

Appendix I Nurse (stage 2) overview and documents

I1 Overview of information collected during the nurse stage

Table I.1 summarises the information collected during the nurse stage.

Table I.1: Information collected during the nurse visit	
Measurement or procedure ¹	Participant
Details of prescribed medications	All ages
Infant length measurements	Aged 1.5-2 years
Waist and hip circumferences	Aged 11 years and over
Demispan ²	Aged 65 and over or those 16-64 years old with unreliable height measurement
Non-fasting blood sampling	All aged 1.5-3 years and those 4 years and over not willing to fast ³
Fasting blood sampling	Aged 4 years if not excluded from fasting

The CAPI nurse interview and documents used during the nurse stage are shown in the remainder of this Appendix.

¹ In Year 10 participants aged 4 years and older were asked to provide a blood pressure measurement.

² Demispan was measured in participants for whom, for postural reasons, a measure of height would give a poor measure of stature (e.g. in some elderly people, or for people with certain disabilities). Demispan is strongly related to a person's height and is the distance between the sternal notch and the finger roots with the arm out-stretched laterally.

³ The non-fasting option was only offered in Year 11.

National Diet and Nutrition Survey (NDNS)

N12229.01 Year 11

Program Documentation

Nurse Schedule

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

- Instructions for the nurse are given in capital letters, and questions the nurse is to ask the participant are given as normal text.
- Items which appear in the actual program but which have been excluded here for clarity include: Repetition of participant's name on each question; Checks on the accuracy of answer codes in relation to each other; Prompts for back-coding during the edit process.

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HOUSEHOLD GRID

HHDate

Date of 1st interviewer visit:

TelNum1

: STRING [15]

Telephone number(s)

TelNum2

: STRING [15]

Telephone number(s)

Person

Person number

: 1..2

HHGridNo

Household grid number

: 1..10

Name

Name

: STRING [20]

Sex

1 Male

2 Female

AgeOf

Age

: 0..120

DOB

Date of Birth

: DATATYPE.

AgeOfM

Age in months

: 00..1440

OC

Agreed nurse?

1 Agreed

2 Refused

3 Unsure

DemiS

Requires demi-span.

1 Yes

2 No

DispCont

Reaction to blood sample

IF (age <16) THEN

ParName1

Parent name 1

: STRING [20]

ParName2

Parent name 2

: STRING [20]

Rel

Relationship of parent 1 to respondent

Relationship of parent 2 to respondent

DisplInfo

Address Information

Availability Information

1. Cont.

NURSE SCHEDULE

IF (participant agreed nurse visit) THEN

Info

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

Person *(Person number)*
 Name *(Participant name)*
 Age *(Participant age at date of 1st interviewer visit)*
 DOB *(Participant date of birth)*
 Sex *(Participant sex)*
 Demispan *(Whether demispan measurements required or n/a)*

NPerNo

Person number
 : 1..2

RName

Name of participant
 : STRING [20]

RAge

Age of participant.
 : 0..120

RDoB

DoB of participant
 : DATETYPE

MonthAge

Age of infant participant (in months).
 : 0..97

RSex

Sex of participant.
 1 Male
 2 Female

RDemiS

Requires demi-span?
 1 Yes
 2 No

WeekAge

Age of infant participant (in weeks).
 : 0..997

DrugClot

Any anti-coagulant drugs recorded in the drugs section?
 1 Yes
 2 No

NSeqNo

Nurse Schedule number.

: 0..2

IF (participant was unsure about nurse visit) THEN

Info

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

Person (Person number)

Name (Participant name)

Age (Participant age at date of 1st interviewer visit)

DOB (Participant date of birth)

Sex (Participant sex)

Demispan (Whether participant required demispan)

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

1 Yes "Yes, I will do the interview now"

2 No "No, I will not be able to do this interview"

IF (participant refused nurse visit) THEN

RefInfo

NURSE: (Participant name) is recorded as having refused a nurse visit.

Please check if he/she has changed his/her mind."

1 Change "Yes, now agrees to nurse visit",

2 Still "No, still refuses nurse visit"

IF (RefInfo = Change) THEN

Info

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

Person (Person number)

Name (Participant name)

Age (Participant age at date of 1st interviewer visit)

DOB (Participant date of birth)

Sex (Participant sex)

Demispan (Whether participant required demispan)

NURSE: THIS PARTICIPANT REFUSED THE NURSE VISIT WHEN ASKED BY THE INTERVIEWER BUT HAS NOW AGREED.

1 Yes "Yes, I will do the interview now"

2 No "No, I will not be able to do this interview"

InfoS

Safety copy of Info

1 Yes "Yes, I will do the interview now",

2 No "No, I will not be able to do this interview"

IF (Info = Yes) THEN

StrtNur

Start time of the interview

: TIMETYPE

MachDate

Automatically recorded date of interview

: DATETYPE

NEndDate

Date at end of interview

: DATETYPE

DateOK

NURSE : Today's date according to the laptop is (*Date*).

Is this the correct date?

- 1 Yes
- 2 No

NurDate

NURSE: Enter the date of this interview

: DATETYPE

NDoBD

Can I just check your date of birth?

NURSE : Enter day, month and year of (*participant's name*)'s date of birth separately.

Enter the **day** here.

: 1...31

NDoBM

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

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

NDoBY

NURSE: Enter the **year** of (*participant's name*)'s date of birth.

: 1890..2014

NDoB

Date of birth (derived)

: DATETYPE

IF (NDoB <> RDoB) THEN

DoBDisc

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

:OPEN

HHAge

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

: 0..120

ConfAge

: 0..120

IF (Age ≤ 15) THEN

CParInt

NURSE: A child can **only** be interviewed with the permission of, and in the presence of, their parent or a person who has (permanent) legal parental responsibility (*specify names*), "parent".

No measurements should be carried out without the agreement of both the parent **and** the child.

N.B Written child assent, where appropriate, should also be sought from children who are able to give it.

Press <1> and <Enter> to continue.

1 Continue

InfSH

Have you read and understood the (*parent/guardian/11+*) nurse information sheet and have I answered any questions you may have?

1 Yes "Read and understood info sheet",

2 No "Not read or understood info sheet"

If (InfoSh=Yes)

Code01

NURSE: ASK PARTICIPANT/PARENT/ GUARDIAN TO INITIAL **STATEMENT 1** BOX IN THE CONSENTS' SECTION IN THE CONSENT BOOKLET.

- MAKE SURE YOU USE THE CORRECT AGE CONSENT FORM.

= MAKE SURE PARTICIPANT'S NAME IS FILLED IN IN THE CONSENT BOOKLET.

- ASK PARTICIPANT/ PARENT/ GUARDIAN TO SIGN AND DATE BENEATH THE STATEMENT IN THE CONSENT BOOKLET.

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

Press <1> and <Enter> to continue,

1 Continue

If (InfSh=No)

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

Code02

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

Press <1> and <Enter> to continue.

1 Continue

IF (InfSh=Yes) THEN

WDraw

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

1 Yes "I understand voluntary and can withdraw",

2 No "I don't understand voluntary and can withdraw"

If (WDraw=Yes)

Code03

NURSE: ASK PARTICIPANT/ PARENT/ GUARDIAN TO INITIAL OR TICK **STATEMENT 2** BOX IN THE CONSENTS SECTION IN THE CONSENT BOOKLET .

- MAKE SURE YOU USE THE CORRECT AGE CONSENT FORM.

- MAKE SURE PARTICIPANT'S NAME IS FILLED IN IN THE CONSENT BOOKLET.

- ASK PARTICIPANT / PARENT/ GUARDIAN TO SIGN AND DATE AT BENEATH THE STATEMENT IN THE CONSENT BOOKLET.

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

Press <1> and <Enter> to continue.

1 Continue

IF (WDraw=No)

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

Code04

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

Press <1> and <Enter> to continue.

1 Continue

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

ChAss

NURSE: GO THROUGH THE CHILD ASSENT FORM.

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

YOU AS THE NURSE MUST ALSO SIGN THE FORM.

HAS CHILD ASSENT BEEN GIVEN?

1 Yes

2 No

If (ChAss=No)

ChAssN

NURSE: WHY HAS CHILD ASSENT NOT BEEN GIVEN?

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

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

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

3 Other "Other answer

IF (ChAssN=Other)

ChAssNO

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

:OPEN

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

PregNTJ

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

1 Yes

2 No

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

UPreg

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

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

Pregnant – Yes told me she is pregnant/ breastfeeding

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

IF PregNTJ = Yes OR UPreg = Pregnant THEN NCPregJ = Pregnant (Computed)

ELSE NCPregJ = NotPreg (Computed)

IF (NCPregJ = NotPreg) THEN

HlthCh

(Can I just check,) have there been any changes to your/your child's general health since you/he/she were/was visited by the interviewer?

1 Yes

2 No

IF (HlthCh = Yes) THEN

HlthChWh

INTERVIEWER: PLEASE RECORD DETAILS OF THE PARTICIPANT'S CHANGE IN GENERAL HEALTH.

: OPEN

IF (NCPregJ = NotPreg) THEN

MedCNJD

Are /is you/(*child's name*) taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you/ (him/her) by a doctor or a nurse?

NURSE: If statins have been prescribed by a doctor please code them here. If they have been bought without a prescription code at Statins question.

NURSE: INCLUDE DIETARY SUPPLEMENTS AS LONG AS PRESCRIBED. MEDICINES SHOULD BE BEING TAKEN NOW, OR BE CURRENT PRESCRIPTIONS FOR USE 'AS REQUIRED.'

1 Yes

2 No

IF (NCPregJ=NotPreg) AND (age >= 16) THEN

Statins

Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without the prescription of a doctor?

1 Yes

2 No

IF (Statins = Yes) THEN

StatinA

Have you taken/used any statins in the last 7 days?

1 Yes

2 No

IF (MedCNJD = Yes) THEN

MedIntro

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you/(*child's name*) by a doctor?

Press <1> and <Enter> to continue.

1 Continue

IF (MedCNJD = Yes) THEN routed to "Prescribed Medication"

IF (MedCNJD = Yes)

DrCod1

NURSE:

To do the drug coding now, press <Ctrl Enter>, select **Drug_Coding: participant name** with the highlight bar and press <Enter>.

Else, press 1 and <Enter> to continue

1 Continue

IF (PregNTJ= Yes) OR (UPreg = Pregnant) THEN

PregMes

NURSE: Participant is pregnant. No measurements to be done.

Press <1> and <Enter> to continue.

1 Continue

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

NoCodes

NURSE: NO BLOOD TO BE TAKEN.

CIRCLE **CONSENT CODES 06, 08, 10, 12, 14** AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF NCPregJ = Pregnant THEN

NoCodeB

NURSE: NO MEASUREMENTS TO BE TAKEN.

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

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

1 Continue

IF NCPregJ = NotPreg THEN

AllCheck

NURSE: Check before leaving the participant:

#That (*participant's name*) has his/her copy of signed consents.

#If the participant gave a blood sample the full GP details are entered on front of the Consent Booklet.

#If the participant gave a blood sample the name by which the GP knows participant is entered on the front of the Consent Booklet.

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

#That all necessary initials, ticks and signatures have been collected in the consent booklet.

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

be further consents to collect at the return visit).

Press <1> and <Enter> to continue.

1 Continue

EndReach

NURSE: End of questionnaire reached.

Press <1> and <Enter> to continue.

IF (DoBlood [NSeqNo]= NotDone) THEN

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

Press <1> and <Enter> to continue.

1 Continue

IF (NurOut=Other) THEN

NURSE: Please give reason why not completed.

:OPEN

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

Thank

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

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

1 Continue

StrtTime

Start time for : (Module name)

Just press <Enter>

: ARRAY [0..10] OF TIMETYPE

Elapsed

Timing for : (Module name)

Just press <Enter>."

: ARRAY [0..10] OF TTime,

INFANT LENGTH**FOR PARTICIPANTS AGED 18 MONTHS TO 2 YEARS****IF (Age < 2) THEN****LgthMod**

NURSE: Now follows the *Infant Length* module

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

1 Continue

IF (Age < 2) THEN**LgthInt**

(As I mentioned earlier,) I would like to measure (*child's name*)'s length.

IF ASKED: This gives us information about your child's growth.

- 1 Agree "Length measurement agreed"
- 2 Refuse "Length measurement refused"
- 3 Unable "Unable to measure length for other reason"

IF (LgthInt = Agree) THEN**Length**

NURSE: Measure infant's length and record in centimetres.

If measurement not obtained, enter '999.9'.

Range: 40.0..999.9

IF (Length = RESPONSE) and (Length <> 999.9) THEN**LgthRel**

NURSE: Is this measurement reliable?

- 1 Yes
- 2 No

IF (Length=999.9 or EMPTY) THEN**YNoLgth**

NURSE: Give reason for not obtaining a length measurement

- 1 Refuse "Measurement refused"
- 2 TryNot "Attempted, not obtained"
- 3 NoTry "Measurement not attempted"

IF (YNoLgth = Refuse.. NoTry) OR (LgthInt = Refuse, Unable) THEN**NoAttL**

NURSE: Give reason for (*refusal/not obtaining measurement/not attempting the measurement*).

- 1 Asleep "Child asleep"
- 2 Fright "Child too frightened or upset"
- 3 Shy "Child too shy"
- 4 Lie "Child would not lie still"
- 95 Other "Other reason(s)"

IF (NoAttL = Other) THEN

OthNLth

NURSE: Enter details of other reason(s) for not obtaining/attempting the length measurement.

: STRING [100]

IF (Length = RESPONSE) and (Length <> 999.9) THEN

MbkLgth

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

Press <1> and <Enter> to continue

1 Continue

PRESCRIBED MEDICATIONS

{Following questions asked as a loop:}

IF (MedCNJD = Yes) THEN

MedBI

NURSE: Enter name of drug no.

Ask if you can see the containers for all prescribed medicines currently being taken.

If Aspirin, record dosage as well as name.

: STRING[50]

MedBIA

Have/Has you/(*child's name*) taken/used (*text from MedBI*) in the last 7 days?

1 Yes

2 No

MedBIC

NURSE CHECK: Any more drugs to enter?

1 Yes

2 No

DEMI-SPAN

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

ASK ALL AGED 65+ OR AGED 16-64 WITH UNRELIABLE HEIGHT MEASUREMENT**SpanIntro**

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

Press <1> and <Enter> to continue.

1 Continue

SpanInt

I would now like to measure the length of your arm. Like height, it is an indicator of size.

NURSE CODE:

- | | | |
|---|--------|---|
| 1 | Agree | "Participant agrees to have demi-span measured" |
| 2 | Refuse | "Participant refuses to have demi-span measured" |
| 3 | Unable | "Unable to measure demi-span for reason other than refusal" |

Repeat for up to three demi-span measurements.

Third measurement taken only if first two measurements differ by more than 3cm.

IF (SpanInt = Agree) THEN

Span

NURSE: Enter the (*first/second/third*) demi-span measurement in centimetres.

If measurement not obtained, enter '999.9'.

: Range: 5.0..1000.0

IF (Span <> 999.9) THEN

SpanRel

NURSE: Is the (*first/second/third*) measurement reliable?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

IF (Span = 999.9 (both attempts)) THEN

YNoSpan

NURSE: Give reason for not obtaining at least one demi-span measurement.

- | | | |
|---|--------|------------------------------|
| 1 | Refuse | "Measurement refused" |
| 2 | TryNot | "Attempted but not obtained" |
| 3 | NoTry | "Measurement not attempted" |

IF (YNoSpan = Refuse OR TryNot OR NoTry) THEN

NotAttM

NURSE: Give reason for (*refusal/not obtaining measurement/measurement not being attempted*).

- | | | |
|---|--------|--|
| 1 | Bent | "Cannot straighten arms" |
| 2 | Bed | "Participant confined to bed" |
| 3 | Stoop | "Participant too stooped" |
| 4 | NotUnd | "Participant did not understand the procedure" |
| 5 | Other | "Other" |

IF (NotAttM = Other) THEN

OthAttM

NURSE: Give full details of other reason for *(refusal/not obtaining measurement/measurement not being attempted)*.

: STRING [140]

IF (Span <> 999.9) THEN

SpnM

NURSE CHECK: Demi-span was measured with the participant:

CODE ALL THAT APPLY.

- | | | |
|---|---------|--|
| 1 | Wall | "Standing against the wall or another flat surface" |
| 2 | NoWall | "Standing not against the wall or another surface" |
| 3 | Sitting | "Sitting" |
| 4 | Lying | "Lying down" |
| 5 | LeftArm | "Demi-span measured on left arm due to unsuitable right arm" |

IF (Span <> 999.9) THEN

DSCard

NURSE: Write results of demi-span measurement on participant's Measurement Record Card.

Press <1> and <Enter> to continue.

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

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

Press <1> and <Enter> to continue.

1 Continue

WHIntro

I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.

NURSE CODE:

- | | | |
|---|--------|---|
| 1 | Agree | "Participant agrees to have waist/hip ratio measured" |
| 2 | Refuse | "Participant refuses to have waist/hip ratio measured" |
| 3 | Unable | "Unable to measure waist/hip ratio for reason other than refusal" |

Repeat for up to three waist-hip measurements.***Third measurement taken only if first two measurements differ by more than 3cm.*****IF (WHIntro = Agree) THEN****Waist**NURSE: Measure the waist and hip circumferences **to the nearest mm**. Enter the *(first/second/third)* waist measurement in centimetres. (Remember to include the decimal point.)

If measurement not obtained, enter '999.9'. : Range: 40.0..1000.0

IF (WHIntro = Agree) THEN**Hip**NURSE: Measure the waist and hip circumferences **to the nearest mm**.Enter the *(first/second/third)* measurement of hip circumference in centimetres. (Remember to include the decimal point.)

If measurement not obtained, enter '999.9'. Range: 50.0..1000.0

IF (WHIntro = Agree) THEN**RespWH**

Imputed

- | | | |
|---|---------|-----------------|
| 1 | Both | "Both obtained" |
| 2 | One | "One obtained" |
| 3 | Refused | "Refused" |
| 4 | NoTry | "NoTry" |

IF (Waist = 999.9 (either attempt)) OR (Hip = 999.9 (either attempt)) THEN**YNoWH**

NURSE: Enter reason for not getting both measurements.

- | | | |
|---|---------|------------------------------|
| 1 | Refused | "Both measurements refused" |
| 2 | TryNot | "Attempted but not obtained" |
| 3 | NoTry | "Measurement not attempted" |

IF (RespWH = One OR Refused OR NoTry) OR (YNoWH = Refused) THEN

WHPNABM

NURSE: Give reason(s) *(for refusal/why unable/for not obtaining measurement/for not attempting/why only one measurement obtained)*.

CODE ALL THAT APPLY.

- | | | |
|---|----------|--|
| 1 | ChairBnd | "Participant is chairbound" |
| 2 | Bed | "Participant is confined to bed" |
| 3 | Stoop | "Participant is too stooped" |
| 4 | NotUnd | "Participant did not understand the procedure" |
| 5 | Other | "Other (SPECIFY AT NEXT QUESTION)" |

IF (WHPNABM = OthWH) THEN

OthWH

NURSE: Give full details of 'other' reason(s) for not getting full waist/hip measurement.

: STRING [140]

IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist (1st) <> 999.9 AND Waist (1st) <> EMPTY) OR (Waist (2nd) <> 999.9 AND Waist (2nd) <> EMPTY)) THEN

WJRel

NURSE: Record any problems with *waist* measurement:

- | | | |
|---|----------|---|
| 1 | NoProb | "No problems experienced, reliable waist measurement" |
| 2 | ProbRel | "Problems experienced - waist measurement likely to be reliable " |
| 3 | ProbSIUn | "Problems experienced - waist measurement likely to be slightly unreliable " |
| 4 | ProbUn | "Problems experienced - waist measurement likely to be unreliable " |

IF (WJRel = ProbRel OR ProbSIUn OR ProbUn) THEN

ProbWJ

NURSE: Record whether problems experienced are likely to increase or decrease the *waist* measurement.

- | | | |
|---|----------|-------------------------|
| 1 | Increase | "Increases measurement" |
| 2 | Decrease | "Decreases measurement" |

IF AT LEAST ONE HIP MEASUREMENT OBTAINED IF ((Hip (1st) <> 999.9 AND Hip (1st) <> EMPTY) OR (Hip (2nd) <> 999.9 AND Hip (2nd) <> EMPTY)) THEN

HJRel

NURSE: Record any problems with **hip** measurement:

- | | | |
|---|----------|---|
| 1 | NoProb | "No problems experienced, <i>reliable</i> hip measurement" |
| 2 | ProbRel | "Problems experienced - hip measurement <i>likely to be reliable</i> " |
| 3 | ProbSIUn | "Problems experienced - hip measurement likely to be <i>slightly unreliable</i> " |
| 4 | ProbUn | "Problems experienced - hip measurement <i>likely to be unreliable</i> " |

IF (HJRel = ProbRel OR ProbSIUn OR ProbUn) THEN

ProbHJ

NURSE: Record whether problems experienced are likely to increase or decrease the **hip** measurement.

- | | | |
|---|----------|-------------------------|
| 1 | Increase | "Increases measurement" |
| 2 | Decrease | "Decreases measurement" |

IF (RespWH = Both OR One) THEN

WHRes

NURSE: Offer to write results of waist and hip measurements, where applicable, onto participant's Measurement Record Card.

Press <1> and <Enter> to continue.

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

BLOOD SAMPLE

FOR ALL PARTICIPANTS WHO ARE NOT PREGNANT

BIIntro

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

NURSE: EXPLAIN THE PURPOSE AND PROCEDURE OF THE BLOOD SAMPLE. GIVE PARTICIPANT RELEVANT LEAFLETS.

NURSE; IF PARTICIPANT INITIALLY REFUSED BLOOD SAMPLE BY PHONE TAILOR THIS INTRODUCTION ACCORDINGLY.

Press <1> and <Enter> to continue.

1 Continue

BIChk

NURSE: CODE WHETHER TO CONTINUE WITH THE BLOOD SAMPLE MODULE OR NOT, BASED ON PARTICIPANT WILLINGNESS TO PROVIDE A SAMPLE.

1. CONTINUE WITH BLOOD SAMPLE MODULE
2. PARTICIPANT REFUSES TO PROVIDE A BLOOD SAMPLE

IF (age <16) THEN

ClotB

ASK PARENT /('parent name'): May I just check, do/does you/(child's name) have a clotting or bleeding disorder or are/is you/he/she currently on anti-coagulant drugs such as Warfarin?

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

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

- 1 Yes
- 2 No

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

Fit

ASK PARENT/ ('parent name'): May I just check, have/has you/(child's name) ever had a fit (including epileptic fit, convulsion, convulsion associated with high fever) in the last 5 years?

- 1 Yes
- 2 No

IF (age < 16) AND (Fit = Yes) THEN

FitW

ASK PARENT: Was this within the last 24 months?

- 1 Yes
- 2 No

IF (age < 16) AND (FitW = Yes) THEN

FitY

"What type of fit have/has_you/ (child's name) experienced?"

- 1 Epilept "Epileptic fit",
- 2 Febrile "Febrile fit associated with high fever",
- 3 Other "Other (SPECIFY AT NEXT QUESTION)")

IF (FitY=Oth) THEN

FitYO

: Open

IF (age >=16) THEN

ClotBA

May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin?

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

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

1 Yes

2 No

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

FitA

May I just check, have you had a fit (including epileptic fit or convulsion,) in the last five years?

1 Yes

2 No

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

BSWill

Would you be willing to have a blood sample taken?

1 Yes "Yes"

2 No "No"

IF (age>=4 – 15) AND (ClotB = No) AND ((Fit = No) OR (FitW=No))THEN

CBSCnst

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

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

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

IF (Age <11) THEN

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

IF (Age >=4) THEN

CHILDREN AGED 4 AND OVER SHOULD PROVIDE A FASTING SAMPLE.

1 Yes

2 No

IF (BSWill = No) OR (CBSCnst = No) THEN

RefBSC

NURSE: Record why blood sample refused.

CODE ALL THAT APPLY.

1 PrevDiff "Previous difficulties with venepuncture"

2 Fear "Dislike/fear of needles"

3 RecTest "Participant recently had blood test/health check"

4 Ill "Refused because of current illness"

5	HIV	"Worried about HIV or AIDS"
6	NoPaed	"No paediatric phlebotomist or 'extended role' nurse available"
7	Parent	"Parent doesn't agree with it/thinks child too young"
8	Busy	"Too busy"
9	Time	"Time constraints (i.e. appointment timings not convenient)"
97	Other	"Other"

IF (RefBSC = Other) THEN

OthRefBS

NURSE: Give full details of other reason(s) for refusing blood sample. : STRING [135]

IF ((age < 16) AND (ClotB = Yes) OR (FitW = Yes)) OR ((age >= 16) AND (ClotBA = Yes) OR (FitA = Yes)) OR ((BSWill = No) OR (CBSCnst = No)) THEN

BSStop

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

Ring **consent codes 06, 08, 10 and 12** on the consent booklet

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

1 Continue

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

Diabetes

NURSE: HAS THE PARTICIPANT TOLD YOU THAT THEY ARE DIABETIC?

1 Yes

2 No

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

Eat

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

NURSE: IF PROVIDING A FASTING SAMPLE, THE PARTICIPANT SHOULD HAVE FASTED FOR A MINIMUM OF 8 HOURS AND FOOD SUPPLEMENTS, VITAMINS OR MINERALS SHOULD PREFERABLY NOT HAVE BEEN TAKEN. THEY CAN HAVE DRUNK WATER AS NORMAL.

NURSE: PARTICIPANT CAN STILL PROVIDE A NON-FASTING BLOOD SAMPLE IF THEY HAVE NOT FASTED.

1 Yes

2 No

IF (Eat = Yes) THEN

TFast

"When did you last eat or drink anything other than plain water?

Think of any food and any drink if not plain water.

NURSE: Record how many hours since participant last ate."

IF (Eat = Yes) THEN

WFast

What did you eat or drink at that time?

List all items."

IF (Age >=4) AND ((BSWill =Yes) OR (CBSCnst= Yes)) AND(Eat=Yes) THEN

NFastBI

NURSE: THIS PARTICIPANT COULD GIVE A NON -FASTING BLOOD SAMPLE NOW.

IF (Diabetes=Yes) THEN

DIABETIC PARTICIPANT SHOULD EAT AS SOON AS POSSIBLE AFTER BLOOD IS TAKEN BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

IS A RETURN VISIT TO COLLECT A FASTING SAMPLE APPROPRIATE – CHECK SCENARIOS IN PROJECT INSTRUCTIONS.

Are the labs open (i.e. is it Monday - Thursday) and expecting a sample?

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

If so, could you take blood from both participants at the same time (i.e. a return visit)?

CONSIDER THESE QUESTIONS AND CODE:

Acceptable procedures according to medication:

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

...Participants on a combination of nighttime insulin and daytime tablets should also be able to fast unless they are known to have low blood sugar levels first thing in the morning. If they do have low blood sugar in the morning, they could still fast but should reduce their nighttime insulin by a small amount and have breakfast as soon as possible after the blood is taken.

...Participants on insulin alone can also provide a fasting sample, but should be given special consideration. They should postpone their morning insulin and should be seen as early in the day as possible.

In every case, diabetics should have breakfast as soon as possible after blood is taken.

1 Yes Yes, I will take the blood sample now

2 No No, I will return at a later date to take the blood sample

IF (Age >=4) AND ((BSWill = Yes) OR (CBSConSt = Yes)) AND (Eat=Yes)

NFastBI

NURSE: THIS PARTICIPANT COULD GIVE A NON -FASTING BLOOD SAMPLE NOW.

BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

IS A RETURN VISIT TO COLLECT A FASTING SAMPLE APPROPRIATE – CHECK SCENARIOS IN PROJECT INSTRUCTIONS.

ARE YOU A TRAINED PAEDIATRIC PHLEBOTOMIST OR A NURSE WHO HAS TAKEN ON THE 'EXTENDED ROLE'(I.E. CAN TAKE BLOODS FROM CHILDREN AGED 6-10 YEARS INC)? (IF NO, CODE 2)

Are the labs open (i.e. is it Monday - Thursday) and expecting a sample?

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

If so, could you take blood from both participants at the same time (i.e. a return visit)?

CONSIDER THESE QUESTIONS AND CODE:

1 Yes Yes, I will take the blood sample now

2 No No, I will return at a later date to take the blood sample

IF (NFastBI = No) OR (FastBI = NO) OR (IsTime=No) THEN

NFSAppt

NURSE: ARRANGE AN APPOINTMENT WITH (*participants's name*) TO TAKE A BLOOD SAMPLE. THIS CAN ONLY BE ON A MONDAY TO THURSDAY MORNING.

Press <1> and<Enter> to continue.

1 Continue

IF (NFastBI = No) AND (Diabetes = YES) THEN

NFSAppt

NURSE: ARRANGE AN APPOINTMENT WITH (*participants's name*) TO TAKE A BLOOD SAMPLE. THIS CAN ONLY BE ON A MONDAY TO THURSDAY MORNING.

(THE PARTICIPANT HAS TOLD YOU THEY ARE DIABETIC. IF THEY ARE CONCERNED ABOUT FASTING, PRESS F9 FOR GUIDANCE ABOUT THE DIFFERENT MEASURES THAT A DIABETIC COULD TAKE AND STILL GIVE A FASTING SAMPLE)

DIABETIC PARTICIPANT SHOULD EAT AS SOON AS POSSIBLE AFTER BLOOD IS TAKEN.

Press <1> and<Enter> to continue.

1 Continue

IF (Eat=No) THEN

IsTime

NURSE: HAVE YOU CHECKED THE LAB IS OPEN AND YOU CAN DELIVER THE SAMPLES TODAY?

(The computer says time is (*time on laptop*))/ (When this question was originally answered the time was (*time in laptop*))

1 Yes – can deliver samples to lab today

2 No – can **not** deliver samples to lab today

IsTimeT

Time that *IsTime* was first asked.

: TIMETYPE

IF (IsTime=Yes)

FastBI

NURSE: THIS PARTICIPANT COULD GIVE A FASTING BLOOD SAMPLE NOW.

NURSE: DIABETIC PARTICIPANT SHOULD EAT AS SOON AS POSSIBLE AFTER BLOOD IS TAKEN

BEFORE DECIDING WHETHER TO TAKE BLOOD, CHECK:

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

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

Are the labs open and expecting a sample?

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

If so, you should take blood from both participants at the same time.

CONSIDER THESE QUESTIONS AND CODE:

1 Yes "Yes, I will take the fasting blood sample now"

2 No "No, I will return at a later date to take the blood sample"

IF (age < 6) THEN

AmetInt

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

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

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

Press <1> and <Enter> to continue.

1 Continue

IF (age = 6-15) THEN

AmetInt

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

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

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

Press <1> and <Enter> to continue.

1 Continue

IF (age >= 16) THEN

Amelnt

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

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

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

Press <1> and <Enter> to continue.

1 Continue

IF BLOOD SAMPLE NOT TAKEN ON FIRST VISIT THEN

IntFBT

NURSE: NOW FOLLOWS THE MODULE TO OBTAIN BLOOD SAMPLES.

Press <1> and <Enter> to continue.

1 Continue

DateFBT

Date at start of QFBTaken block

: DATETYPE

TimeFBT

Date at start of QFBTaken block

: DATETYPE

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

TClotB

ASK PARENT:

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

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

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

1 Yes

2 No

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

TFit

ASK PARENT:

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

1 Yes

2 No

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

TClotBA

May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin?

(NURSE: Aspirin therapy is not a contraindication for blood sample.)

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

TAKE BLOOD SAMPLE IF RESPONDENT IS TAKING; Aspirin (Caprin; Nu-Seals), Flamasacard,

Clopidogrel (Plavix) Dipyridamole (Persantin, Persantin Retard, Asasantin Retard), Prasugrel (Efient), Eptifibate (Inteligrin), Tirofiban (Aggrastat)

- 1 Yes
- 2 No

IF (age >= 16) AND (TClotBA= No) THEN

TFitA

May I just check, have you had a fit (including epileptic fit or convulsion,) in the last five years?

- 1 Yes
- 2 No

IF ((PVisit = 1) AND (PCLotB = No) AND (PFit = No))

OR ((PVisit <> 1) AND (PPAge < 16) AND (TClotB = No) AND ((TFit = No)

OR (TFitW = No)))

OR ((PVisit <> 1) AND (PPAge >= 16) AND (TClotBA = No) AND (TFitA = No)) THEN

TVits

Can I check, have you taken any vitamins, minerals or other food supplements (for example, folic acid) in the last 8 hours?

- 1 Yes
- 2 No

IF (TVits = YES) THEN

TVitsY

What type of vitamins, minerals or food supplements have you taken in the last 8 hours?

NURSE: PLEASE INCLUDE DETAILS ON SUPPLEMENT NAME, BRAND AND STRENGTH. IF POSSIBLE, ASK TO SEE CONTAINER

IF (PVisit<>1) AND ((TBSWill = Yes) OR (TCBSConst = Yes)) AND (PPAge >= 4))THEN

TEat

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

DIABETIC PARTICIPANT SHOULD EAT AS SOON AS POSSIBLE AFTER BLOOD IS TAKEN

- 1 Yes
- 2 No

IF (Teat=Yes) THEN

TTFast

When did you last eat or drink anything other than plain water?

Think of any food and any drink if not plain water.

NURSE: Record how many hours since participant last ate.

IF (Teat=Yes) THEN

TWFast

What did you eat or drink at that time?

List all items.

IF (Age <4) THEN

ChEat

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

- 1 Yes
- 2 No

IF (2nd visit AND TEat =YES ANDReArr = NoAppt) THEN

TBSSStop

NO BLOOD SAMPLES SHOULD BE TAKEN FROM (*participant name*). CIRCLE **CONSENT CODES 06, 08, 10 AND 12** AT QUESTION 8 ON THE FRONT OF THE CONSENT BOOKLET.
Press <1> and <Enter> to continue.

1 Continue

IF (2nd visit AND ReArr = Appt) THEN

TBSNoV2

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

Press <1> and <Enter>.

1 Continue

IF (age >= 16) THEN

TBSWill

Would you be willing to have a blood sample taken?

1 Yes

2 No

IF (age < 16) THEN

TCBSCnst

ASK PARENT

Are you willing for your child to have a blood sample taken?

NURSE: CHECK THAT CHILD IS WILLING ALSO, EXPLAIN PROCESS AND REASSURE THEM.

IF (PPage <11) THEN

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

IF (CAgeNow <11) THEN

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

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

NURSE; THE PARTICIPANT SHOULD PREFREABLY NOT TAKE FOOD SUPPLEMENTS, VITAMINS OR MINERALS.

1 Yes

2 No

IF (age>=6) THEN

CryUse

ASK PARENT

Do you want Cryogesic spray to be used?

NURSE: PLEASE GIVE PARTICIPANT CRYOGESIC SPRAY LEAFLET TO READ

1 Yes

2 No

IF (CryUse= Yes) THEN

CryAll

ASK PARENT

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

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

1 Yes

2 No

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

NoCry1

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

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

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

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

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

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

NoCry2

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

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

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

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

IF (Age <6) OR ((Age = 6 -15) AND ((CryUse= No) OR NOCry1 = Yes)))THEN

AmetopUse

ASK PARENT

Do you want Ametop gel to be used?

- 1 Yes
- 2 No

IF (AmetopUse = Yes) THEN

Allergy

ASK PARENT

Have/(Has) you/(he/she) ever had a bad reaction to a local or general anaesthetic bought over the counter at a chemist, or given at the doctor, the dentist or in hospital?

- 1 Yes
- 2 No

IF (Allergy = Yes) THEN

NoAmetop

NURSE: Ametop gel cannot be used. Is participant willing to give blood sample without Ametop gel?

Code 1 if Yes, willing to give blood sample without Ametop gel

Code 2 if No, not willing to give blood sample without Ametop.

- 1 Yes "Yes, willing"
- 2 No "No, no blood sample"

IF (Allergy = No) THEN

DoAmetop

NURSE: **Blood sample with Ametop gel.**

- Apply Ametop gel following instructions.
- Wait at least half an hour before attempting blood sample.

Press <1> and <Enter> to continue.

- 1 Continue

CryOrAm

Whether used Cryogestic or Ametop (DV)

- 1 Cryogestic
- 2 Ametop
- 3 Neither
- 4 NoBlood

If (CryOrAm = NoBlood) THEN

CryAmNo

NURSE: Participant cannot give blood.

Press <1> and <Enter> to continue.

- 1 Continue

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

TRefBSC

NURSE: Record why blood sample refused.

CODE ALL THAT APPLY.

1	PrevDiff	"Previous difficulties with venepuncture",
2	Fear	"Dislike/fear of needles",
3	RecTest	"Participant recently had blood test/health check",
4	Ill	"Refused because of current illness",
5	HIV	"Worried about HIV or AIDS",
6	NoPaed	"No paediatric phlebotomist or 'extended role nurse available",
7	Parent	"Parent doesn't agree with it/thinks child too young",
8	Busy	"Too busy",
9	Time	"Time constraints (i.e. appointment timings not convenient)",
10	Other	"Other"

IF (TRefBSC = Other) THEN

TOthRef

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

: STRING [135]

IF ((PVisit = 1) OR ((PVisit = 2) AND ((TBSWill = Yes) OR (TCBSCnst = Yes)))) AND (CryOrAm <> NoBlood) THEN

BSConsC

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

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

If (Age >=5 AND <16) THEN

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

Press <1> and <Enter> to continue.

1 Continue

IF (Age = 18 months - 15 years) THEN

GuardCon

NURSE CHECK: Is a parent or person with legal responsibility willing to give consent?

1 Yes

2 No

IF (GuardCon = No) THEN

Ignore

NURSE: Record details of why consent refused.

: STRING [140]

IF (GuardCon = Yes) THEN

Code 05C

NURSE:

- ASK PARENT/LEGAL GUARDIAN TO INITIAL **STATEMENT 3 FOR CHILDREN AGED 4-15 OR 1.5-3** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE CONSENT BOOKLET.
- MAKE SURE CHILD/PARTICIPANT'S NAME IS FILLED IN IN THE BOOKLET.
- ASK PARENT/LEGAL GUARDIAN TO SIGN AND DATE AT THE BOTTOM OF THE PAGE (IF NOT ALREADY DONE SO).
- CIRCLE **CONSENT CODE 05** AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.
- IF THE CHILD IS AGED 5-15 YEARS ASK THEM TO FILL IN THE CHILD ASSENT FORM

WHERE POSSIBLE.

Press <1> and <Enter> to continue.

1 Continue

If (Age > 15) THEN

Code05A

NURSE:

- ASK PARTICIPANT TO INITIAL OR TICK **STATEMENT 3** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE CONSENT BOOKLET.
- MAKE SURE YOU USE THE CORRECT AGE CONSENT FORM.
- MAKE SURE PARTICIPANT'S NAME IS FILLED IN IN THE CONSENT BOOKLET.
- ASK PARTICIPANT TO SIGN AND DATE AT THE BOTTOM OF THE PAGE IN THE CONSENT BOOKLET (IF NOT ALREADY DONE SO).
- CIRCLE **CONSENT CODE 05** AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

IF TBSSStop=1 THEN

Code06

NURSE: CIRCLE **CONSENT CODE 06** (NO CONSENT FOR BLOOD SAMPLING) AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (Code05A = RESPONSE) OR (Code05C = RESPONSE) THENConStorB

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

May we have your consent to store any remaining blood for future analysis?

NURSE: IF ASKED, 'THE BLOOD WOULD BE USED FOR TESTS RELATING TO NUTRITION AND HEALTH. THE SAMPLE WOULD BE ANONYMISED. THIS MEANS FUTURE RESEARCHERS WOULD NOT KNOW WHO YOU ARE. THE TESTS WOULD BE APPROVED BY AN ETHICS COMMITTEE'.

NURSE: IF ASKED, EXPLAIN THE PARTICIPANT CAN WITHDRAW THEIR CONSENT AT ANY TIME, WITHOUT GIVING ANY REASON, BY ASKING THE INVESTIGATORS IN WRITING FOR BLOOD TO BE REMOVED FROM STORAGE AND DESTROYED.

1 Yes "Storage consent given"

2 No "Consent refused"

IF (ConStorB=Yes) THEN

Code07NURSE:

- **ASK PARENT/ LEGAL GUARDIAN/ PARTICIPANT** TO INITIAL OR TICK **STATEMENT 4** BOX IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE CONSENT BOOKLET.
- CIRCLE **CONSENT CODE 07** AT QUESTION 8 ON FRONT OF CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (ConStorB=No) THEN

Code08

NURSE: CIRCLE **CONSENT CODE 08** (NO CONSENT FOR BLOOD STORAGE) AT QUESTION 8 ON FRONT OF CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (Code05A = RESPONSE) OR (Code05C = RESPONSE) THEN SnDrSam

ASK PARENT (parent's name)

Would you like to be sent the clinically relevant results of (*child's name*)/your blood sample analysis?

1 Yes

2 No

IF (SnDrSam = Yes) THEN

Code 09

NURSE:

- **ASK PARENT/LEGAL GUARDIAN** / ASK PARTICIPANT TO INITIAL OR TICK **STATEMENT 5** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE CONSENT BOOKLET.
- CIRCLE **CONSENT CODE 09** AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (SnDrSam = No) THEN

Code 10

NURSE:

- CIRCLE **CONSENT CODE 10** AT QUESTION 8 ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (Code05A = RESPONSE) OR (Code05C = RESPONSE) THEN

GPRReg

NURSE CHECK: Is participant registered with a GP?

1 Participant registered with GP

2 Participant not registered with GP

IF (GPRReg = Yes) THEN

SendSam

ASK PARENT/LEGAL GUARDIAN

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

1 Yes

2 No

IF (SendSam=No) THEN

SenSaC

ASK PARENT/LEGAL GUARDIAN

Why do you not want your child's/your blood sample results sent to his/her/your GP?

1 NeverSee "Hardly/never sees GP"

2 RecSamp "GP recently took blood sample"

3 Bother "Does not want to bother GP"

4 Other "Other"

IF (SenSac=Other) THEN

OthSam

NURSE: Give full details of reasons(s) for not wanting results sent to GP.

: STRING [140]

IF (SendSam=Yes) THEN

Code11

NURSE

- ASK PARENT/LEGAL GUARDIAN TO INITIAL **STATEMENT 6** IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE CONSENT BOOKLET.
- CHECK THAT GP NAME, ADDRESS AND PHONE NUMBER ARE RECORDED ON FRONT OF CONSENT BOOKLET (IF NOT ALREADY DONE).
- CHECK NAME BY WHICH GP KNOWS PARTICIPANT, AND ENTER ON FRONT OF CONSENT BOOKLET (IF NOT ALREADY DONE).
- CIRCLE **CONSENT CODE 11** AT QUESTION 8 ON FRONT OF CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

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

Code12

NURSE:

- CIRCLE **CONSENT CODE 12** AT QUESTION 8 (NO CONSENT FOR BLOOD SAMPLE RESULTS TO GP) ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

1 Continue

IF (Code10 = RESPONSE) AND (Code12 = RESPONSE) THEN

NoRes

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

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

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

Press <1> and <Enter> to continue.

1 Continue

IF (Code10 = RESPONSE) AND (Code12 = RESPONSE) THEN

Code13NURSE:

- THIS PARTICIPANT DOES NOT WANT THEIR RESULTS SENT TO THEM OR THEIR GP. PLEASE ASK THEM TO READ AND **INITIAL OR TICK THE STATEMENT 7 (/ STATEMENT 7i IF (Age<16)) IN THE GREY BOX ON THE RELEVANT CONSENT FORM** IN THE CONSENT BOOKLET: CIRCLE **CONSENT CODE 13** ON THE FRONT PAGE OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

IF (Code10 = RESPONSE) AND (Code12 = RESPONSE) AND (age <16) THEN

SurDoc

NURSE: TO TAKE A BLOOD SAMPLE FROM THE CHILD THE PARENT/LEGAL GUARDIAN MUST INITIAL OR TICK STATEMENT 7ii IN THE GREY BOX ON THE CONSENT FORM. IF THEY DO NOT CONSENT TO THE SURVEY DOCTOR CONTACTING THEM IF NEEDED (E.G. WITH AN OUT OF NORMAL RANGE BLOOD ANALYTE RESULT) YOU MUST NOT TAKE A BLOOD SAMPLE.

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

- 1 Yes
- 2 No

IF (SurDoc=Yes) THEN

Code15

NURSE:

- **ASK PARENT/LEGAL GUARDIAN TO INITIAL STATEMENT 7ii IN THE GREY BOX IN 'BLOOD SAMPLING CONSENTS' SECTION IN THE CONSENT BOOKLET.**
- **CIRCLE CONSENT CODE 15 ON THE FRONT OF PAGE OF THE CONSENT BOOKLET.**

Press <1> and <Enter> to continue.

- 1 Continue

IF (SurDoc=No)

Code16

NURSE:

- **A BLOOD SAMPLE CAN NOT BE TAKEN FROM THE CHILD.**
- **CIRCLE CONSENT CODE 16 ON THE FRONT OF PAGE OF THE CONSENT BOOKLET.**

Press <1> and <Enter> to continue.

- 1 Continue

IF (Code09 = RESPONSE) OR (Code11 = RESPONSE) THEN

Code14

NURSE:

- **THE PARTICIPANT HAS AGREED TO FEEDBACK FROM BLOOD SAMPLE RESULTS (TO GP AND/OR TO THEMSELVES).**
- **CIRCLE CONSENT CODES 14 AND 16 ON THE FRONT OF PAGE OF THE CONSENT BOOKLET**

Press <1> and <Enter> to continue.

- 1 Continue

IF (CryOrAm = Cryogesic) THEN

DoCry

NURSE: Blood sample with Cryogesic spray.

- **Apply Cryogesic spray following instructions.**

Press <1> and <Enter> to continue.

- 1 Continue

IF (PPerno = 1) THEN

Label

NURSE: PLEASE NOW USE YOUR BARCODE SCANNER TO ASSIGN A SHEET OF WHITE (FOR ADULTS 19+). LABELS TO THIS RESPONDENT. PLEASE SCAN THE FIRST BARCODE ON THE SHEET.

IF THE SCANNER IS NOT READING THE BARCODE, PLEASE ENTER THE BARCODE NUMBER FROM THE SHEET OF LABELS USING YOUR KEYBOARD.

: 7 DIGITS

IF (PPerno = 2) THEN

NURSE: PLEASE NOW USE YOUR BARCODE SCANNER TO ASSIGN A SHEET OF YELLOW (FOR YOUNG PEOPLE UNDER 19YR) LABELS TO THIS RESPONDENT. PLEASE SCAN

THE FIRST BARCODE ON THE SHEET.

IF THE SCANNER IS NOT READING THE BARCODE, PLEASE ENTER THE BARCODE NUMBER FROM THE SHEET OF LABELS USING YOUR KEYBOARD.

: 7 DIGITS

LblChk

NURSE: The barcode number entered is (number from **Label**). Is that correct?

1. Yes
2. No

LblEnt

NURSE: Was the barcode number entered using the scanner, or did you type it in by hand?

1. "Scanner" Entered using scanner
2. "Typed" Type in by hand

IF (LclEnt=Typed) THEN

LblTyp

NURSE: Why did you type the barcode number in by hand?

1. ScWork "Barcode scanner wasn't working"
2. ScCharg "Barcode scanner wasn't charged"
3. ScWith "Didn't have barcode scanner with me"
4. Other "Other reason (please specify)"

IF (LblTyp = Other) THEN

LblTypO

NURSE: Enter other reason why barcode number types in by hand.

: STRING

IF (Age >=16) THEN

TakSAd1

NURSE: First check you have **all applicable signatures and the relevant boxes have been initialised OR ticked on the consent form**. Then ...

A) Take blood samples in the following order:

1. EDTA K3 (2.0ml) tube Lilac cap, label EN1
2. Serum TE (6.0ml) tube Royal Blue cap, label SEN1
3. Li Hep LH (6.0ml) tube Green cap, label LHN1
4. Serum TE (6.0ml) tube Royal Blue cap, label SEN2
5. Li Hep LH (6.0ml) tube Green cap, label LHN2
6. EDTA K3 (4.0ml) tube Purple cap, label EN2

B) Stick the barcoded label VERTICALLY on the tube.

C) Stick appropriate barcoded labels on the consent booklet (NCON), field lab form (FL), Addenbrookes Biorepository despatch form (EN1POST) and despatch note (OFFDESP).

Press <1> and <Enter> to continue.

- 1 Continue

IF (Age >=16) THEN

TakSAd2

NURSE:

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

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

Barcode number:

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

Press <1> and <Enter> to continue.

1 Continue

IF (Age = 7-15) THEN

TakSCO1

NURSE:

First check you have **all applicable signatures and the relevant boxes have been initialled OR ticked on the consent form**. Then...

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

1. EDTA K3 (2.0ml) tube Lilac cap, label EN1
2. Serum TE (6.0ml) tube Royal Blue cap, label SEN1
3. Li Hep LH (6.0ml) tube Green cap, label LHN1
4. Serum TE (6.0ml) tube Royal Blue Cap, label SEN2

B) Stick the barcoded label VERTICALLY on the tube.

C) Stick appropriate barcoded labels on the consent booklet (NCON), field lab form (FL), Addenbrookes Biorepository despatch form (EN1POST) and despatch note (OFFDESP).

Press <1> and <Enter> to continue.

1 Continue.

IF (Age = 7-15) THEN

TakSCO2

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

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

Press <1> and <Enter> to continue

1 Continue

IF (Age= 18 months – 6 years)

TakSCY

NURSE:

First check you have **all applicable signatures and the relevant boxes have been initialled OR ticked on the consent form**. Then...

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

5. EDTA K3 (2.0ml) tube Lilac cap, label EN1
6. Serum TE (6.0ml) tube Royal Blue cap, label SEN1
7. Li Hep LH (4.0ml) tube Green cap, label LHN1

B) Stick the barcoded label VERTICALLY on the tube.

C) Stick appropriate barcoded labels on the consent booklet (NCON), field lab form (FL), Addenbrookes Biorepository despatch form (EN1POST) and despatch note (OFFDESP).

- Check to ensure you have used the correct barcoded labels for this participant..... Barcode

number:

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

Press <1> and <Enter> to continue

1 Continue

IF (Age >=16) THEN

SampF1A

NURSE: Code if the **EDTA K3 (Lilac, 2.0ml) tube filled (label EN1).**

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

IF (Age >=16) THEN

SampF2A

NURSE: Code if the **Serum TE (Royal Blue, 6.0ml) tube filled (SEN1).**

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

IF AND (Age >=16) THEN

SampF3A

NURSE: Code if the 1st Lithium heparin (Green, 6.0ml) tube filled (label LHN1).

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

IF (Age >=16) THEN

SampF4A

NURSE: Code if the Serum TE (Royal Blue, 6.0ml) tube filled (label SEN2).

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

IF (Age >=16) THEN

SampF5A

NURSE: Code if the 2nd Lithium heparin (Green, 6.0ml) tube filled (label LHN2).

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

IF (Age >=16) THEN

SampF6A

NURSE: Code if the EDTA K3 (Purple, 4.0ml) tube filled (label EN2).

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

IF (Age = 7-15) THEN

SampF1CO

NURSE: Code if the EDTA K3 (Lilac, 2.0ml) tube filled (label EN1).

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

IF (Age = 7-15) THEN

SampF2CO

NURSE: Code if the 1st serum TE (Royal Blue, 6.0ml) tube filled (label SEN1).

- 1 YesF "Yes, FULLY filled",
- 2 YesP "Yes, PARTIALLY filled",

3 No "No, not filled"

IF (Age = 7-15) THEN

SampF3CO

NURSE: Code if the Lithium heparin (Green, 6.0 ml) tube filled (label LHN1).

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

IF (Age = 7-15) THEN

SampF4CO

NURSE: Code if the 2nd Serum TE (Royal Blue, 6.0ml) tube filled (label SEN2).

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

IF (Age= 18 months – 6 years)

SampF1CY

NURSE: Code if the EDTA K3 (Lilac, 2.0ml) tube filled (label EN1).

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

IF (Age= 18 months – 6 years)

SampF2CY

NURSE: Code if the Serum TE (Royal Blue, 6.0ml) tube filled (label SEN1).

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

IF (Age= 18 months – 6 years)

SampF3CY

NURSE: Code if the Lithium heparin (Green, 4.0ml) tube filled (label LHN1).

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

SampTak (*Derived from SampF1A – SampF3CY*)

Blood sample outcome:

1 YesF "Blood sample obtained - all full"
2 YesP "Blood sample obtained - not all full",
3 No "No blood sample obtained"

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

Phlebid

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

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

Just enter the 4 digit number.

0001...9997

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

VPForm

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

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

Continue

VpHand

Was the participant left handed or right handed?

- 1 Left "Left handed"
- 2 Right "Right handed"

VpArm

Which arm did you use to take blood?

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

VpSkin

Code the skin condition of the arm used.

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

VpAlco

Did you use an alcohol wipe?

- 1 Yes
- 2 No

IF (PDoCryAme = 1) THEN

CryTimH

You used cryogesic spray on this participant.

What time did you apply the Cryogesic spray?

Record the time using a 24 hour clock.

Enter the **hour** here.

0..23

IF (PDoCryAme = 1) THEN

CryTimM

NURSE: Enter the **minutes** here.

0..59

IF (PDoCryAme = 1) THEN

CryTime

What time did you apply the Cryogesic spray? (DV)

: TIMETYPE

IF (PDoCryAme = 1) THEN

CrySens

Was the participant sensitive to Cryogesic spray?

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

- 1 Yes
- 2 No

IF (PDoCryAme = 1) THEN

CryExpD

Record the expiry date of the Cryogesic spray used.

Enter the **day** here.

1..31

IF (PDoCryAme = 1) THEN

CryExpM

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

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

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

IF (PDoCryAme = 1) THEN

CryExpY

NURSE: Enter the **year** here.

2018-2050

IF (PDoCryAme = 1) THEN

CryExp

Expiry date of the Cryogesic spray used (DV)

: DATATYPE

IF (PDoCryAme = 1) THEN

CryBat

Record the batch number of the Cryogesic

: STRING [20]

IF (PDoCryAme = 2) THEN

AmeTimH

You used AMETOP gel on this participant.

What time did you apply the AMETOP gel?

Record the time using a 24 hour clock.

Enter the **hour** here.

0..23

IF (PDoCryAme = 2) THEN

AmeTimM

NURSE: Enter the **minutes** here.

: 0..59

IF (PDoCryAme = 2) THEN

AmeTime

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

: TIMETYPE

IF (PDoCryAme = 2) THEN

AmeSens

Was the participant sensitive to AMETOP Gel?

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

IF (PDoCryAme = 2) THEN

AmeExpD

Record expiry date of the Ametop gel used.

Enter the **day** here.

:1..31

IF (PDoCryAme = 2) THEN

AmeExpM

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

- 1 January,
- 2 February,
- 3 March,

- 4 April,
- 5 May,
- 6 June,
- 7 July,
- 8 August,
- 9 September,
- 10 October,
- 11 November,
- 12 December

IF (PDoCryAme = 2) THEN

AmeExpY

NURSE: Enter the **year** here.

1890..2050

IF (PDoCryAme = 2) THEN

AmeEXP

Expiry date of the Ametop used (DV)

DATETYPE

IF (PDoCryAme = 2) THEN

AmeBatch

Record the batch number of the Ametop

: STRING [20]

VpSTime

Time of answering VpProb

TIMETYPE

VpSDate

Date of answering VpProb

DATETYPE

VpSam

Code the number of attempts made to take blood.

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

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

VpPress

Code who applied pressure to the puncture site.

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

VpSens

Was the participant sensitive to the tape or plaster?

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

VpProb

Was there any abnormality noted after 5 minutes?

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

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

IF (VpProb= Other) THEN

VpOther

Record the details of the other abnormality fully.

: STRING [135]

IF (VpProb<>None) THEN

VpDetail

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

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

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

Press <1> and <Enter> to continue

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

VpCheck

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

- | | | |
|---|-----|-------------------------------|
| 1 | Yes | "Yes, site was re-checked" |
| 2 | No | "No, site was not re-checked" |

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

PhlebVP

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

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

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

IF ((SampTak = YesF) OR (SampTak = YesP)) AND (Age>=4) THEN

BldProv

NURSE: Can you just confirm, did the participant provide a fasting or non-fasting sample?

- | | | |
|----|---------|---------------|
| 1. | Fasting | "Fasting" |
| 2. | NonFast | "Non-fasting" |

IF (BldProv=Fasting) AND IF ((PVisit=1 AND PEat=Yes) OR (PVisit=2 AND TEat=Yes)) THEN

BldFY

NURSE: You recorded earlier that the participant had eaten or drunk something other than water in the last 8 hours. Please either go back and change your answer at BldProv, or explain below why you collected a fasting blood sample even though you recorded that they had eaten earlier in the interview.

IF (BldProv=NonFast) THEN

BldNFY

NURSE: Please explain why a fasting blood sample was not able to be obtained

IF (SampTak = YesF) OR IF (SampTak = YesP)

SamDifC

NURSE: Record any problems in taking blood sample.

CODE ALL THAT APPLY.

- | | | |
|---|---------|--|
| 1 | NoProb | "No problem", |
| 2 | Small | "Incomplete sample", |
| 3 | BadVein | "Collapsing/poor veins", |
| 4 | TakeTwo | "Second attempt necessary", |
| 5 | Faint | "Some blood obtained, but participant felt faint/fainted", |

6	NoTour	"Unable to use tourniquet",
7	Other	"Other (SPECIFY AT NEXT QUESTION)"

IF (SamDifC = Other) THEN

OthBDif

NURSE: Given full details of other problem(s) in taking blood sample.
: STRING [140]

IF (SampTak = No) THEN

NoBSC

NURSE: Code reason(s) why no blood obtained.
CODE ALL THAT APPLY.

NoVein	"No suitable or no palpable vein/collapsed veins",
Anxious	"Participant was too anxious/nervous",
Faint	"Participant felt faint/fainted",
Other	"Other"

IF (NoBSC = Other) THEN

OthNoBSM

NURSE: Give full details of reason(s) no blood obtained.
: STRING [140]

ThanksB

NURSE: THANK THE PARTICIPANT FOR THEIR CO-OPERATION AND GIVE THEM THEIR
£15 GIFT CARD..

Press <1> and <Enter> to continue.

1 Continue

GCard

Gift card number for participant
: STRING [30]

DRUGS

DrC1

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

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

: STRING [6]

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

YTake1

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

1. Heart "Heart problem"
2. HBP "High blood pressure"
3. Other "Other reason"

IF (YTake1 = Other) THEN

TakeOth1

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

Press <Esc> when finished.

: OPEN