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# nshd\_06\_ncs - 2006-2010 Clinic Study Nurse Clinic Schedule

2006-2010 Clinic Study Nurse Clinic Schedule

## Collection Events

2006 - 2010

Collection Organization

### Mode of Collection

Self-administered questionnaire using a traditional paper questionnaire.



## 2006-2010 Clinic Study Nurse Clinic Schedule

### closer:sourceFileName

nshd\_06\_ncs

### Instrument Locations

- [https://discovery.closer.ac.uk/files/instruments/nshd\\_06\\_ncs-e8ec4be6f2ce64ddb105870627cf8c0b.pdf](https://discovery.closer.ac.uk/files/instruments/nshd_06_ncs-e8ec4be6f2ce64ddb105870627cf8c0b.pdf)

nshd\_06\_ncs

Label nshd_06_ncs	Location Sequence
Type Sequence	Order InOrderOfAppearance



s\_intro\_i

Name s_intro_i	Location Sequence › nshd_06_ncs
Type Statement	

### Statement Text

STRICTLY CONFIDENTIAL




s\_intro\_ii

Name s_intro_ii	Location Sequence › nshd_06_ncs
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Type	
Statement	

**Statement Text**

MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

 s_intro_iii
---

Name	Location
s_intro_iii	Sequence › nshd_06_ncs
Type	
Statement	

**Statement Text**

MRC Unit for Lifelong Health and Ageing

 s_intro_iv
--

Name	Location
s_intro_iv	Sequence › nshd_06_ncs
Type	
Statement	

**Statement Text**

CLINIC STUDY 2008-10

 s_intro_v
---

Name	Location
s_intro_v	Sequence › nshd_06_ncs
Type	
Statement	

**Statement Text**

Nurse Clinic Schedule

 s_intro_vi
--

Name	Location
s_intro_vi	Sequence › nshd_06_ncs
Type	
Statement	

**Statement Text**

Version Dated: 01/05/2008

 qi_intro_i - intro i
--

Name qi_intro_i	Label intro i	Location Sequence › nshd_06_ncs
Type Date		

**Question**

Date of birth

? qi_intro_ii - intro ii		
Name qi_intro_ii	Label intro ii	Location Sequence › nshd_06_ncs
Type Integer	Low 0	High

**Question**

Nurses No's.

? qi_intro_iii - intro iii		
Name qi_intro_iii	Label intro iii	Location Sequence › nshd_06_ncs
Type Date		

**Question**

Interview date

? qi_intro_iv - intro iv		
Name qi_intro_iv	Label intro iv	Location Sequence › nshd_06_ncs
Type Time		

**Question**

Record the time of day (24 hour clock):

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


Label A. NURSE INTERVIEW (1): Consents, urine and medical review	Location Sequence › nshd_06_ncs
Type Sequence	Order InOrderOfAppearance

i s_intro_vii		
---------------	--	--

Name s_intro_vii	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Statement	


**Statement Text**

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

 s_intro_viii	
Name s_intro_viii	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Statement	


**Statement Text**

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.

 s_intro_ix	
Name s_intro_ix	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Statement	

**Statement Text**

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.

 s_intro_x	
Name s_intro_x	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Statement	

**Statement Text**

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

s_intro_xi	
Name s_intro_xi	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Statement	

#### Statement Text

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.

s_intro_xii	
Name s_intro_xii	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Statement	

#### Statement Text

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).

qi_1_a-1a		
Name qi_1_a	Label 1 a	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

Are any sections of the general consent form crossed out?

#### Choices

1	Yes
0	No

s_q1b		
Name s_q1b	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review	
Type Statement		
Condition		

**Statement Text**

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.

qi_1_b-1b		
Name qi_1_b	Label 1 b	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

If necessary, has the clinical advisor consent form been signed?

**Choices**

1	Yes
0	No

qi_1_c-1c		
Name qi_1_c	Label 1 c	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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:

**Choices**

1	Hospital consent form now signed
---	----------------------------------

2	Hospital consent form not signed
3	Not applicable, form already signed

 qi\_2\_a - 2 a

Name qi_2_a	Label 2 a	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you brought your urine sample with you?

**Choices**

1	Yes
0	No

 qi\_2\_b - 2 b

Name qi_2_b	Label 2 b	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you brought the completed urine instruction sheet?

**Instructions**

Complete a new sheet if necessary

**Choices**

1	Yes
0	No

 qi\_3 - 3

Name qi_3	Label 3	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style



**Question**

Have you had anything to eat in the last 12 hours?

**Choices**

1	Yes
0	No

qi_3_i-3_i		
Name qi_3_i	Label 3 i	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Integer	Low 0	High
Condition If yes,		

**Question**

how many hours ago did you last eat? ... hours

qi_4-4		
Name qi_4	Label 4	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Besides water, have you drunk anything else in the last 12 hours?

**Choices**

1	Yes
0	No

qi_5_a-5_a		
Name qi_5_a	Label 5 a	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Have you drunk tea or coffee or cola in the last 12 hours?

**Choices**

1	Yes
0	No

 qi\_5\_a\_i - 5 a(i)

Name qi_5_a_i	Label 5 a(i)	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Integer	Low 0	High
Condition If yes,		

**Question**

how many hours ago did you drink tea, coffee or cola? ... hours

 qi\_5\_b - 5 b

Name qi_5_b	Label 5 b	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Have you drunk anything else in the last 12 hours?

**Choices**

1	Yes
0	No

 qi\_5\_b\_i - 5 b(i)

Name qi_5_b_i	Label 5 b(i)	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Text	Minimum Length	Maximum Length 255

Condition

If yes,

**Question**

please specify

qi\_6 - 6

Name qi_6	Label 6	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you smoked tobacco in the last 12 hours?

**Choices**

1	Yes
0	No/Non-smoker

qi\_6\_i - 6\_i

Name qi_6_i	Label 6 i	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Integer	Low 0	High

Condition

If yes,

**Question**

how many hours ago did you smoke tobacco?

qi\_7 - 7

Name qi_7	Label 7	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Did you do any strenuous physical activity yesterday?

**Choices**

1	Yes
0	No

qi_8 - 8		
Name qi_8	Label 8	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you had any operations in the last 3 months?

**Choices**

1	Yes
0	No

qi_8_i - 8_i		
Name qi_8_i	Label 8 i	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

**Question**

please specify:

qi_9_a - 9_a		
Name qi_9_a	Label 9 a	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you ever have any pain or discomfort in your chest?

**Choices**

0	No
---	----

1	Yes
---	-----

qi_9_b-9_b		
Name qi_9_b	Label 9 b	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Do you get this pain or discomfort when you walk uphill or hurry?

**Choices**

0	No
1	Yes
2	Never walk uphill or hurry

qi_9_c-9_c		
Name qi_9_c	Label 9 c	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Do you get it when you walk at an ordinary pace on the level?

**Choices**

0	No
1	Yes
2	Never walk

qi_9_d-9_d		
Name qi_9_d	Label 9 d	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review

Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

What do you do if you get this pain while walking?

**Instructions**

(Circle one)

**Choices**

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

 qi\_9\_e-9e

Name qi_9_e	Label 9 e	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Does the pain or discomfort in your chest go away if you stand still?

**Choices**

0	No
1	Yes

 qi\_9\_f-9f

Name qi_9_f	Label 9 f	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

How long does it take to go away?

### Choices

1	10 minutes or less
2	More than 10 minutes

qi_9_g - 9g		
Name qi_9_g	Label 9 g	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type		
Condition		

### Question

Where do you get this pain or discomfort? Mark the place(s) with an X on the diagram.

### External Aids

#### image

- [Attachment](#)

qi_10 - 10		
Name qi_10	Label 10	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

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?

### Choices

1	Yes
0	No

qg_10_i - 10i		
Name qg_10_i	Label 10 i	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review

Type Question Grid		
Condition If 'Yes',		

**Question**

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 questionnaire

**Rows**

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13

**Columns**

Generic text	Text
How many	Numeric
	Code
	Code
How many	Numeric
	Code
	Code
Generic text	Text
	Code
How many	Numeric
	Code



Generic text	Text
	Code
How many	Numeric
Generic text	Text
	Code

qi_11_a - 11 a		
Name qi_11_a	Label 11 a	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has a doctor told you that you have any of the following health problems? Health Problem High blood pressure

**Choices**

1	YES
0	NO

qi_11_b - 11 b		
Name qi_11_b	Label 11 b	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has a doctor told you that you have any of the following health problems? Health Problem Diabetes

**Choices**

1	YES
0	NO

qi_11_c - 11 c		
Name qi_11_c	Label 11 c	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review

Type Multiple Choice	Selection Type SelectOne	Display Style
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**Question**

Has a doctor told you that you have any of the following health problems? Health Problem Bleeding or clotting disorder

**Choices**

1	YES
0	NO

 qi\_11\_d - 11 d

Name qi_11_d	Label 11 d	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has a doctor told you that you have any of the following health problems? Health Problem Angina

**Choices**

1	YES
0	NO

 qi\_11\_e - 11 e

Name qi_11_e	Label 11 e	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has a doctor told you that you have any of the following health problems? Health Problem Heart attack (myocardial infarct, coronary thrombosis)

**Choices**

1	YES
0	NO

 qi\_11\_e\_i - 11 e(i)

Name qi_11_e_i	Label 11 e(i)	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Date		
Condition If YES to question 11e.		

**Question**

when did this (last) occur?

qi_11_f - 11 f		
Name qi_11_f	Label 11 f	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has a doctor told you that you have any of the following health problems? Health Problem Aortic aneurysm

**Choices**

1	YES
0	NO

qi_11_g - 11 g		
Name qi_11_g	Label 11 g	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has a doctor told you that you have any of the following health problems? Health Problem Aortic stenosis

**Choices**

1	YES
0	NO

qi_11_h - 11 h		
----------------	--	--

Name qi_11_h	Label 11 h	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has a doctor told you that you have any of the following health problems? Health Problem Myocarditis (infection of the heart)

**Choices**

1	YES
0	NO

 qi\_11\_i - 11 i

Name qi_11_i	Label 11 i	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has a doctor told you that you have any of the following health problems? Health Problem Cardiomyopathy ('large heart' or 'weak heart')

**Choices**

1	YES
0	NO

 qi\_11\_j - 11 j

Name qi_11_j	Label 11 j	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has a doctor told you that you have any of the following health problems? Health Problem Other heart trouble (Valvular disease, Ischaemic heart disease, tachycardia, palpitations or heart murmur, other) Please specify

**Choices**

1	YES
0	NO

 qi\_11\_k - 11 k

Name qi_11_k	Label 11 k	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has a doctor told you that you have any of the following health problems? Health Problem Pulmonary embolism (blood clot on the lung) or systemic embolism within the last 4 weeks

**Choices**

1	YES
0	NO

 qi\_11\_l - 11 l

Name qi_11_l	Label 11 l	Location Sequence › nshd_06_ncs › A. NURSE INTERVIEW (1): Consents, urine and medical review
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has a doctor told you that you have any of the following health problems? Health Problem Do you have a pacemaker?

**Choices**

1	YES
0	NO

 qi\_B - B

Name qi_B	Label B	Location Sequence › nshd_06_ncs
Type Time		

**Question**

BLOOD SAMPLE: Record the time of day (24 hour clock):

 qi\_12\_a - 12 a


Name qi_12_a	Label 12 a	Location Sequence › nshd_06_ncs
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Have you given a blood sample before?

**Choices**

1	Yes
0	No


 qi_12_b - 12 b		
Name qi_12_b	Label 12 b	Location Sequence › nshd_06_ncs
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

were there any problems (e.g. fainting)? Please specify:

**Choices**

1	Yes
0	No

 s_q13	
Name s_q13	Location Sequence › nshd_06_ncs
Type Statement	
Condition	

**Statement Text**

Explain the purpose and procedure for taking blood.

 qi_13 - 13		
Name qi_13	Label 13	Location Sequence › nshd_06_ncs
Type Multiple Choice	Selection Type SelectOne	Display Style


Condition

**Question**

Would you be willing to have a blood sample taken?

**Choices**

1	Yes
0	No

 qi\_13\_i - 13\_i

Name	Label	Location
qi_13_i	13 i	Sequence › nshd_06_ncs
Type	Minimum Length	Maximum Length
Text		255

Condition  
If NO,

**Question**

please give reason:

 s\_q14a

Name	Location
s_q14a	Sequence › nshd_06_ncs
Type	
Statement	

Condition

**Statement Text**

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:

 qi\_14\_a - 14\_a

Name	Label	Location
qi_14_a	14 a	Sequence › nshd_06_ncs
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Condition

**Question**

Was the whole blood sample obtained?

**Choices**

1	Yes
2	Only part
3	None

qi_14_a_i - 14 a(i)		
Name qi_14_a_i	Label 14 a(i)	Location Sequence > nshd_06_ncs
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If incomplete or absent sample,		

**Question**

please give reason.

**Instructions**

(Circle all that apply)

**Choices**

1	Collapsing/poor veins
2	Second attempt necessary
3	Participant felt faint/fainted
4	Unable to use tourniquet
5	Other (Specify)

qi_14_b - 14 b		
Name qi_14_b	Label 14 b	Location Sequence > nshd_06_ncs
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Was a butterfly used instead of a fixed needle?

**Choices**

1	Yes
0	No

qi_14_b_i - 14 b(i)
---------------------



Name qi_14_b_i	Label 14 b(i)	Location Sequence › nshd_06_ncs
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

**Question**

please give reason for using butterfly

? qi_14_c - 14 c		
Name qi_14_c	Label 14 c	Location Sequence › nshd_06_ncs
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

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

**Choices**

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

? qi_14_d - 14 d		
Name qi_14_d	Label 14 d	Location Sequence › nshd_06_ncs
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

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

**Choices**

1	Sitting in chair
2	Lying down

qi_15 - 15		
Name qi_15	Label 15	Location Sequence › nshd_06_ncs
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

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?

**Choices**

1	Yes
0	No

qi_15_i - 15 i		
Name qi_15_i	Label 15 i	Location Sequence › nshd_06_ncs
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition If 'yes'		

**Question**

please tick the appropriate box on the GP letter Please tick the box to confirm you have done this

**Choices**

1	Tick
---	------

s_q15ii	
Name s_q15ii	Location Sequence › nshd_06_ncs
Type Statement	
Condition	

**Statement Text**

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

qi_15_ii - 15 ii
------------------

Name qi_15_ii	Label 15 ii	Location Sequence › nshd_06_ncs
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition		

**Question**

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

**Choices**

1	Tick
---	------

? qi_15_iii - 15 iii		
Name qi_15_iii	Label 15 iii	Location Sequence › nshd_06_ncs
Type Time		
Condition		

**Question**

Record the time of day (24 hour clock):

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

Label C. ECHO: (LV MASS, GLOBAL DIASTOLIC AND SYSTOLIC FUNCTION)	Location Sequence › nshd_06_ncs
Type Sequence	Order InOrderOfAppearance

i s_echo_i	
Name s_echo_i	Location Sequence › nshd_06_ncs › C. ECHO: (LV MASS, GLOBAL DIASTOLIC AND SYSTOLIC FUNCTION)
Type Statement	
Condition	

**Statement Text**

Explain purpose and procedures for echocardiogram.

qi_16 - 16		
Name qi_16	Label 16	Location Sequence › nshd_06_ncs › C. ECHO: (LV MASS, GLOBAL DIASTOLIC AND SYSTOLIC FUNCTION)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Would you be willing to have an echocardiogram?

**Choices**

1	Yes
2	Yes, but unable (e.g. arrived too late)
0	No, not willing

qi_16_i - 16 i		
Name qi_16_i	Label 16 i	Location Sequence › nshd_06_ncs › C. ECHO: (LV MASS, GLOBAL DIASTOLIC AND SYSTOLIC FUNCTION)
Type Text	Minimum Length	Maximum Length 255
Condition If no echocardiogram completed,		

**Question**

please give reason:

s_echo_ii	
Name s_echo_ii	Location Sequence › nshd_06_ncs › C. ECHO: (LV MASS, GLOBAL DIASTOLIC AND SYSTOLIC FUNCTION)
Type Statement	
Condition	

**Statement Text**

Ask participant to undress and put on a gown.

qi_17 - 17		
Name qi_17	Label 17	Location Sequence › nshd_06_ncs › C. ECHO: (LV MASS, GLOBAL DIASTOLIC AND SYSTOLIC FUNCTION)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Was the echocardiogram completed satisfactorily?

**Choices**

1	Yes
0	No

qi_17_i - 17 i		
Name qi_17_i	Label 17 i	Location Sequence › nshd_06_ncs › C. ECHO: (LV MASS, GLOBAL DIASTOLIC AND SYSTOLIC FUNCTION)
Type Text	Minimum Length	Maximum Length 255
Condition If not completed satisfactorily,		

**Question**

please explain:

qi_18_a - 18 a		
Name qi_18_a	Label 18 a	Location Sequence › nshd_06_ncs › C. ECHO: (LV MASS, GLOBAL DIASTOLIC AND SYSTOLIC FUNCTION)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If the echocardiogram was abnormal,		

**Question**

was a full echocardiogram carried out so a clinical report could be written?

**Choices**

1	Yes
0	No

qi_18_b - 18 b		
Name qi_18_b	Label 18 b	Location Sequence › nshd_06_ncs › C. ECHO: (LV MASS, GLOBAL DIASTOLIC AND SYSTOLIC FUNCTION)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Are there any reasons for not doing the step test? Please specify:

**Choices**

1	Yes
0	No

**D. CAROTID IMT and DISTENSIBILITY**

Label D. CAROTID IMT and DISTENSIBILITY	Location Sequence › nshd_06_ncs
Type Sequence	Order InOrderOfAppearance

s_q19	
Name s_q19	Location Sequence › nshd_06_ncs › D. CAROTID IMT and DISTENSIBILITY
Type Statement	
Condition	

**Statement Text**

Explain purpose and procedures for the carotid IMT and distensibility measures

qi_19 - 19
------------

Name qi_19	Label 19	Location Sequence › nshd_06_ncs › D. CAROTID IMT and DISTENSIBILITY
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Would you be willing to have these measurements taken?

**Choices**

1	Yes
2	Yes, but unable (e.g. arrived too late)
0	No, not willing

? qi_19_i - 19_i		
Name qi_19_i	Label 19 i	Location Sequence › nshd_06_ncs › D. CAROTID IMT and DISTENSIBILITY
Type Text	Minimum Length	Maximum Length 255
Condition If no measurements taken,		

**Question**

please give reason:

? qi_20_a_i_a - 20 a(i)		
Name qi_20_a_i_a	Label 20 a(i)	Location Sequence › nshd_06_ncs › D. CAROTID IMT and DISTENSIBILITY
Type Integer	Low 0	High
Condition		

**Question**

Echocardiographer to provide two blood pressure measurements with the participant supine: RIGHT Systolic

? qi_20_a_i_b - 20 a(i)		
Name qi_20_a_i_b	Label 20 a(i)	Location Sequence › nshd_06_ncs › D. CAROTID IMT and DISTENSIBILITY
Type Integer	Low 0	High
Condition		

Condition

**Question**

Echocardiographer to provide two blood pressure measurements with the participant supine: RIGHT Diastolic

 [qi\\_20\\_a\\_ii\\_a - 20 a\(ii\)](#)

Name qi_20_a_ii_a	Label 20 a(ii)	Location Sequence › nshd_06_ncs › D. CAROTID IMT and DISTENSIBILITY
Type Integer	Low 0	High

Condition

**Question**

Echocardiographer to provide two blood pressure measurements with the participant supine: LEFT Systolic

 [qi\\_20\\_a\\_ii\\_b - 20 a\(ii\)](#)

Name qi_20_a_ii_b	Label 20 a(ii)	Location Sequence › nshd_06_ncs › D. CAROTID IMT and DISTENSIBILITY
Type Integer	Low 0	High

Condition

**Question**

Echocardiographer to provide two blood pressure measurements with the participant supine: LEFT Diastolic

 [qi\\_20\\_b - 20 b](#)

Name qi_20_b	Label 20 b	Location Sequence › nshd_06_ncs › D. CAROTID IMT and DISTENSIBILITY
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

**Question**

Were the CAROTID IMT and DISTENSIBILITY measures completed satisfactorily?

**Choices**

1	Yes
0	No



qi_20_b_i - 20 b(i)		
Name qi_20_b_i	Label 20 b(i)	Location Sequence › nshd_06_ncs › D. CAROTID IMT and DISTENSIBILITY
Type Text	Minimum Length	Maximum Length 255
Condition If not completed satisfactorily,		

**Question**

please explain:

qi_21 - 21		
Name qi_21	Label 21	Location Sequence › nshd_06_ncs › D. CAROTID IMT and DISTENSIBILITY
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Was plaque present in the common carotid artery or the bifurcation?

**Choices**

1	Yes
0	No

s_q21i	
Name s_q21i	Location Sequence › nshd_06_ncs › D. CAROTID IMT and DISTENSIBILITY
Type Statement	
Condition	

**Statement Text**

GP LETTER (OR PARTICIPANT FEEDBACK LETTER)

qi_21_i - 21 i		
Name qi_21_i	Label 21 i	Location Sequence › nshd_06_ncs › D. CAROTID IMT and DISTENSIBILITY

Type	Selection Type	Display Style
Multiple Choice	SelectUpToN (1)	
Condition		

**Question**

Echocardiographer to complete relevant part of the letter and sign the form. Please tick the box to confirm you have done this

**Choices**

1	Tick
---	------

**E. SELF-COMPLETION**

Label	Location
E. SELF-COMPLETION	Sequence › nshd_06_ncs
Type	Order
Sequence	InOrderOfAppearance

**s\_self-completion\_i**

Name	Location
s_self-completion_i	Sequence › nshd_06_ncs › E. SELF-COMPLETION
Type	
Statement	

**Statement Text**

Introduce self-completion questionnaire

**s\_self-completion\_ii**

Name	Location
s_self-completion_ii	Sequence › nshd_06_ncs › E. SELF-COMPLETION
Type	
Statement	

**Statement Text**

“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.”

**qi\_22 - 22**

Name	Label	Location
qi_22	22	Sequence › nshd_06_ncs › E. SELF-COMPLETION
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

Can I ask, would you be willing to complete this questionnaire?

**Choices**

1	Yes
0	No

qi_22_i - 22_i		
Name qi_22_i	Label 22 i	Location Sequence › nshd_06_ncs › E. SELF-COMPLETION
Type Text	Minimum Length	Maximum Length 255
Condition If NO,		

**Question**

please give reason:

s_self-completion_iii	
Name s_self-completion_iii	Location Sequence › nshd_06_ncs › E. SELF-COMPLETION
Type Statement	

**Statement Text**

BREAKFAST

qi_23 - 23		
Name qi_23	Label 23	Location Sequence › nshd_06_ncs › E. SELF-COMPLETION
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

1	Booklet completed independently
2	Booklet completed with assistance from interviewer

3	Booklet completed with assistance from someone else
4	Booklet not completed

 qi\_23\_i - 23\_i

Name qi_23_i	Label 23 i	Location Sequence › nshd_06_ncs › E. SELF-COMPLETION
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

**Question**

Check any uncompleted or inconsistent questions on the pre-assessment questionnaire: Please tick the box to confirm you have done this

**Choices**

1	Tick
---	------

 qi\_F - F

Name qi_F	Label F	Location Sequence › nshd_06_ncs
Type Time		

**Question**

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

 qi\_24 - 24

Name qi_24	Label 24	Location Sequence › nshd_06_ncs
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Would you be willing to be measured and weighed?

**Choices**

1	Yes
2	Yes, but unable (e.g. equipment not available)
0	No

 qi\_24\_i - 24\_i

Name qi_24_i	Label 24 i	Location Sequence › nshd_06_ncs
Type Text	Minimum Length	Maximum Length 255
Condition If no,		

**Question**

please give reason:

? qi_25 - 25		
Name qi_25	Label 25	Location Sequence › nshd_06_ncs
Type Float	Low 0	High
Condition		

**Question**

Measure standing height. Height

**Instructions**

Enter in centimetres to nearest mm.

? qi_26 - 26		
Name qi_26	Label 26	Location Sequence › nshd_06_ncs
Type Float	Low 0	High
Condition		

**Question**

Measure sitting height (participant seated on a board on a chair) Sitting height

**Instructions**

Enter in centimetres to nearest mm.

? qi_27 - 27		
Name qi_27	Label 27	Location Sequence › nshd_06_ncs
Type Float	Low 0	High
Condition		

**Question**

Measure weight (using kilograms) and record scale reading Weight

 qi\_28 - 28

Name qi_28	Label 28	Location Sequence › nshd_06_ncs
Type Float	Low 0	High
Condition		

**Question**

Measure circumference of right arm to the nearest mm. Arm

**Instructions**

Enter in centimetres

 qi\_29\_a - 29 a

Name qi_29_a	Label 29 a	Location Sequence › nshd_06_ncs
Type Float	Low 0	High
Condition		

**Question**

Measure the chest circumference to the nearest mm. Chest

**Instructions**

Enter in centimetres

 qi\_29\_b - 29 b

Name qi_29_b	Label 29 b	Location Sequence › nshd_06_ncs
Type Float	Low 0	High
Condition		

**Question**

Measure the expanded chest circumference to the nearest mm. Expanded

**Instructions**

Enter in centimetres

 qi\_30 - 30

Name qi_30	Label 30	Location Sequence › nshd_06_ncs
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Type Float	Low 0	High
Condition		

**Question**

Measure the waist circumference to the nearest mm. Waist

**Instructions**

Enter in centimetres

? qi_31 - 31		
Name qi_31	Label 31	Location Sequence > nshd_06_ncs
Type Float	Low 0	High
Condition		

**Question**

Measure the hip circumference to the nearest mm. Hip

**Instructions**

Enter in centimetres

? qi_31_i - 31 i		
Name qi_31_i	Label 31 i	Location Sequence > nshd_06_ncs
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition		

**Question**

Now write the height, weight, waist and hip circumference measurements on the letter Please tick the box to confirm you have done this

**Choices**

1	Tick
---	------

? qi_31_ii - 31 ii		
Name qi_31_ii	Label 31 ii	Location Sequence > nshd_06_ncs
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

How were the anthropometric measures taken?:

**Choices**

1	On skin
2	Light clothes
3	Other (Specify, e.g. heavy clothes)

qi_31_iii - 31 iii		
Name	Label	Location
qi_31_iii	31 iii	Sequence › nshd_06_ncs
Type	Minimum Length	Maximum Length
Text		255
Condition		

**Question**

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

s_anthropometry_ii	
Name	Location
s_anthropometry_ii	Sequence › nshd_06_ncs
Type	
Statement	
Condition	

**Statement Text**

GP LETTER (OR PARTICIPANT FEEDBACK LETTER)

G. BLOOD PRESSURE (SEATED)	
Label	Location
G. BLOOD PRESSURE (SEATED)	Sequence › nshd_06_ncs
Type	Order
Sequence	InOrderOfAppearance

qi_32 - 32		
Name	Label	Location
qi_32	32	Sequence › nshd_06_ncs › G. BLOOD PRESSURE (SEATED)
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

Would you be willing to have your blood pressure taken?



**Choices**

1	Yes
2	Yes, but unable (e.g. machine broken)
0	No

qi_32_i - 32 i		
Name qi_32_i	Label 32 i	Location Sequence › nshd_06_ncs › G. BLOOD PRESSURE (SEATED)
Type Text	Minimum Length	Maximum Length 255
Condition If no measure taken,		

**Question**

please give reason:

qi_32_ii - 32 ii		
Name qi_32_ii	Label 32 ii	Location Sequence › nshd_06_ncs › G. BLOOD PRESSURE (SEATED)
Type Text	Minimum Length	Maximum Length 255
Condition		

**Question**

Provide machine no

qi_32_iii - 32 iii		
Name qi_32_iii	Label 32 iii	Location Sequence › nshd_06_ncs › G. BLOOD PRESSURE (SEATED)
Type Integer	Low 0	High
Condition		

**Question**

Enter ambient temperature in Celsius to the nearest degree.

qi_32_iv_a - 32 iv(a)		
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Name qi_32_iv_a	Label 32 iv(a)	Location Sequence › nshd_06_ncs › G. BLOOD PRESSURE (SEATED)
Type Integer	Low 0	High
Condition		

**Question**

First reading: SYSTOLIC

? qi_32_iv_b - 32 iv(b)		
Name qi_32_iv_b	Label 32 iv(b)	Location Sequence › nshd_06_ncs › G. BLOOD PRESSURE (SEATED)
Type Integer	Low 0	High
Condition		

**Question**

First reading: DIASTOLIC

? qi_32_iv_c - 32 iv(c)		
Name qi_32_iv_c	Label 32 iv(c)	Location Sequence › nshd_06_ncs › G. BLOOD PRESSURE (SEATED)
Type Integer	Low 0	High
Condition		

**Question**

First reading: PULSE

? qi_32_v_a - 32 v(a)		
Name qi_32_v_a	Label 32 v(a)	Location Sequence › nshd_06_ncs › G. BLOOD PRESSURE (SEATED)
Type Integer	Low 0	High
Condition		

**Question**

Second reading: SYSTOLIC

qi_32_v_b - 32.v(b)		
Name qi_32_v_b	Label 32 v(b)	Location Sequence › nshd_06_ncs › G. BLOOD PRESSURE (SEATED)
Type Integer	Low 0	High
Condition		

**Question**

Second reading: DIASTOLIC

qi_32_v_c - 32.v(c)		
Name qi_32_v_c	Label 32 v(c)	Location Sequence › nshd_06_ncs › G. BLOOD PRESSURE (SEATED)
Type Integer	Low 0	High
Condition		

**Question**

Second reading: PULSE

s_q32vi	
Name s_q32vi	Location Sequence › nshd_06_ncs › G. BLOOD PRESSURE (SEATED)
Type Statement	
Condition	

**Statement Text**

GP LETTER (OR PARTICIPANT FEEDBACK LETTER)

qi_32_vi - 32.vi		
Name qi_32_vi	Label 32 vi	Location Sequence › nshd_06_ncs › G. BLOOD PRESSURE (SEATED)
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition		

**Question**

Now write the blood pressure measurements onto the letter (use lowest diastolic reading) Please tick the box to confirm you have done this

### Choices

1	Tick
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### H. ECG AND HEART RATE VARIABILITY

Label H. ECG AND HEART RATE VARIABILITY	Location Sequence › nshd_06_ncs
Type Sequence	Order InOrderOfAppearance

### s\_ecg\_i

Name s_ecg_i	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY
Type Statement	

### Statement Text

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

### s\_ecg\_ii

Name s_ecg_ii	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY
Type Statement	

### Statement Text

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

### qi\_33 - 33

Name qi_33	Label 33	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

Would you be willing to have these measures taken?

### Choices

1	All of them
---	-------------

2	Some of them
3	None of them

qi_33_i - 33 i		
Name qi_33_i	Label 33 i	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY
Type Text	Minimum Length	Maximum Length 255
Condition If 'some of them' or 'none of them',		

**Question**

please give reason:

qi_34 - 34		
Name qi_34	Label 34	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Was the ECG completed satisfactorily?

**Choices**

1	Yes
0	No

qi_34_i - 34 i		
Name qi_34_i	Label 34 i	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY
Type Text	Minimum Length	Maximum Length 255
Condition If not completed satisfactorily,		

**Question**

please explain:

qi_35_a - 35 a		
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Name qi_35_a	Label 35 a	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Was the heart rate from the ECG  $\geq$  100bpm

**Choices**

1	Yes
0	No


 qi_35_b - 35 b		
Name qi_35_b	Label 35 b	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Was the heart rate from the ECG  $\leq$  40bpm

**Choices**

1	Yes
0	No

 qi_36 - 36		
Name qi_36	Label 36	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Was HEART RATE VARIABILITY measured satisfactorily?

**Choices**

1	Yes
0	No

qi_36_i - 36_i		
Name qi_36_i	Label 36 i	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY
Type Text	Minimum Length	Maximum Length 255
Condition If not completed satisfactorily,		

**Question**

please explain:

I. PULSE WAVE VELOCITY (PWV) AND PULSE WAVE ANALYSIS (PWA)		
Label I. PULSE WAVE VELOCITY (PWV) AND PULSE WAVE ANALYSIS (PWA)	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY	
Type Sequence	Order InOrderOfAppearance	
Condition		

qi_37 - 37		
Name qi_37	Label 37	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY › I. PULSE WAVE VELOCITY (PWV) AND PULSE WAVE ANALYSIS (PWA)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Was PWV measured satisfactorily?

**Choices**

1	Yes
0	No

qi_37_i - 37_i
----------------

Name qi_37_i	Label 37 i	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY › I. PULSE WAVE VELOCITY (PWV) AND PULSE WAVE ANALYSIS (PWA)
Type Text	Minimum Length	Maximum Length 255
Condition If not completed satisfactorily,		

**Question**

please explain:

? qi_38 - 38		
Name qi_38	Label 38	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY › I. PULSE WAVE VELOCITY (PWV) AND PULSE WAVE ANALYSIS (PWA)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Was PWA measured satisfactorily?

**Choices**

1	Yes
0	No

? qi_38_i - 38 i		
Name qi_38_i	Label 38 i	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY › I. PULSE WAVE VELOCITY (PWV) AND PULSE WAVE ANALYSIS (PWA)
Type Text	Minimum Length	Maximum Length 255
Condition If not completed satisfactorily,		

**Question**

please explain:



 qi\_38\_ii - 38 ii

Name qi_38_ii	Label 38 ii	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY › I. PULSE WAVE VELOCITY (PWV) AND PULSE WAVE ANALYSIS (PWA)
Type Integer	Low 0	High

Condition

### Question

Please record: Distance from the suprasternal notch to the top of thigh cuff ( right) ... mm

 qi\_38\_iii - 38 iii

Name qi_38_iii	Label 38 iii	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY › I. PULSE WAVE VELOCITY (PWV) AND PULSE WAVE ANALYSIS (PWA)
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Condition

### Question

Nurse to complete the rest of the CVD section of the letter Please tick the box to confirm you have done this

### Choices

1	Tick
---	------

 qi\_38\_iv - 38 iv

Name qi_38_iv	Label 38 iv	Location Sequence › nshd_06_ncs › H. ECG AND HEART RATE VARIABILITY › I. PULSE WAVE VELOCITY (PWV) AND PULSE WAVE ANALYSIS (PWA)
Type Time		

Condition

**Question**

Record the time of day (24 hour clock):

**J. SALIVARY CORTISOL**

Label J. SALIVARY CORTISOL	Location Sequence › nshd_06_ncs
Type Sequence	Order InOrderOfAppearance

**s\_salivarycortisol\_i**

Name s_salivarycortisol_i	Location Sequence › nshd_06_ncs › J. SALIVARY CORTISOL
Type Statement	

**Statement Text**

“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.”

**qi\_39\_a - 39\_a**

Name qi_39_a	Label 39 a	Location Sequence › nshd_06_ncs › J. SALIVARY CORTISOL
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Would you be willing to collect saliva in this way?

**Choices**

1	Yes
0	No

**qi\_39\_a\_i - 39 a(i)**

Name qi_39_a_i	Label 39 a(i)	Location Sequence › nshd_06_ncs › J. SALIVARY CORTISOL
Type Text	Minimum Length	Maximum Length 255

Condition

If no,

**Question**

please give reason

 qi\_39\_b - 39 b

Name qi_39_b	Label 39 b	Location Sequence › nshd_06_ncs › J. SALIVARY CORTISOL
Type Multiple Choice	Selection Type SelectOne	Display Style


Condition

**Question**

Did you suffer any stress, anxiety or trauma in the hour before the sample was taken?

**Choices**

1	Yes
0	No

 s\_salivarycortisol\_ii

Name s_salivarycortisol_ii	Location Sequence › nshd_06_ncs › J. SALIVARY CORTISOL
Type Statement	

Condition

**Statement Text**

After the sample has been taken ask:

 qi\_39\_b\_i - 39 b(i)

Name qi_39_b_i	Label 39 b(i)	Location Sequence › nshd_06_ncs › J. SALIVARY CORTISOL
Type Text	Minimum Length	Maximum Length 255

Condition

If yes,

**Question**

what was the cause of the stress?

qi_39_b_ii - 39 b(ii)		
Name qi_39_b_ii	Label 39 b(ii)	Location Sequence › nshd_06_ncs › J. SALIVARY CORTISOL
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition		

**Question**

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.

**Choices**

1	Tick
---	------

s_salivarycortisol_iii	
Name s_salivarycortisol_iii	Location Sequence › nshd_06_ncs › J. SALIVARY CORTISOL
Type Statement	
Condition	

**Statement Text**

“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	
Label K. ECONOMIC CIRCUMSTANCES	Location Sequence › nshd_06_ncs
Type Sequence	Order InOrderOfAppearance

s_economiccircumstances_i	
Name s_economiccircumstances_i	Location Sequence › nshd_06_ncs › K. ECONOMIC CIRCUMSTANCES
Type Statement	

**Statement Text**


Introduce questions on economic circumstances:

s_economiccircumstances_ii	
----------------------------	--

Name s_economiccircumstances_ii	Location Sequence › nshd_06_ncs › K. ECONOMIC CIRCUMSTANCES
Type Statement	

**Statement Text**

“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.”

 qi_40_a_ii - 40 a(ii)		
Name qi_40_a_ii	Label 40 a(ii)	Location Sequence › nshd_06_ncs › K. ECONOMIC CIRCUMSTANCES
Type Multiple Choice	Selection Type SelectUpToN (9)	Display Style

**Question**

Do you or your husband/wife/partner receive income from any of the sources listed on this show card?  
Husband/wife or partner Other, please specify

**Instructions**

(Circle all that apply)

**Choices**

1	Earnings from employment or self- employment
2	State pension (include basic state pension, SERPS and State 2nd pension)
3	Pension form a previous employer
4	Private pension/annuity
5	Dividends or interest from savings or investments
6	Rent from property or land
7	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.

8	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.
9	Other, please specify

qi_40_a_i - 40 a(i)		
Name qi_40_a_i	Label 40 a(i)	Location Sequence › nshd_06_ncs › K. ECONOMIC CIRCUMSTANCES
Type Multiple Choice	Selection Type SelectUpToN (9)	Display Style

**Question**

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

Participant Other, please specify

**Instructions**

(Circle all that apply)

**Choices**

1	Earnings from employment or self-employment
2	State pension (include basic state pension, SERPS and State 2nd pension)
3	Pension from a previous employer
4	Private pension/annuity
5	Dividends or interest from savings or investments
6	Rent from property or land
7	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.

8	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.
9	Other, please specify

 qi\_40\_b - 40 b

Name qi_40_b	Label 40 b	Location Sequence › nshd_06_ncs › K. ECONOMIC CIRCUMSTANCES
Type Text	Minimum Length	Maximum Length 1

**Question**

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

 qi\_41\_a - 41 a

Name qi_41_a	Label 41 a	Location Sequence › nshd_06_ncs › K. ECONOMIC CIRCUMSTANCES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

On your present income do you find (as a family)

**Choices**

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

 qi\_41\_b - 41 b


Name qi_41_b	Label 41 b	Location Sequence › nshd_06_ncs › K. ECONOMIC CIRCUMSTANCES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

1	Yes, often
2	Yes, sometimes
3	No

 qi_41_c - 41 c		
Name qi_41_c	Label 41 c	Location Sequence › nshd_06_ncs › K. ECONOMIC CIRCUMSTANCES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**


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

**Choices**

1	Yes, often
2	Yes, sometimes
3	No

**L. PERFORMANCE QUESTIONS AND TESTS**

Label L. PERFORMANCE QUESTIONS AND TESTS	Location Sequence › nshd_06_ncs
Type Sequence	Order InOrderOfAppearance

 s_performancequestions_i	
Name s_performancequestions_i	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Statement	

**Statement Text**



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

 qi\_42 - 42

Name qi_42	Label 42	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

0	No
1	Yes

 qi\_43 - 43

Name qi_43	Label 43	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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?

**Choices**

0	No
1	Some difficulty
2	A lot of difficulty

 qi\_44 - 44

Name qi_44	Label 44	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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?

#### Choices

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

#### qi\_45 - 45

Name qi_45	Label 45	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

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

#### Choices

0	No
1	Yes

#### qi\_46 - 46

Name qi_46	Label 46	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

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?

#### Choices

0	No
1	Yes

#### qi\_47\_a - 47 a

Name qi_47_a	Label 47 a	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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)

**Choices**

0	No
1	Yes

 qi\_47\_b - 47 b

Name qi_47_b	Label 47 b	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition  
If yes,

**Question**

how far can you walk without stopping or severe discomfort. Would you say...

**Choices**

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

 qi\_48 - 48

Name qi_48	Label 48	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

0	No
1	Yes

qi_48_i - 48 i		
Name qi_48_i	Label 48 i	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

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

**Choices**

0	No
1	Yes

qi_49 - 49		
Name qi_49	Label 49	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

0	No
1	Yes

qi_50 - 50		
Name qi_50	Label 50	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

0	No
1	Occasionally
3	Often
4	Always

**qi\_51 - 51**

Name qi_51	Label 51	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you fallen at all in the past 12 months?

**Choices**

0	No
1	Yes

**qi\_51\_i - 51 i**

Name qi_51_i	Label 51 i	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Integer	Low 0	High
Condition If yes,		

**Question**

how many times have you fallen in the past 12 months?

**qi\_51\_ii - 51 ii**

Name qi_51_ii	Label 51 ii	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Integer	Low 0	High
Condition If yes,		

**Question**

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

qi_52_a - 52 a		
Name qi_52_a	Label 52 a	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you have difficulty bending down and straightening up, even when holding onto something because of long-term health problems?

**Choices**

0	No
1	Yes

qi_52_b - 52 b		
Name qi_52_b	Label 52 b	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Can you bend down to sweep something from the floor and straighten up?

**Choices**

1	Yes
0	No

qi_52_c - 52 c		
Name qi_52_c	Label 52 c	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Can you bend down to pick up something from the floor and straighten up?

**Choices**

1	Yes
0	No

 qi\_52\_d - 52 d

Name qi_52_d	Label 52 d	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Can you bend down far enough to touch your knees and straighten up?

**Choices**

1	Yes
0	No

 qi\_53\_a - 53 a

Name qi_53_a	Label 53 a	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Is it difficult, because of long-term health problems to do any of the following activities? go shopping and carry a full bag of shopping in each hand?

**Choices**

1	Yes
0	No

 qi\_53\_b - 53 b

Name qi_53_b	Label 53 b	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

1	Yes
0	No

 qi\_53\_c - 53 c

Name qi_53_c	Label 53 c	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Is it difficult, because of long-term health problems to do any of the following activities? prepare a hot meal?

**Choices**

1	Yes
0	No

 qi\_54\_a - 54 a

Name qi_54_a	Label 54 a	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Is it difficult, because of long-term health problems, for you to do any of the following activities? Washing hands and face?

**Choices**

0	No
1	Yes



 qi\_54\_a\_i - 54 a(i)

Name qi_54_a_i	Label 54 a(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

can you do it without aids or personal help?

**Choices**

1	Yes
2	No, uses aid but no personal help
3	No, needs personal help

 qi\_54\_b - 54 b

Name qi_54_b	Label 54 b	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

0	No
1	Yes
2	Bathing only

 qi\_54\_b\_i - 54 b(i)

Name qi_54_b_i	Label 54 b(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

can you do it without aids or personal help?

**Choices**

1	Yes
2	No, uses aid but no personal help
3	No, needs personal help

 qi\_54\_c - 54 c

Name qi_54_c	Label 54 c	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

0	No
1	Yes

 qi\_54\_c\_i - 54 c(i)

Name qi_54_c_i	Label 54 c(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition  
If yes,

**Question**

can you do it without aids or personal help?

**Choices**

1	Yes
2	No, uses aid but no personal help
3	No, needs personal help

 qi\_54\_d - 54 d


Name qi_54_d	Label 54 d	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Is it difficult, because of long-term health problems, for you to do any of the following activities? Getting in and out of a chair?

**Choices**

0	No
1	Yes


 qi_54_d_i - 54 d(i)		
Name qi_54_d_i	Label 54 d(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

can you do it without aids or personal help?

**Choices**

1	Yes
2	No, uses aid but no personal help
3	No, needs personal help

 qi_54_e - 54 e		
Name qi_54_e	Label 54 e	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Is it difficult, because of long-term health problems, for you to do any of the following activities? Getting in and out of bed?

**Choices**

0	No
1	Yes

qi_54_e_i - 54 e(i)		
Name qi_54_e_i	Label 54 e(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

can you do it without aids or personal help?

**Choices**

1	Yes
2	No, uses aid but no personal help
3	No, needs personal help

qi_54_f - 54 f		
Name qi_54_f	Label 54 f	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

0	No
1	Yes

qi_54_f_i - 54 f(i)		
Name qi_54_f_i	Label 54 f(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

**Question**

can you do it without aids or personal help?

**Choices**

1	Yes
2	No, uses aid but no personal help
3	No, needs personal help

 qi\_54\_g - 54 g

Name qi_54_g	Label 54 g	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

0	No
1	Yes

 qi\_54\_g\_i - 54 g(i)

Name qi_54_g_i	Label 54 g(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

**Question**

can you do it without aids or personal help?

**Choices**

1	Yes
2	No, uses aid but no personal help
3	No, needs personal help

 qi\_54\_h - 54 h

Name qi_54_h	Label 54 h	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Is it difficult, because of long-term health problems, for you to do any of the following activities? Feeding yourself, including cutting up food?

**Choices**

0	No
1	Yes

 qi\_54\_h\_i - 54 h(i)

Name qi_54_h_i	Label 54 h(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Condition**

If yes,

**Question**

can you do it without aids or personal help?

**Choices**

1	Yes
2	No, uses aid but no personal help
3	No, needs personal help

 qg\_55\_a-d - 55 a-d

Name qg_55_a-d	Label 55 a-d	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Question Grid		

**Question**


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

**Rows**

1	Sudden loss of balance?
2	Weakness in the arms?
3	Weakness in the legs?
4	Dizziness when standing up quickly?

**Columns**

	Code
--	------

 <a href="#">qg_56_i-iv - 56 i-iv</a>		
Name qg_56_i-iv	Label 56 i-iv	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Question Grid		

**Question**


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

**Rows**

1	Paying attention?
2	Finding the right word?
3	Remembering things?
4	Remembering where you put something?

**Columns**

	Code
--	------

 <a href="#">qg_57_i-vi - 57 i-vi</a>		
Name qg_57_i-vi	Label 57 i-vi	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Question Grid		

**Question**

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

**Rows**

1	Reading a newspaper?
2	Recognizing a friend across the street?
3	Reading signs at night?

4	Hearing over the phone?
5	Hearing a normal conversation?
6	Hearing conversation in a noisy room?

**Columns**

	Code
--	------

qi_58_i - 58.i		
Name qi_58_i	Label 58 i	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

In the last 12 months, have you had a problem with the following? Loss of appetite?

**Choices**

1	Rarely or never
2	Sometimes
3	Often
4	Very often

qi_58_ii - 58.ii		
Name qi_58_ii	Label 58 ii	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

In the last 12 months, have you had a problem with the following? Unexplained weight loss?

**Choices**

1	Rarely or never
2	Sometimes
3	Often
4	Very often

qi_59 - 59
------------



Name qi_59	Label 59	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

1	Yes
0	No

 qi\_60 - 60

Name qi_60	Label 60	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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"

**Choices**

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

 qi\_60\_i - 60.i

Name qi_60_i	Label 60 i	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Time		

**Question**


Record the time of day (24 hour clock):

 s\_performancequestions\_i

Name s_performancequestions_ii	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Statement	

**Statement Text**


FUTURE CONSENT FORM

 s_performancequestions_iii	
Name s_performancequestions_iii	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Statement	

**Statement Text**

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

<b>REACTION TIME</b>	
Label REACTION TIME	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Sequence	Order InOrderOfAppearance

 qi_61_a - 61 a		
Name qi_61_a	Label 61 a	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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. Are you willing to do this test?

**Choices**

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

 qi\_61\_a\_i - 61 a(i)

Name qi_61_a_i	Label 61 a(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Text	Minimum Length	Maximum Length 255

**Question**

Please say why unable/unwilling

 qi\_61\_a\_ii - 61 a(ii)

Name qi_61_a_ii	Label 61 a(ii)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Text	Minimum Length	Maximum Length 255

**Question**

Provide machine no.

 s\_reactiontime\_i

Name s_reactiontime_i	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Statement	

**Statement Text**

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.

 s\_reactiontime\_ii

Name s_reactiontime_ii	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Statement	

**Statement Text**

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

s_reactiontime_iii	
Name s_reactiontime_iii	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Statement	

**Statement Text**

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.

s_reactiontime_iv	
Name s_reactiontime_iv	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Statement	

**Statement Text**

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

qi_61_b - 61 b		
Name qi_61_b	Label 61 b	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Float	Low 0	High

**Question**

When display flashes: Press Key 1 and record: Mean

qi_61_c - 61 c		
Name qi_61_c	Label 61 c	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Float	Low 0	High

**Question**

When display flashes: Press Key 2 and record: Standard deviation

s_reactiontime_v	
Name s_reactiontime_v	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Statement	

**Statement Text**

Then press Start to clear the screen.

s_reactiontime_vi	
Name s_reactiontime_vi	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Statement	

**Statement Text**

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.

s_reactiontime_vii	
Name s_reactiontime_vii	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Statement	

**Statement Text**

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.)

qi_reactiontime_i - reactiontime_i
------------------------------------


Name qi_reactiontime_i	Label reactiontime i	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

**Question**

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


**Choices**

1	Tick
---	------

 s_reactiontime_viii		
Name s_reactiontime_viii	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME	
Type Statement		


**Statement Text**

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.

 s_reactiontime_ix		
Name s_reactiontime_ix	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME	
Type Statement		

**Statement Text**

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

 s_reactiontime_x		
Name s_reactiontime_x	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME	
Type Statement		

**Statement Text**

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.

s_reactiontime_xi		
Name s_reactiontime_xi	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME	
Type Statement		

#### Statement Text

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

qi_61_d - 61 d		
Name qi_61_d	Label 61 d	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Float	Low 0	High

#### Question

When display flashes: Press Key 1 and record: Mean time (correct)

qi_61_e - 61 e		
Name qi_61_e	Label 61 e	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Float	Low 0	High

#### Question

When display flashes: Press Key 2 and record: Standard deviation

qi_61_f - 61 f		
Name qi_61_f	Label 61 f	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Integer	Low 0	High

**Question**

When display flashes: Press Key 0 and record: Number of errors

qi_61_g - 61 g		
Name qi_61_g	Label 61 g	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Float	Low 0	High

**Question**

When display flashes: Press Key 3 and record: Mean time (errors)

qi_61_h - 61 h		
Name qi_61_h	Label 61 h	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Float	Low 0	High

**Question**

When display flashes: Press Key 4 and record: Standard deviation

s_reactiontime_xii	
Name s_reactiontime_xii	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › REACTION TIME
Type Statement	

**Statement Text**

Switch off machine.

**WORD LIST MEMORY**

Label WORD LIST MEMORY	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Sequence	Order InOrderOfAppearance

qi_62_a - 62 a
----------------




Name qi_62_a	Label 62 a	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › WORD LIST MEMORY
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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. Are you willing to do this test?


**Choices**

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

 qi_62_a_i - 62 a(i)		
Name qi_62_a_i	Label 62 a(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › WORD LIST MEMORY
Type Text	Minimum Length	Maximum Length 255

**Question**

Please say why unable/unwilling

 s_q62b	
Name s_q62b	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › WORD LIST MEMORY
Type Statement	

**Statement Text**

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.

 qi\_62\_b - 62 b

Name qi_62_b	Label 62 b	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › WORD LIST MEMORY
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

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

**VISUAL SEARCH**


Label VISUAL SEARCH	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Sequence	Order InOrderOfAppearance

 s\_visualsearch\_i

Name s_visualsearch_i	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › VISUAL SEARCH
Type Statement	

**Statement Text**

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

 qi\_63\_a - 63 a

Name qi_63_a	Label 63 a	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › VISUAL SEARCH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

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

 qi\_63\_a\_i - 63 a(i)

Name qi_63_a_i	Label 63 a(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › VISUAL SEARCH
Type Text	Minimum Length	Maximum Length 255

**Question**

Please say why unable/unwilling

 s\_visualesearch\_ii

Name s_visualesearch_ii	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › VISUAL SEARCH
Type Statement	

**Statement Text**

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.

 qi\_63\_b - 63 b

Name qi_63_b	Label 63 b	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › VISUAL SEARCH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

1	Letter search attempted
2	Letter search not attempted

qi_64 - 64		
Name qi_64	Label 64	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › VISUAL SEARCH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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.

**Instructions**

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

**Choices**

1	Fourth trial attempted
2	Fourth trial not attempted

qi_64_i - 64 i		
Name qi_64_i	Label 64 i	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › VISUAL SEARCH
Type Text	Minimum Length	Maximum Length 255
Condition If not completed,		

**Question**

please explain:

qi_65_a - 65 a
----------------


Name qi_65_a	Label 65 a	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › VISUAL SEARCH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Nurse: Did the survey member have visual difficulty during testing?

**Choices**

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

 qi_65_b - 65 b		
Name qi_65_b	Label 65 b	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › VISUAL SEARCH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

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

**CHAIR RISES**

Label CHAIR RISES	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Sequence	Order InOrderOfAppearance

 qi_66_a - 66 a
--

Name qi_66_a	Label 66 a	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › CHAIR RISES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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). Are you willing to do this test?

**Choices**

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

? qi_66_a_i - 66 a(i)		
Name qi_66_a_i	Label 66 a(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › CHAIR RISES
Type Text	Minimum Length	Maximum Length 255

**Question**

Please say why unable/unwilling

? qi_66_a_ii - 66 a(ii)		
Name qi_66_a_ii	Label 66 a(ii)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › CHAIR RISES
Type Duration		

**Question**

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

**BALANCE AND CO-ORDINATION**

Label BALANCE AND CO-ORDINATION	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
------------------------------------	--

Type Sequence	Order InOrderOfAppearance
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qi_67_a - 67 a		
Name qi_67_a	Label 67 a	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › BALANCE AND CO-ORDINATION
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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. Are you willing to do this test?

**Choices**

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

qi_67_a_i - 67 a(i)		
Name qi_67_a_i	Label 67 a(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › BALANCE AND CO-ORDINATION
Type Text	Minimum Length	Maximum Length 255

**Question**

Please say why unable/unwilling

qi_67_b - 67 b		
Name qi_67_b	Label 67 b	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › BALANCE AND CO-ORDINATION
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Which is your dominant leg (ignoring any current injury)?

**Instructions**

If asked: Which leg would you kick a ball with or hop on. Code one only.

**Choices**

1	Right leg
2	Left leg

**qi\_67\_c - 67 c**

Name qi_67_c	Label 67 c	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › BALANCE AND CO- ORDINATION
Type Duration		

**Question**

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

**qi\_67\_d - 67 d**

Name qi_67_d	Label 67 d	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › BALANCE AND CO- ORDINATION
Type Duration		

**Question**

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)

**TIMED GET UP AND GO**

Label TIMED GET UP AND GO	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Sequence	Order InOrderOfAppearance



 qi\_68\_a - 68 a

Name qi_68_a	Label 68 a	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › TIMED GET UP AND GO
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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. Are you willing to do this test?

**Choices**

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

 qi\_68\_a\_i - 68 a(i)

Name qi_68_a_i	Label 68 a(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › TIMED GET UP AND GO
Type Text	Minimum Length	Maximum Length 255

**Question**

Please say why unable/unwilling

 qi\_68\_b - 68 b

Name qi_68_b	Label 68 b	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › TIMED GET UP AND GO
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Able to walk without another person's help?

**Choices**

1	Yes
0	No

 qi\_68\_c - 68\_c

Name qi_68_c	Label 68 c	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › TIMED GET UP AND GO
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Walking aid? specify (stick, frame e.t.c)

**Choices**

0	No
1	Yes

 qi\_68\_i - 68\_i

Name qi_68_i	Label 68 i	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › TIMED GET UP AND GO
Type Duration		

**Question**

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

**HAND GRIP**

Label HAND GRIP	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Sequence	Order InOrderOfAppearance

 qi\_69\_a - 69\_a

Name qi_69_a	Label 69 a	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › HAND GRIP
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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. Are you willing to do this test?

**Choices**

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

qi_69_a_i - 69 a(i)		
Name qi_69_a_i	Label 69 a(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › HAND GRIP
Type Text	Minimum Length	Maximum Length 255

**Question**

Please say why unable/unwilling

qi_69_a_ii - 69 a(ii)		
Name qi_69_a_ii	Label 69 a(ii)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › HAND GRIP
Type Text	Minimum Length	Maximum Length 255

**Question**

Provide machine no.

qi_69_b - 69 b		
Name qi_69_b	Label 69 b	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › HAND GRIP
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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.

**Instructions**

Record one only.

**Choices**

1	Participant has the use of both hands
---	---------------------------------------

2	Participant is unable to use right hand
3	Participant is unable to use left hand
4	Participant is unable to use either hand

qi_69_c - 69_c		
Name qi_69_c	Label 69 c	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › HAND GRIP
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Which is your dominant hand?

**Choices**

1	Right hand
2	Left hand

s_handgrip_i	
Name s_handgrip_i	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › HAND GRIP
Type Statement	

**Statement Text**

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.

qi_69_d - 69 d		
Name qi_69_d	Label 69 d	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Float	Low 0	High

**Question**

Dominant hand, first measurement. Enter the results to one decimal place.

qi_69_e - 69 e
----------------

Name qi_69_e	Label 69 e	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Float	Low 0	High

**Question**

Non dominant hand, first measurement. Enter the results to one decimal place.

 qi_69_f - 69 f		
Name qi_69_f	Label 69 f	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Float	Low 0	High

**Question**

Dominant hand, second measurement. Enter the results to one decimal place.

 qi_69_g - 69 g		
Name qi_69_g	Label 69 g	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Float	Low 0	High

**Question**

Non dominant hand, second measurement. Enter the results to one decimal place.

 qi_69_h - 69 h		
Name qi_69_h	Label 69 h	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Float	Low 0	High

**Question**

Dominant hand, third measurement. Enter the results to one decimal place.

 qi_69_i - 69 i		
--	--	--

Name qi_69_i	Label 69 i	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Float	Low 0	High

**Question**

Non dominant hand, third measurement. Enter the results to one decimal place.

**LUNG FUNCTION**

Label LUNG FUNCTION	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS
Type Sequence	Order InOrderOfAppearance

**qi\_70\_a - 70 a**

Name qi_70_a	Label 70 a	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

1	Yes
0	No

**qi\_70\_b - 70 b**

Name qi_70_b	Label 70 b	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

**Question**

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

**Choices**

1	Yes
0	No

qi_70_c - 70 c		
Name qi_70_c	Label 70 c	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Are you willing to have your lung function measured?

**Choices**

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

qi_70_c_i - 70 c(i)		
Name qi_70_c_i	Label 70 c(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Text	Minimum Length	Maximum Length 255
Condition		

**Question**

Please say why unable/unwilling

qi_70_c_ii - 70 c(ii)		
Name qi_70_c_ii	Label 70 c(ii)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Text	Minimum Length	Maximum Length 255
Condition		

**Question**

Provide machine no.

qi_70_d - 70 d		
Name qi_70_d	Label 70 d	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

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

**Choices**

1	Yes
0	No

qi_70_e - 70 e		
Name qi_70_e	Label 70 e	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Do you suffer from asthma or hayfever?

**Choices**

1	Yes
0	No

s_lungfunction_ii	
Name s_lungfunction_ii	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION



Type	
Statement	
Condition	

**Statement Text**

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.

qi_70_f_i - 70 f(i)		
Name	Label	Location
qi_70_f_i	70 f(i)	Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type	Low	High
Float	0	
Condition		

**Question**

First blow: FEV1

qi_70_f_ii - 70 f(ii)		
Name	Label	Location
qi_70_f_ii	70 f(ii)	Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type	Low	High
Float	0	
Condition		

**Question**

First blow: FVC

qi_70_f_iii - 70 f(iii)		
Name	Label	Location
qi_70_f_iii	70 f(iii)	Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type	Low	High
Integer	0	
Condition		

**Question**

First blow: FER%

qi_70_f_iv - 70 f(iv)		
Name qi_70_f_iv	Label 70 f(iv)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Integer	Low 0	High
Condition		

**Question**

First blow: PEF

qi_70_f_v - 70 f(v)		
Name qi_70_f_v	Label 70 f(v)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

First blow: Technique satisfactory?

**Choices**

1	Yes
0	No

qi_70_g_i - 70 g(i)		
Name qi_70_g_i	Label 70 g(i)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Float	Low 0	High
Condition		

**Question**

Second blow: FEV1

 qi\_70\_g\_ii - 70 g(ii)

Name qi_70_g_ii	Label 70 g(ii)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Float	Low 0	High
Condition		

**Question**

Second blow: FVC

 qi\_70\_g\_iii - 70 g(iii)

Name qi_70_g_iii	Label 70 g(iii)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Integer	Low 0	High
Condition		

**Question**

Second blow: FER%

 qi\_70\_g\_iv - 70 g(iv)

Name qi_70_g_iv	Label 70 g(iv)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Integer	Low 0	High
Condition		

**Question**

Second blow: PEF

 qi\_70\_g\_v - 70 g(v)

Name qi_70_g_v	Label 70 g(v)	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

**Question**

Second blow: Technique satisfactory?

**Choices**

1	Yes
0	No

**s\_lungfunction\_iii**

Name s_lungfunction_iii	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Statement	
Condition	

**Statement Text**

GP LETTER (OR PARTICIPANT FEEDBACK LETTER)

**qi\_70\_i - 70\_i**

Name qi_70_i	Label 70 i	Location Sequence › nshd_06_ncs › L. PERFORMANCE QUESTIONS AND TESTS › LUNG FUNCTION
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition		

**Question**

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

**Choices**

1	Tick
---	------

**M. DIET DIARY**

Label M. DIET DIARY	Location Sequence › nshd_06_ncs
Type Sequence	Order InOrderOfAppearance

s_dietdiary_i	
Name s_dietdiary_i	Location Sequence › nshd_06_ncs › M. DIET DIARY
Type Statement	

**Statement Text**

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 as you last did in 1999 [delete if not applicable]. The participant did not complete the diary in 1999 [delete if not applicable]

qi_71 - 71		
Name qi_71	Label 71	Location Sequence › nshd_06_ncs › M. DIET DIARY
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Would you be willing to keep the diet diary for 5 days?

**Choices**

1	Yes
0	No

qi_71_i - 71.i		
Name qi_71_i	Label 71 i	Location Sequence › nshd_06_ncs › M. DIET DIARY
Type Text	Minimum Length	Maximum Length 255

**Question**

Please say why unable /unwilling

s_dietdiary_ii	
Name s_dietdiary_ii	Location Sequence › nshd_06_ncs › M. DIET DIARY
Type Statement	

**Statement Text**

Nurse to use instruction sheet from manual to remind participant how to fill out the diary and how to collect the food labels.

s_dietdiary_iii	
Name s_dietdiary_iii	Location Sequence › nshd_06_ncs › M. DIET DIARY
Type Statement	

#### Statement Text

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	
Label N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY	Location Sequence › nshd_06_ncs
Type Sequence	Order InOrderOfAppearance

s_steptest_i	
Name s_steptest_i	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Statement	

#### Statement Text

The nurse must complete the medical review to ensure participant is eligible for the step test

s_steptest_ii	
Name s_steptest_ii	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Statement	

#### Statement Text

Medical review

s_steptest_iii	
Name s_steptest_iii	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Statement	

**Statement Text**

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.

qi_72_a - 72 a		
Name qi_72_a	Label 72 a	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Did the participant: Answer yes to Q9a and to 9b or 9c.

**Choices**

0	No
1	Yes
2	Yes, but different kind of pain e.g. indigestion

qi_72_b - 72 b		
Name qi_72_b	Label 72 b	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If Yes, but different kind of pain e.g. indigestion to question 72a go to Q72b		

**Question**

Did the participant: 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] Please specify

**Choices**

0	No
---	----

1	Yes
---	-----

qi_72_c - 72 c		
Name qi_72_c	Label 72 c	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Did the participant: Echocardiographer recommended no step test (Q18b) or heart rate No 0 on ECG was  $\geq$  100bpm or  $\leq$  40bpm (Q35)

**Choices**

0	No
1	Yes

qi_72_d - 72 d		
Name qi_72_d	Label 72 d	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Did the participant: Have a diastolic blood pressure  $\geq$  120mmHg or a systolic blood pressure of  $\geq$  200mmHg reported at Q32?

**Choices**

0	No
1	Yes

qi_72_e - 72 e		
Name qi_72_e	Label 72 e	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Multiple Choice	Selection Type SelectOne	Display Style



Condition

**Question**

Did the participant: report dizziness 'often' or 'very often' on Q55d?

**Choices**

0	No
1	Yes

 qi\_72\_f - 72 f

Name qi_72_f	Label 72 f	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Multiple Choice	Selection Type SelectOne	Display Style


Condition

**Question**

Did the participant: reported taking  $\geq$  100mg beta blocker in the medication list Q10?

**Choices**

0	No
1	Yes

 qi\_73\_a - 73 a

Name qi_73_a	Label 73 a	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

**Question**

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

**Choices**

0	No
1	Yes

qi_73_b - 73 b		
Name qi_73_b	Label 73 b	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

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] Please specify

**Choices**

0	No
1	Yes

qi_73_c - 73 c		
Name qi_73_c	Label 73 c	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

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]

**Choices**

0	No
---	----

1	Yes
---	-----

qi_73_i - 73_i		
Name qi_73_i	Label 73 i	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Text	Minimum Length	Maximum Length 255
Condition		

**Question**

Nurse to initial box to indicate exclusion protocol is complete

STEP TEST (for eligible participants only)		
Label STEP TEST (for eligible participants only)	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY	
Type Sequence	Order InOrderOfAppearance	
Condition		

qi_74_a - 74_a		
Name qi_74_a	Label 74 a	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › STEP TEST (for eligible participants only)
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

**Question**

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. Are you willing to do this test?

**Choices**

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

 qi\_74\_a\_i - 74 a(i)

Name qi_74_a_i	Label 74 a(i)	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › STEP TEST (for eligible participants only)
Type Text	Minimum Length	Maximum Length 255

Condition

**Question**

Please say why unable/unwilling

 qi\_74\_b - 74 b


Name qi_74_b	Label 74 b	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › STEP TEST (for eligible participants only)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

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

**Choices**

1	Step test attempted
2	Step test not attempted

 qi_74_c - 74 c		
Name qi_74_c	Label 74 c	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › STEP TEST (for eligible participants only)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Record the reason for stopping the test.

**Choices**

1	Participant finished the 8 minute test
---	--

2	HR reaches 90% age-predicted maximum HR or 80 % max HR for 2 mins
3	Participant not physically able to maintain the correct step frequency
4	Participant wanted to stop

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

Label WALK TEST (For those not eligible for the step test)	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Sequence	Order InOrderOfAppearance
Condition	

**qi\_75\_a - 75 a**

Name qi_75_a	Label 75 a	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › WALK TEST (For those not eligible for the step test)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

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. Are you willing to do this test?

**Choices**

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

**qi\_75\_a\_i - 75 a(i)**

Name qi_75_a_i	Label 75 a(i)	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › WALK TEST (For those not eligible for the step test)
Type Text	Minimum Length	Maximum Length 255
Condition		

**Question**

Please say why unable/unwilling

? qi_75_b - 75 b		
Name qi_75_b	Label 75 b	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › WALK TEST (For those not eligible for the step test)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Record whether the walk test was attempted. Code one only.

**Choices**

1	Walk test attempted
2	Walk test not attempted or completed

? qi_75_c - 75 c		
Name qi_75_c	Label 75 c	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › WALK TEST (For those not eligible for the step test)
Type Duration		
Condition		

**Question**

Record time taken to walk the distance

s_walktest_i	
Name s_walktest_i	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › WALK TEST (For those not eligible for the step test)
Type Statement	
Condition	

**Statement Text**

Download the actiheart monitor now

HABITUAL PHYSICAL ACTIVITY	
Label HABITUAL PHYSICAL ACTIVITY	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY
Type Sequence	Order InOrderOfAppearance

s_habitualphysicalactivity_i	
Name s_habitualphysicalactivity_i	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › HABITUAL PHYSICAL ACTIVITY
Type Statement	

**Statement Text**

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.

qi_76_a - 76 a		
Name qi_76_a	Label 76 a	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › HABITUAL PHYSICAL ACTIVITY



Type Multiple Choice	Selection Type SelectOne	Display Style
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**Question**

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

**Choices**

1	Yes
0	No

 qi\_76\_a\_i - 76 a(i)

Name qi_76_a_i	Label 76 a(i)	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › HABITUAL PHYSICAL ACTIVITY
Type Text	Minimum Length	Maximum Length 255

**Question**

Please say why unable/unwilling

 qi\_76\_b - 76 b

Name qi_76_b	Label 76 b	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › HABITUAL PHYSICAL ACTIVITY
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

1	Yes
0	No

 s\_habitualphysicalactivity\_iii

Name s_habitualphysicalactivity_iii	Location Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › HABITUAL PHYSICAL ACTIVITY
--	---

Type	
Statement	

**Statement Text**

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.

### s\_habitualphysicalactivity\_iv

Name	Location
s_habitualphysicalactivity_iv	Sequence › nshd_06_ncs › N. STEP TEST OR WALK TEST AND HABITUAL PHYSICAL ACTIVITY › HABITUAL PHYSICAL ACTIVITY
Type	
Statement	

**Statement Text**

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

Label	Location
O. COLLECTION OF SALIVARY CORTISOL AT HOME	Sequence › nshd_06_ncs
Type	Order
Sequence	InOrderOfAppearance

### qi\_77 - 77

Name	Label	Location
qi_77	77	Sequence › nshd_06_ncs › O. COLLECTION OF SALIVARY CORTISOL AT HOME
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

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

**Choices**


1	Yes
0	No

### qi\_77\_i - 77.i

Name qi_77_i	Label 77 i	Location Sequence › nshd_06_ncs › O. COLLECTION OF SALIVARY CORTISOL AT HOME
Type Text	Minimum Length	Maximum Length 255
Condition If No,		

**Question**

please give reason


 s_q77		
Name s_q77	Location Sequence › nshd_06_ncs › O. COLLECTION OF SALIVARY CORTISOL AT HOME	
Type Statement		
Condition If yes:		

**Statement Text**

“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**

Label P. BODY COMPOSITION SCANS	Location Sequence › nshd_06_ncs
Type Sequence	Order InOrderOfAppearance

 s_q78	
Name s_q78	Location Sequence › nshd_06_ncs › P. BODY COMPOSITION SCANS
Type Statement	

**Statement Text**

Explain purpose and procedures for bone health measurements.

 qi\_78 - 78

Name qi_78	Label 78	Location Sequence › nshd_06_ncs › P. BODY COMPOSITION SCANS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Would you be willing to have these measurements taken?

**Choices**

1	Yes
2	Yes, but unable (e.g. ran out of time)
0	No, not willing

 qi\_78\_i - 78 i

Name qi_78_i	Label 78 i	Location Sequence › nshd_06_ncs › P. BODY COMPOSITION SCANS
Type Text	Minimum Length	Maximum Length 255

**Condition**

If no measurements taken,

**Question**

please give reason:

**GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM**

Label GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM	Location Sequence › nshd_06_ncs
Type Sequence	Order InOrderOfAppearance

 qi\_gpletter\_i - gpletter i

Name qi_gpletter_i	Label gpletter i	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

**Question**

Nurse to finish completing and sign the letter. Please check that this corresponds with the general consent form. Please tick the box to confirm you have done this

**Choices**

1	Tick
---	------

s_gpletter_i	
Name s_gpletter_i	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	

**Statement Text**

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

s_gpletter_ii	
Name s_gpletter_ii	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	

**Statement Text**

1 for the participant (unless they don't want a copy)

s_gpletter_iii	
Name s_gpletter_iii	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	

**Statement Text**

1 to leave with the Department of Medical Physics

s_gpletter_iv	
Name s_gpletter_iv	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	

**Statement Text**

1 for the GP

s_gpletter_v	
Name s_gpletter_v	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	

**Statement Text**

1 for the CRF

s_gpletter_vi	
Name s_gpletter_vi	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	

**Statement Text**

1 for MRC Human Nutrition Research, Cambridge

s_gpletter_vii	
Name s_gpletter_vii	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	

**Statement Text**

original for NSHD

s_gpletter_viii	
Name s_gpletter_viii	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	

**Statement Text**

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

s_gpletter_ix	
Name s_gpletter_ix	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	

**Statement Text**

1 for the participant (unless they don't want a copy)

s_gpletter_x	
Name s_gpletter_x	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	

**Statement Text**

1 for the CRF

s_gpletter_xi	
Name s_gpletter_xi	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	


**Statement Text**

original for NSHD

s_gpletter_xii	
Name s_gpletter_xii	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	


**Statement Text**

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.

 s_gpletter_xiii	
Name s_gpletter_xiii	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	


**Statement Text**

Give arrangements for lunch or lunch voucher after bone measurements.

 s_gpletter_xiv	
Name s_gpletter_xiv	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	


**Statement Text**

Thank the participant for coming.

 s_gpletter_xv	
Name s_gpletter_xv	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	

**Statement Text**

Confirm arrangements for transport home.


 qi_gpletter_ii - gpletter ii		
Name qi_gpletter_ii	Label gpletter ii	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM



Type		
Time		


**Question**

Record the time of day (24 hour clock):

 <u>s_gpletter_xvi</u>	
Name s_gpletter_xvi	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	

**Statement Text**

Nurse to finish completing and sign the letter.

 <u>s_gpletter_xvii</u>	
Name s_gpletter_xvii	Location Sequence › nshd_06_ncs › GP LETTER OR PARTICIPANT LETTER AND EVALUATION FORM
Type Statement	

**Statement Text**

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