter (use lowest diastolic reading)

Please tick the box to confirm you have done this   ☐ BPGP0610

H. ECG AND HEART RATE VARIABILITY
If participant has not consented for GP to be sent results that are directly relevant to their health nor for the clinical advisor to contact them if necessary then do not take this measure

Explain purpose and procedures for ECG, heart rate variability and pulse wave velocity.

33. Would you be willing to have these measures taken?

All of them	1	6 = NCNH
Some of them	2	TAKHR0610
None of them	3	→ *module J*

If 'some of them' or 'none of them', please give reason:

TAKHRR0610 …….…… 5555 = NCNC ………… 6666 = NCNH ……………………………………

34. *Was the ECG completed satisfactorily?*

Yes	1	6 = NCNH
No	0	ECGN0610

If not completed satisfactorily, please explain:

ECGNR0610 ………… 5555 = NCNC ……… 6666 = NCNH ……………………………………

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35a. *Was the heart rate from the ECG ≥ 100bpm* Yes 1 HRGR0610
No 0 6 = NCNH

b. *Was the heart rate from the ECG ≤40bpm* Yes 1 HRLS0610
No 0 6 = NCNH

36. *Was **HEART RATE VARIABILITY** measured satisfactorily?* Yes 1 HROK0610
No 0 6 = NCNH

If not completed satisfactorily, please explain:

HROKR0610   5555 = NCNC   6665 = NCNH   6666 = Comment written
…………………………………………………………………………………………………

I. PULSE WAVE VELOCITY (PWV) AND PULSE WAVE ANALYSIS (PWA)
The variables PWOK0610, PWOKR0610, RPWOK0610 and RPWOKR0610 were dropped after 2007-2008   5 = Q not asked

37. *Was **PWV** measured satisfactorily?* Yes 1 6 = NCNH
No 0 PWVOK0610

If not completed satisfactorily, please explain:

.PWVOKR0610……… 5555 = Q asked differently - see PWOK0610   6666 = NCNH ……………

38. *Was **PWA** measured satisfactorily?* Yes 1 PWAOK0610
No 0

If not completed satisfactorily, please explain: 5 = Q not asked
6 = NCNH

.PWAQKR0610…5555 = Q asked differently - see PWOK0610 6666 = NCNH ……………

The variables PROXD0610, DISTD were dropped after 200702008.   5555 = Q not asked   6666 = NCNH

Please record: Distance from the suprasternal notch to the top of
thigh cuff (right) | | | | mm   DISTNTC0610
5 = Q not asked 6 = NCNH

1 = zero assumed as nurse has not recorded last digit for variable DISTNTC0610
DISTAS0610   0 = nurse has coded variable DISTNTC0610 to 3 significant figures

Nurse to complete the rest of the CVD section of the letter

Please tick the box to confirm you have done this | | CVLET0610
6 = NCNH

Record the time of day (24 hour clock): | | | | | PWHR0610

6666 = NCNH

J. SALIVARY CORTISOL

"We are collecting saliva to measure cortisol, one of the body's hormones. Cortisol levels are related to many aspects of our health that we are measuring in this data collection. We would like you to unscrew the cap of this salivette tube and pop the swab in your mouth without touching it. We would like you to keep the swab in your mouth and roll it around your mouth for 1-2 minutes until you feel that you can longer prevent yourself from swallowing the saliva produced. Then we want you to spit the swab back into the small container and screw the top on."

6 = not asked in feasibility study

39a. Would you be willing to collect saliva in this way? Yes 1 SALOK0610
SALOKR0610   66 = not asked in feasibility study No 0→ *module K*
67 = see SALOKR1A0610 and SALOKR2A0610

If no, please give reason…SALOKR1A0610…SALOKR2A0610 used if coded using ICD code…………

6666 = Not asked in feasibility

After the sample has been taken ask:

SALSTX0610

39b. Did you suffer any stress, anxiety or trauma in the hour before the sample was taken?   Yes   1

No   0

If yes, what was the cause of the stress?...SALSTXR0610.........SALSTXR20610......SALSTXR30610.........

6666 = Not asked in feasibility study

Now complete the saliva tracking form and hand both the form and saliva sample to the lab staff. Please tick to confirm you have done this.

6 = Not asked in feasibility study   SALTRK0610

"Cortisol levels can change between morning and night and we would like you to take some more saliva samples at home and post them back to the clinic. I'll explain more about this at the end of the visit."

_____

K.   ECONOMIC CIRCUMSTANCES

55 = check 2006-7 Postal Questionnaire.

Introduce questions on economic circumstances: Note: questions were coded differently in the Postal Q

"The next few questions are about your economic circumstances as this study and others show that things like income and your level of financial security can affect health in a number of ways."

40a. Do you or your husband/wife/partner receive income from any of the sources listed on this show card?

	Participant *(Circle all that apply)*	Husband/wife or partner *(Circle all that apply)*
Earnings from employment or self- employment	INCSP10610 1	INCSH10610 1
State pension (include basic state pension, SERPS and State 2nd pension)	INCSP20610 2	INCSH20610 2
Pension form a previous employer	INCSP30610 3	INCSH30610 3
Private pension/annuity	INCSP40610 4	INCSH40610 4
Dividends or interest from savings or investments	INCSP50610 5	INCSH50610 5
Rent from property or land	INCSP60610 6	INCSH60610 6
Health-related or disability benefits *e.g. Incapacity benefit (Invalidity Benefit), Statutory Sick Pay, Severe Disablement Allowance, Disability Living Allowance, Attendance Allowance, Carer's Allowance (Invalid Care Allowance), Industrial Injuries Disablement Benefit, War Disablement Pension.*	INCSP70610 7	INCSH70610 7
General benefits *e.g. Pension credit (Minimum Income Guarantee), Income Support for the over 60's, Income Support, Job Seeker's Allowance (Unemployment Benefit), Housing Benefit/ Rent Rebate or Allowance, Council Tax Benefit, Working Tax Credit (Working Families Tax Credit), Widow's Pension, Widowed Mother's Allowance, Bereavement Allowance, Child Benefit, Child Tax Credit.*	INCSP80610 8	INCSH80610 8
Other, please specify…………………………… …………………………………………………... INCSOTH0610 66 = Comment written 55= not coded in Postal Q	INCSP90610 9	INCSH90610 9

INCINF0610   1 = No information given for either SM or partner

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2 = Declined to give information for partner

5 = Check 2006-7 Postal Q

40b. Which of the letters on the show card represents your total net household income?

Please include our own and your partner's earned income (after deduction for income tax and national insurance), any state benefits and any other sources of income such as pension and interest. Please also include contributions from other members of your household (such as children). Please choose the period (annual, monthly or weekly) that is most convenient for you to use. Then, find the amount in pounds which represents your net household income and state the corresponding letter.

Letter ☐   INCHN0610   66 = Question not asked

41a. On your present income do you find (as a family)   6 = Question not asked

That it's really quite hard to manage? 1
That you manage fairly well? 2   INCMN0610
That you manage comfortably? 3

b. Have you or your family had to go without things you really needed in the last year because you were short of money?

Yes, often 1
Yes, sometimes 2   INCGWN0610
No 3

6 = Question not asked

c. Have you found you have been unable to pay the bills in the last year because you were short of money?

Yes, often 1
Yes, sometimes 2   INCUBN0610
No 3

6 = Question not asked

For office use only ☐

13

L. PERFORMANCE QUESTIONS AND TESTS

These next questions are about difficulties you may have carrying out daily activities.

42. Do you have any long-term illness, health problem or disability that limits your activities or the work you can do?

No	0
Yes	1

DISA0610

43. 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?

No	0
Some difficulty	1
A lot of difficulty	2

GRIP0610

44. 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?

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

HNSMF0610

45. In the last 12 months, have you had sciatica, lumbago or severe backache?

No	0
Yes	1

BACK0610

46. In the last 12 months, have you had pain in and around your knees on most days of the month for at least 3 months?

No	0
Yes	1

KNP0610

47a. 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)*

No	0
Yes	1

WALK0610

NB. Question 47 continues in next column

b. *If yes*, how far can you walk without stopping or severe discomfort. Would you say...

More than 400 yards	1
200 to 400 yards	2
50 to 200 yards or	3
Less than 50 yards	4

WALKL0610

48. Do you find it difficult walking up and down stairs, because of long-term health problems?

No	0
Yes	1

STEP0610

If yes, can you walk up and down a flight of 12 stairs in a normal manner without holding on or taking a rest?

No	0
Yes	1

STEPL0610

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

No	0
Yes	1

FALL0610

50. Do you need to hold onto something to keep your balance?

No	0
Occasionally	1
Often	3
Always	4

BALL0610

51. Have you fallen at all in the past 12 months?

No	0
Yes	1

FALLEN0610

I*f yes*, how many times have you fallen in the past 12 months?

FALLN0610

On how many of these occasions have you injured yourself badly enough to see a doctor?

DFALLN0610

52a. Do you have difficulty bending down and straightening up, even when holding onto something because of long-term health problems?　　No　0→ *go to Q53*
　　　　　Yes　1 BEND0610

b. Can you bend down to <u>sweep</u> something from the floor and straighten up?
　　　　　Yes　1→ *go to Q53*
　　　　　No　0 BENDS0610

c. Can you bend down to <u>pick</u> up something from the floor and straighten up?
　　　　　Yes　1→ *go to Q53*
　　　　　No　0 BENDP0610

d. Can you bend down far enough to touch your knees and straighten up?　　Yes　1
　　BENDK0610　　No　0

53. Is it difficult, because of long-term health problems to do any of the following activities?

a. go shopping and carry a full bag of shopping in each hand?　HSHD0610　Yes　1
　　　　　　　　　　　No　0

b. do heavy housework?　　Yes　1
　　HHWK0610　　No　0

c. prepare a hot meal?　　Yes　1
　　HCK0610　　No　0

54. Is it difficult, because of long-term health problems, for you to do any of the following activities?

a. Washing hands and face?　　No　0
　　FACE0610　Yes　1

If yes, can you do it without aids or personal help?　　　　Yes　1
　　No, uses aid but no personal help　2
　　No, needs personal help　3
　　FACEC0610

b. Bathing or showering?　　No　0
　　　　　　Yes　1
　BATH0610
　　Bathing only　2

If yes, can you do it without aids or personal help? BATHC0610　　Yes　1
　　No, uses aid but no personal help　2
　　No, needs personal help　3

c. Dressing and undressing? No　0
　　　　　Yes　1 DRESS0610

If yes, can you do it without aids or personal help?　DRESC0610　Yes　1
　　No, uses aid but no personal help　2
　　No, needs personal help　3

d. Getting in and out of a chair?　No　0
　　CHAR0610　Yes　1
If yes, can you do it without aids or personal help?　CHARC0610　Yes　1
　　No, uses aid but no personal help　2
　　No, needs personal help　3
　　No, needs personal help + aids　= 4

e. Getting in and out of bed?　No　0 BED0610
　　　　　Yes　1

If yes, can you do it without aids or personal help?　BEDC0610　Yes　1
　　No, uses aid but no personal help　2
　　No, needs personal help　3
　　No, needs personal help + aids　= 4

f. Getting to the toilet?　No　0 WC0610
　　　　　Yes　1
　　　　　N/A = 8

If yes, can you do it without aids or personal help?　　　　Yes　1
　　No, uses aid but no personal help　2 WCC0610
　　No, needs personal help　3
　　Catheterised + colostomy = 4

g. Using the toilet?　　No　0
　　WCUSE0610　Yes　1
　　　　　N/A = 8
If yes, can you do it without aids or personal help?　WCUSEC0610　Yes　1
　　No, uses aid but no personal help　2
　　No, needs personal help　3
　　Catheterised + colostomy = 4

h. Feeding yourself, including cutting up food?
　　　　　No　0 FEED0610
　　　　　Yes　1

If yes, can you do it without aids or personal help?　　　　Yes　1
　　No, uses aid but no personal help　2
　　No, needs personal help　3
　　　　FEEDC0610

15

55. In the last 12 months, have you had a problem with the following?

1 = Rarely or never   2 = Sometimes   3 = Often   4 = Very often

a) Sudden loss of balance?   BAL0610 [ ]

b) Weakness in the arms?   WARM0610 [ ]

c) Weakness in the legs?   WLEG0610 [ ]

d) Dizziness when standing up quickly?   DIZS0610 [ ]

56. Have you had a problem with the following in the last 12 months?

1 = Rarely or never   2 = Sometimes   3 = Often   4 = Very often

i) Paying attention?   PAYA0610 [ ]

ii) Finding the right word?   REHW0610 [ ]

iii) Remembering things?   REMT0610 [ ]

iv) Remembering where you put something?   REMP0610 [ ]

57. Have you had difficulty with the following in the last 12 months?

1 = No difficulty 2 = A little difficulty 3 = Some difficulty 4 = A great deal of difficulty

i) Reading a newspaper?   RNEW0610 [ ]

ii) Recognizing a friend across the street?   RECF0610 [ ]

iii) Reading signs at night?   RSNT0610 [ ]

iv) Hearing over the phone?   HTEL0610 [ ]

v) Hearing a normal conversation?   HCONV0610 [ ]

vi) Hearing conversation in a noisy room?   HNOIS0610 [ ]

58. In the last 12 months, have you had a problem with the following?

1 = Rarely or never   2 = Sometimes   3 = Often   4 = Very often

i) Loss of appetite?   APLS0610 [ ]

ii) Unexplained weight loss?   UWLS0610 [ ]

59. In the last year, have you lost more than 10 pounds unintentionally?

Yes   1
No   2   UL10P0610

60. How often in the last week did the following apply?
"I felt that everything I did was an effort" or "I could not get going"

Rarely or none of the time (<1 day)   0
Some or a little of the time (1-2 days)   1
A moderate amount of time (3-4 days)   2   EFF0610
Most of the time (>4 days)   3

PERHR0610

Record the time of day (24 hour clock):

6666 = Not asked

FUTURE CONSENT FORM

*Ask the participant if they would be willing to complete the **future consent** form*

---

61. REACTION TIME

I would now like to see how quickly you can react. This involves pressing a key every time you see a '0' or an '8' appear on the screen.

5 = see RTAG0610 (Q61a 2006/7 version)

a. Are you willing to do this test?

Yes   1
No   2   RTAG20610
Unable for health reasons   3
Unable, other (e.g. machine broken)   4

Please say why unable/unwilling   RTUN20610 ……………………………………………………

Provide machine no.   RTMNO0610

Put your finger on this key marked '0' and look at the screen. This is the only key you will need to use. Every time you see a '0' or an '8' on the screen press the key once as quickly as you can. We will start with a practice run to make sure you know what to do. Are you clear about it? I am going to start the machine now, so look for the '0's or '8's and press *firmly* as soon as you see one.

Press start button. Correct any error during 8 practice trials. When the 'wait' indicator appears, say:

That was fine. Now we can time your reactions. Every time you see a '0' or an '8' on the screen, press the '0' key as quickly as you can.

Press start button (20 '0's or '8's will be displayed in turn).

When display flashes:

RTMN0610

b. *Press Key 1 and record:*   Mean | | • | | | |

c. *Press Key 2 and record:*   Standard deviation   • | | | |

Then press Start to clear the screen.

RTSD0610

I'm now going to give you a slightly harder test. This time the numbers 1, 2, 3 or 4 will appear on the screen. I want you to press the key that has the same number as that on the screen. If you see a '4' on the screen, press key 4 as quickly as possible. If you see a '1', press key 1, and so on.

Use both hands to do this. Put the 1st and 2nd fingers of each hand on the four keys *(1, 2, 3, 4)*. *(Other fingers can be used if necessary.)*

If the participant has a non-functional hand, tick here NFHD0610 ☐ *and go to the next test.*

I am going to start the machine again. Remember to press the same number as the number on the screen. This is another practice run.

Press start button.   Correct any error during 8 practice trials. When the 'wait' indicator appears, say:

Now let's do it as a proper test. Every time you see a number on the screen, quickly press the key with the same number. Remember to press firmly.

Press start button (40 numbers will be displayed in turn).

When display flashes:

K1MN0610

d. *Press Key 1 and record:* Mean time (correct) ☐ ● ☐☐☐

K2SD0610

e. *Press Key 2 and record:* Standard deviation ● ☐☐☐

f. *Press Key 0 and record:* Number of errors ☐ K0ER0610

K3MN0610

g. *Press Key 3 and record:* Mean time (errors) ☐ ● ☐☐☐

K4SD0610

h. *Press Key 4 and record:* Standard deviation ● ☐☐☐

Switch off machine.

62. WORD LIST MEMORY

Now I want to see how well you remember a list of fifteen words. I will show you one word at a time and when I reach the end of the list you have one minute to write down as many words as you can. Please write the words in any order you like. It is best not to talk to anyone while you are doing this.

a. Are you willing to do this test?

Yes	1	WLREF20610
No	2	
Unable for health reasons	3	
Unable, other (e.g. materials not available)	4	
	5 = 2 options chosen	
	6 = see WLREF0610	
	(Q62a 2006/7 version)	

Please say why unable/unwilling WLREFR0610 …… WLREFR20610 …………………………………

*Nurse: Hand over the paper test booklet turn to **page 3** and make sure the participant has a pencil. Show the words at two second intervals using Word List A or B as specified on contact sheet and on front page of booklet. Make sure the last word is shown for two seconds. Tell participant to start. Start the stopwatch and time for one minute then tell the participant to finish. Turn booklet to **page 5**. Show the words again. Tell participant to start. Start the stopwatch and time for one minute then tell the participant to finish. Turn booklet to **page 7**. Show the words again. Tell participant to start. Start the stopwatch and time for one minute then tell the participant to finish.*

b. *Please record whether the word list trials were completed. Code one only.*

All 3 trials were attempted	1
2 out of the 3 trials were attempted	2 WLDONE0610
Only one trial was attempted	3
None of the trials were attempted	4

63. VISUAL SEARCH

*Nurse: Turn to letter search (**page 9** of paper test booklet).*

I would now like to see how quickly you can work through this list, crossing out the **P's** and **W's**.

a. Are you willing to do this test?

Yes	1	VSDONE20610
No	2	
Unable for health reasons	3	
Unable, other (e.g. materials not available)	4	
	5 = see VSDONE0610	
	(Q63a 2006/7 version)	

Please say why unable/unwilling VSDONER0610 …… VSDONER20610 …………………………

Start at the top left and work along the row from left to right, then go to the beginning of the next row and work from left to right again, like reading a page. Carry on this way crossing out any **P's** and **W's** with one mark of the pencil like this. *(Demonstrate).* Carry on until I tell you to stop. Work as quickly and as accurately as you can. *Nurse: Set your stopwatch for one minute. Tell the participant to start and stop at the correct moment.*

b. *Please record whether the letter search was attempted. Code one only.*

Letter search attempted	1 RVSA0610
Letter search not attempted	2

64. Do you remember that list of 15 words I showed you earlier. I would like you to write down as many of those words as you can remember.

Nurse: Turn to page 11 of the paper test booklet. Record whether the fourth word list trial was attempted. Code one only.

Fourth trial attempted	1 WLDON0610
Fourth trial not attempted	2

If not completed, please explain:

………… WLDONR0610 ……………………………………………………………………………………

65a. *Nurse: Did the survey member have **visual** difficulty during testing?*

No difficulty	1
Mild difficulty	2 SEET0610
Severe difficulty	3
No tests done	4

b. *Nurse: Did the survey member have **hearing** difficulty during testing?*

No difficulty	1
Mild difficulty	2 HET0610
Severe difficulty	3
No tests done	4

66. CHAIR RISES

I would now like you to do 10 chair rises. First I will ask you to fold your arms and, after I say, 'And Go', stand up from your chair and sit down again 10 times like this, as quickly as possible *(demonstrate)*.

a. Are you willing to do this test?

	Yes	1 CHARST20610
	No	2
Unable for health reasons		3
Unable, other (e.g. equipment not available)		4

5 = see CHARST0610
(Q60a 2006/7 version)

Please say why unable/unwilling CHARSTR0610 CHARSTR20610 ....

Let the participant practice then record time for chair rise test. Enter time in seconds as on stopwatch (to 1/100th second)   Minutes   Seconds   CHRST0610

☐ ● ☐ ☐ ● ☐ ☐

67. BALANCE AND CO-ORDINATION

I would now like to assess your balance and co-ordination. First, I will ask you to fold your arms and, after I say 'And Go', stand on your dominant leg, and raise your other foot off the floor like this *(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.

a. Are you willing to do this test?

	Yes	1 BALINT20610
	No	2
Unable for health reasons		3
Unable, other (e.g. no room available)		4

5 = see BALINT0610
(Q66a 2006/7 version)

Please say why unable/unwilling

..BALINTR0610.......BALINTR20610.........6666 = NCNCH ....

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 LEGDM0610
Left leg	2

c. *Carry out test with participant's **eyes open**. Allow the participant to practice. Set stop watch for 30 seconds. Record time for balance test with eyes open. Enter time in seconds as on stopwatch (to 1/100th second)*   *Minutes   Seconds*

| 0 | • | | | • | | | LEGBP0610 |

d. *Carry out test with participant's **eyes closed**. Allow the participant to practice. Set stop watch for 30 seconds. Record time for balance test with eyes closed Enter time in seconds as on stopwatch (to 1/100th second)*   *Minutes   Seconds*

| 0 | • | | | • | | | LEGBC0610 |

68. TIMED GET UP AND GO

Now I would like to time you while you get up from the chair and walk at a pace that is normal for you to the furthest line on the floor, turn around, walk back and sit back in the chair.

TGUG20610

a. Are you willing to do this test?

	Yes	1
	No	2
Unable for health reasons		3
Unable, other (e.g. no room available)		4

5 = 2 options chosen
6 = see TGUG0610
(Q67a 2006/7 version)

Please say why unable/unwilling

TGUGR0610   TGUGR20610
....

b. *Able to walk without another person's help?*   Yes   1   WNHLP0610
                                                          No   0

c. *Walking aid?*   No   0   WAID0610
                           Yes 1   specify (stick, frame e.t.c)...WATYP0610

Record time taken to complete walk. Enter time in seconds as on stopwatch (to 1/100th second)   *Minutes   Seconds*

| | • | | | • | | |

WNAT0610

21

69. HAND GRIP

Now I would like to assess the strength of your hand in a gripping action. After I say 'And Go' squeeze this handle as hard as you can, just for a couple of seconds and then let go.

GRPINT20610

a. Are you willing to do this test?

Yes	1
No	2
Unable for health reasons	3
Unable, other (e.g. machine broken)	4
5 = see GRPINT0610	

GRPINTR0610 GRPINTR20610

Please say why unable/unwilling …………………………………………………….….. (Q68a 2006/7 version)

Provide machine no.   DYNAM0610 ☐

Please watch the display as you are squeezing so that you can see how well you are doing. I will take 3 measurements from your dominant hand and 3 measurements from your non dominant hand.

b. *Record one only.*

Participant has the use of both hands	1
Participant is unable to use **right** hand	2 WOTATT0610
Participant is unable to use **left** hand	3
Participant is unable to use either hand	4

c. Which is your dominant hand?

Right hand	1 HNLR0610
Left hand	2

Position the participant correctly, select the correct hand grip and set the probable range on the dynamometer. Explain the procedure once again. Show the participant how to do the test.

d. *Dominant hand, first measurement. Enter the results to one decimal place.*   ☐☐ . ☐ GRPD10610

e. *Non dominant hand, first measurement. Enter the results to one decimal place.*   ☐☐ . ☐ GRPN10610

f. *Dominant hand, second measurement. Enter the results to one decimal place.*   ☐☐ . ☐ GRPD20610

g. *Non dominant hand, second measurement. Enter the results to one decimal place.*   ☐☐ . ☐ GRPN20610

h. *Dominant hand, third measurement. Enter the results to one decimal place.*   ☐☐ . ☐ GRPD30610

i. *Non dominant hand, third measurement. Enter the results to one decimal place.*   ☐☐ . ☐ GRPN30610

Note for Q70d to Q70i - there was one survey member (010072) who had grip strength values in the range of 2.45 to 8.49. These were coded as seen on questionnaire.

70. LUNG FUNCTION

a. Now I would like to measure your lung function. Can I check, have you had abdominal or chest surgery in the past three weeks?

Yes   1→ *No lung function to be taken →module* M
No   0   HASURG0610

b. Have you been admitted to hospital for a heart complaint or stroke in the past six weeks?

Yes   1→ *No lung function to be taken →module M*
No   0   HASTR0610   LFWILL20610

c. Are you willing to have your lung function measured?

Yes	1
No	2
Unable for health reasons	3
Unable, other (e.g. machine broken)	4
5 = see	LFWILL0610

Please say why unable/unwilling LFWILLR0610 .... (Q69c 2006/7 version)

Provide machine no.   ☐   SPIRNO0610

d. In the past three weeks, have you had any respiratory infections such as influenza, pneumonia, bronchitis or a severe cold?

Yes   1   CHSTNF0610
No   0

e. Do you suffer from asthma or hayfever?

Yes   1   ASTHYF0610
No   0

Explain the procedure and demonstrate the test. Record the results of two blows by the participant in the boxes below. Record each blow as it is carried out. For each blow, enter measurements and code whether technique was satisfactory. If no reading obtained enter '0' and suppress all checks.

f. *First blow:*

FEV1   ☐ • ☐☐   FEV10610

FVC   ☐ • ☐☐   FVC10610

FER%   ☐☐☐   FER10610

TENQU10610

Technique satisfactory?   **Yes 1**   PEF   ☐☐☐   PEF10610
           No 0

g. *Second blow:*

FEV1   ☐ • ☐☐   FEV20610

FVC   ☐ • ☐☐   FVC20610

FER%   ☐☐☐   FER20610

TENQU20610

Technique satisfactory?   **Yes 1**   PEF   ☐☐☐   PEF20610
           No 0

GP LETTER (OR PARTICIPANT FEEDBACK LETTER)

Nurse to complete lung function measurements on the participant feedback letter (use highest).
Please tick the box to confirm you have done this:

☐   LNGFGP0610

23

For office use only   ☐

M. DIET DIARY

The MRC National Survey team would like you to keep this diet diary for 5 days over the following week, including both Saturday and Sunday, and then send it back in this envelope <u>as you last did in 1999</u> [*delete if not applicable*].
The participant did not complete the diary in 1999 [delete if not applicable]

71. Would you be willing to keep the diet diary for 5 days?   Yes   1   DIETD0610
                                                                      No   0

Please say why unable /unwilling ......DIETDR0610............ 6666 = Comment ....

Nurse to use instruction sheet from manual to remind participant how to fill out the diary and how to collect the food labels.
Nurse: Attach one HNR label on the inside front cover of diary and another on the plastic folder. Explain to participant that they return the diary and labels to MRC Human Nutrition Research in Cambridge in the envelope provided in the folder.

N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
The nurse must complete the medical review to ensure participant is eligible for the step test

Medical review
The answers to question 72a-f should be completed by the nurse, based on answers given previously or on the ECG trace. If any answer to 72a-f is 'yes' the step test will not be performed.

Did the participant: 5 = see MRSTA0610 (Q71a 2006/7 version)
                                                              6 = NCNH
72a. *Answer yes to Q9a and to 9b or 9c.*   No   0   MRSTA20610
                                                                    Yes   1→ *Q75 walk test*
                    Yes, but different kind of pain e.g. indigestion   2→ *Q72b*

b . *Report any of the following medical conditions at Q11*
[aortic aneurysm, aortic stenosis, angina, myocardial infarction within last 3 months, myocarditis, cardiomyopathy, tachycardia, pulmonary or systemic embolism within the last 4 weeks]
                                                              No   0 MRSTB0610   6 = NCNH
                                                              Yes   1→ *Q75 walk test*
Please specify: MRSTBR0610......5555 =NCNC.....6666 = NCNH.....................

c. *Echtocardiographer recommended no step test (Q18b) or heart rate* No   0 MRSTC0610 6 = NCNH
on ECG was ≥ 100bpm or ≤ 40bpm (Q35)   Yes   1→ *Q75 walk test*

d. *Have a diastolic blood pressure ≥120mmHg or a*   No   0 MRSTD0610 6 = NCNH
systolic blood pressure of ≥ 200mmHg reported at Q32?   Yes   1→ *Q75 walk test*

e. *report dizziness 'often' or 'very often' on Q55d?*   No   0 MRSTE0610   6 = NCNH
                                                                  Yes   1→ *Q75 walk test*

f. *reported taking ≥ 100mg beta blocker in the medication list Q10?* No   0 MRSTF0610   6 = NCNH
                                                                  Yes   1→ *Q75 walk test*

73a. Has a doctor ever told you that you have a bone or joint problem that could be aggravated by exercise?

No 0 JTPROB0610 6 = NCNH
Yes 1→ *Q75 walk test*

b. Is there any reason you know of that means you should not follow an activity programme even if you wanted to? *[if MI > 3 months ago check that participant has been approved for exercise by a physician]*

No 0 RPHYSN0610 6 = NCNH
Yes 1→ *Q75 walk test*

Please specify RPHYSNR0610 5555 = NCNC 6665 = NCNH 6666 = Comment

c. Do you suffer from breathlessness that prevents you climbing one flight of stairs or walking unaided on the flat for less than 10 minutes? *[include breathlessness due to chronic lung disorders or unspecified valve disorders]*

No 0 BRLS0610 6 = NCNH
Yes 1→ *Q75 walk test*

Nurse to initial box to indicate exclusion protocol is complete

NBXP0610
6 = NCNH

☐

74. STEP TEST (for eligible participants only)
The last physical activity I would like you to do is to step on and off this step for a few minutes in time to a beat which will start at a slow pace, then get a little faster. I will stop the test after 8 minutes, or earlier if you want to stop or your heart rate reaches a certain level.

5 = see STPE0610 (Q73a 2006/7 version)

a. Are you willing to do this test?

Yes 6 = NCNH 1
No 2
Unable for health reasons 3 STPE20610
Unable, other (e.g. equipment not available) 4

Please say why unable/unwilling STPER0610 STPER20610 5555 = NCNC 6666 = Comments written ………………………………………………………………………

b. *Record whether the step test was attempted. Code one only.*

Step test attempted 1 STPAT0610
Step test not attempted 2 6 = NCNH

c. *Record the reason for stopping the test.*

Participant finished the 8 minute test 1
HR reaches 90% age-predicted maximum HR or 80 % max HR for 2 mins 2
Participant not physically able to maintain the correct step frequency 3 STSTOP0610
Participant wanted to stop 4
5 = ????
6 = NCNH

Download the actiheart monitor now→ go to Q76

75. WALK TEST (For those not eligible for the step test)

This test is very simple. I want you to walk 250 metres (about 275 yards) at your own speed and keeping a regular, consistent pace over the entire distance. It is not the aim to get there in the shortest time.

55 = see STPE0610 (Q73a 2006/7 version)
66 = NCNH

a. Are you willing to do this test?

Yes 1
No 2
Unable for health reasons 3 WLK20610
Unable, other (e.g. no room available) 4

Please say why unable/unwilling WLKR0610 WLKR20610 5555 = NCNC 6666 = NCNH …………………………………………………………………………

b. *Record whether the walk test was attempted. Code one only.* WLKAT0610   6 = NCNH

Walk test attempted   1

Walk test not attempted or completed   2

c. *Record time taken to walk the distance*   *Minutes*   *Seconds*

WLKTM0610 $\boxed{}$ • $\boxed{}\boxed{}$ • $\boxed{}\boxed{}$

66666=NCNH

Download the actiheart monitor now

76. HABITUAL PHYSICAL ACTIVITY

We would like you to wear the actiheart monitor for the next 5 days while you carry out your normal activities. This would give information about your energy expenditure. The monitor is waterproof and does not need to be taken off when you bathe although you may remove it for short periods if you need to. You will be given instructions to take away with you and a box and pre-paid label for posting it back to us. If you want, we can send you information about your results.

a. Would you be willing to wear the actiheart monitor for 5 days?

Yes   1   ACTIM0610
No   0→ go to *module N*

Please say why unable/unwilling …ACTIMR0610…… 6666 = Comment…………………….

b. Would you like us to send you information about your results?

Yes   1
No   0   ACTIRS0610

If the participant has not done the step test they must do the walk test if they are to wear the actiheart monitor for 5 days.

Please set up the actiheart monitor for free-living recording if participant has agreed to this and give participant full instructions as in nurse manual.

O. COLLECTION OF SALIVARY CORTISOL AT HOME

We would like you to collect another three saliva samples at home, in the same way as you did earlier this morning.

6= not asked in feasibility study

77. Would you be willing to collect these samples?   Yes   1   CORT0610
No   0→ go to *module P*

If no, please give reason……………CORTR0610….. 6666 = not asked in feasibility study…………

If yes:

 "Here are the instructions for collecting these samples. We are asking you to collect one sample between 9.00-9.30p.m this evening, a second sample as soon as you wake up tomorrow morning, and a third sample 30 minutes after waking up. Each time you will need to write down on this form the actual time the sample was taken and report any stress, anxiety or trauma that occurred in the hour before the sample was taken. Then we would like you to place each salivette tube in to the transport container and place them in this pre-paid jiffy bag, and post the bag back to the lab. Thank you very much for taking the time to do this." *[If participant has a visit on a Friday, please ask them to take the first sample on Sunday night and the other two samples on Monday morning and then post them back to the lab]*

P. BODY COMPOSITION SCANS

Explain purpose and procedures for bone health measurements.

78. Would you be willing to have these measurements taken?

Yes	1	BSC20610
Yes, but unable (e.g. ran out of time)	2→	*No bone health measures to be taken*
No, not willing	0→	*No bone health measures to be taken*
		5 = see BSC0610 (Q76 2006/7 version)
		6 = NCNH

If no measurements taken, please give reason:

…BSCR0610…5555 = NCNC….6666 = NCNH……………………………………………………

GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM

Nurse to finish completing and sign the letter. Please check that this corresponds with the general consent form.

CHKLET0610

Please tick the box to confirm you have done this ☐

Go through the GP letter with the participant unless they do not wish to. Make 5 copies of this letter:

- 1 for the participant (unless they don't want a copy)
- 1 to leave with the Department of Medical Physics
- 1 for the GP
- 1 for the CRF
- 1 for MRC Human Nutrition Research, Cambridge
- original for NSHD

Make 2 copies of the general consent form, and 2 of the clinical advisor consent form if used:

- 1 for the participant (unless they don't want a copy)
- 1 for the CRF
- original for NSHD

Ask participant to give you their evaluation form or leave it with reception or bone density staff or send it back with their actiheart monitor.

Give arrangements for lunch or lunch voucher after bone measurements.

Thank the participant for coming.

Confirm arrangements for transport home.

FINHR0610

Record the time of day (24 hour clock): ☐☐☐☐

Nurse to finish completing and sign the letter.

Ring the Department of Medical Physics to say participant is ready to come over.

For Nurse Home Schedules 2007-08 and 2008-10

Nurse to finish completing and sign the letter. Please check that this conforms with the general consent form.

Please tick the box to confirm you have done this ☐ CHKLET20610

5 = Question not asked *For office use only* ☐

After returning to CRF hand the blood, urine and saliva samples with their associated forms to the lab staff straight away.

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Record the time of day (24 hour clock): ☐☐☐☐ LABSHR0610

5555 = Question not asked

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