

ELSA Wave 11 Health visit

Health Visit Project Instructions



N13977

The **English Longitudinal Study of Ageing (ELSA)** is a study of people aged 50 and over and their partners.

The aim of the main study is to interview the same group of people every two years to explore **the health, lifestyles and financial situation** of people as they grow older. The field name of the study is 'ELSA 50+ Health & Life'.

ELSA is run in collaboration with...



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How to use these instructions

The health visit project instructions give information about the health visit carried out on ELSA Wave 11. These instructions should be used in conjunction with the Biomeasure Protocols Manual and existing Clinical Procedure Guidelines (CPGs).

Contacts

If you have a query, your first port of call should be your Field Performance Manager. They will then pass you on to a Researcher if they cannot answer your question.

Operations contacts	Switchboard	01277 200600
	Equipment	equipment@natcen.ac.uk
Survey Doctors	Dr Danielle Nimmons and Dr Abhishek Bhattacharya	07874 863299

1 Background

The English Longitudinal Study of Ageing (ELSA) is a study of people aged 50 and over and their partners. The aim of the study is to interview the same group of people every two years to explore the health, lifestyles and financial situation of people as they grow older.

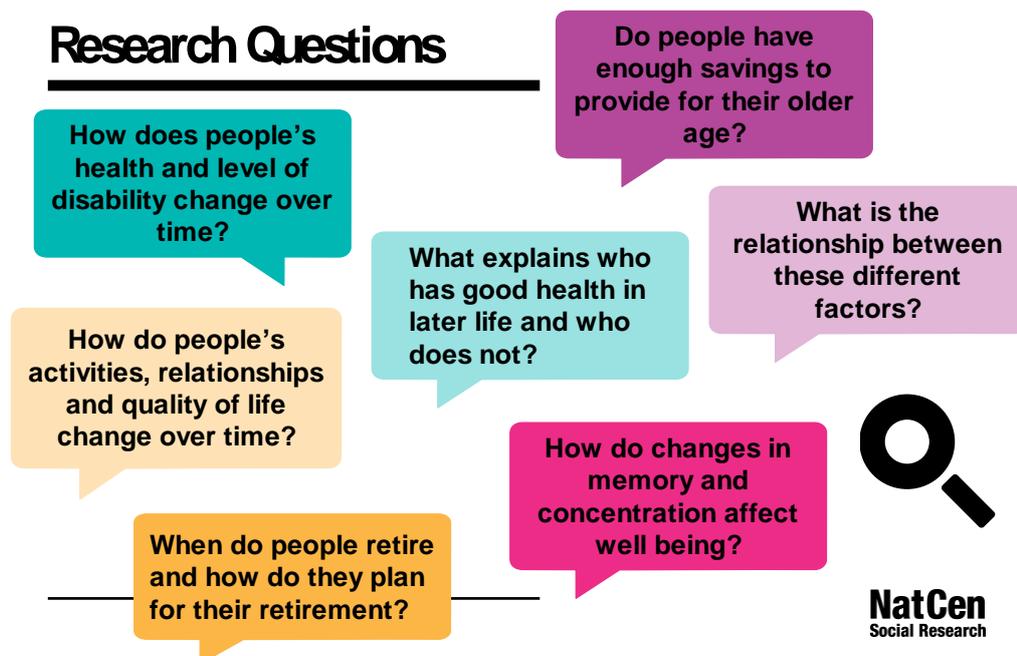
The field name of the study is **'ELSA 50+ Health and Life'**.

ELSA is modelled on the Health and Retirement Study (HRS) which is run in the USA.

1.1 ELSA study aims

ELSA research questions

ELSA aims to answer many different research questions as demonstrated by the questions below.



International comparisons

ELSA also aims to be able to make international comparisons of the experiences of ageing. Studies that are compared with ELSA include:

- The US Health and Retirement Study (HRS)
- Survey of Health, Ageing and Retirement in Europe (SHARE)
- Northern Ireland Study of Ageing (NICOLA)
- The Irish Longitudinal Study of Ageing (TILDA)
- Healthy Ageing in Scotland (HAGIS)
- Brazilian Longitudinal Study of Aging (ELSI-Brazil)
- Chinese Health and Retirement Longitudinal Study (CHARLS)

- Costa Rican Longevity and Healthy Aging Study (CRELES)
- Longitudinal Aging Study in India (LASI)
- Indonesia Family Life Survey (IFLS)
- Japanese Study of Aging and Retirement
- Korean Longitudinal Study of Ageing (KLoSA)
- Malaysia Ageing and Retirement Survey (MARS)
- Mexican Health and Aging Study (MHAS)
- New Zealand Health and Ageing Research Team (HART)
- Health and Aging in Africa: A Longitudinal Study of an INDEPTH Community in South Africa (HAALSI)
- Study on Global Ageing and Adult Health (SAGE – World Health Organization)

The various longitudinal studies of ageing around the world are being used to compare experiences across countries and to understand how national policies and contexts can affect people's lives.

1.2 Collaborators and funders

Collaborators

ELSA is carried out by the ELSA team which is made up of National Centre for Social Research (NatCen) in collaboration with:



- The Department of Epidemiology and Public Health at University College London (UCL)
Professor Andrew Steptoe, Director, Institute of Epidemiology and Health Care at UCL (Principal investigator in the research team).
- The Institute for Fiscal Studies (IFS)
- The University of Manchester

The ELSA Research team also has close links with researchers from the University of East Anglia (UEA).

Funders

The funding for ELSA is shared between:

- the ESRC (Economic Social Research Council);
- the US National Institute on Aging (NIA) - which also funds the Health and Retirement Study; and
- a consortium of UK government departments (including the Department for Work and Pensions and the Department of Health and Social Care).

1.3 Ethical clearance

ELSA wave 11 has gained ethical clearance from the NHS Berkshire Research Ethics Committee.

2 Fieldwork overview

2.1 Health visits on ELSA

Health visits have taken place on roughly every other ELSA wave - waves 2, 4, 6, 8 and 9 (so, every four years). As well as the ELSA health visits, most ELSA sample members would have had a health visit at the Health Survey for England (HSE) - the study they were recruited from.

On Waves 2, 4 and 6, all ELSA Core Members who were interviewed were invited for a follow-up health visit. At Wave 8, for reasons of funding, only a sub-sample of around half of the Core Members were invited for a health visit. The Wave 9 health sample only included people who did not complete a health visit at Wave 8. A health visit did not take place at Wave 10 due to COVID-19 restrictions.

Prior to wave 11, the health visit was known as the nurse visit. As the panel of fieldworkers has expanded to include a range of healthcare professions including nurses, midwives, phlebotomists and other medical technicians, the name of the visit has been changed to reflect the range of biomedical fieldworkers.

2.2 Health visit

Structure of the health visit

An overview of the content of the health visit is outlined below:

ELSA Wave 11 Health Visit Content	
<i>Module</i>	<i>Last included</i>
Demographic questions	Wave 9
Blood pressure	Wave 9
Grip strength	Wave 9
Blood sample (fasting)	Wave 9
Height and weight	Height – Wave 9 Weight – Wave 10 (in the main interview)
Balance	Wave 6
Leg raises	Wave 6
Lung function	Wave 6 (using different protocol)
Hair sample	Wave 6
Final questions	Wave 9

2.3 Measurements and protocols

In addition to the project instructions, please refer to the following protocols:

-
- Blood pressure (NatCen standard protocol document)
 - Grip strength (ELSA W11 protocol document – separate document)
 - Blood sample – fasting and non-fasting (ELSA W11 protocol – appended)
 - Height (NatCen standard protocol document)
 - Weight (NatCen standard protocol document)
 - Balance and leg raise measurement (NatCen standard protocol document – appended)
 - Lung function (ELSA W11 protocol document – separate document)
 - Hair sample (ELSA W11 protocol document – separate document)

2.4 Fieldwork period

The fieldwork will take place between October 2023 and August 2024. There are six tranches of fieldwork and the interviewers will have 3 reissue periods as well (one after each 2 tranches).

3 The sample

ELSA participants were initially recruited via the Health Survey for England (HSE), the aim is to interview respondents every two years (i.e. each **wave** of the study) until the participant or the study itself comes to an end! There are two main types of participant:

3.1 Types of sample members

3.1.1 Core members

Participants who joined ELSA after being selected from people who had participated in the HSE study are known as '**Core Members**'. Core members may have joined ELSA at different times, as the original ELSA sample was taken from HSE for Wave 1 and then was refreshed in Waves 3, 4, 6, 7 and 9 to add younger age group to ensure that the sample has continued to cover the full 50+ age range.

3.1.2 Refreshment sample

All ELSA participants up until this wave were initially recruited via the Health Survey for England (HSE). For Wave 11, we will be recruiting refreshment sample members from the Family Resources Survey (FRS) rather than HSE because HSE cannot provide a large enough sample (particularly of for the ethnic minority boost sample).

At Wave 11 we are inviting more participants aged 50+ from the Family Resources Survey (FRS) to join as new Core Members. As the ELSA sample ages, we need to refresh the sample by adding people in their early 50s to ensure the sample continues to represent the population aged 50+, as the existing sample continue to get older. After the initial Wave 1, the ELSA Mainstage Rehearsal sample has been 'refreshed' on a number of subsequent waves. The main purpose of the refreshment samples has been to fill in the missing age lower age groups of the 50+ range. At both Wave 10 and 11, we have boosted the ELSA sample with people above the age of 50 from ethnic minorities. This is an important aim of ELSA to ensure the sample is representative.

Wave 10 unproductive refreshment sample

- At Wave 11, we are going to be reissuing some unproductive refreshment cases from Wave 10. These participants were taken from the **Health Survey for England (HSE)** and will be treated as refreshment cases. We are issuing these cases again because the response rate for them at Wave 10 was much lower than we would normally expect and we were therefore not able to obtain as many new ELSA respondents as we need. We think that the response rate was partly low because of COVID and issues with the interview panel (e.g. many new interviewers, high interviewer turnover, delays in sending out cases and materials). We want to try and interview these cases again and believe that we should be able to recruit some of them.
- **Note that Wave 10 unproductive households have the same eligibility rules as Wave 11 refreshment households.**

- For households that joined ELSA in Wave 10 and have a mixture of people who were unproductive and productive at Wave 10, the household will be shown as an existing sample. You will be able to identify any individuals which were unproductive at Wave 10 on the 'Personal Details' screen of the e-ARF. **These cases are eligible to take part in Wave 11 and have the same eligibility rules as Wave 11 refreshment cases.**

Wave 11 FRS sample

- We are also recruiting new members to the sample using participants recruited from the 2021-2022 cohort of the **Family Resources Survey (FRS)**.
- The refreshment sample from the FRS won't be issued until Tranche 4 onwards.

In the 'Participant Details' section of the e-ARF (in the Household Information screen), it will display whether the household is existing sample (including productive Wave 10 refreshment cases), a Wave 10 unproductive refreshment household, or a Wave 11 refreshment household (FRS).

3.2 Partners

ELSA is interested in the households that the core members live in, and this means that partners of Core Members are also included in the main interview. In some households, both people in a couple are Core Members of ELSA because both originally took part in the HSE study that ELSA core members are selected from. In other households, however, the Core Member's partner either did not originally take part in HSE, or is too young to count as part of the ELSA sample, and so they are not a core member of ELSA. These ELSA 'Partners' are eligible to be interviewed for ELSA, but **not to receive a health visit** (see below).

3.3 Who is eligible for the health visit at Wave 11

- | | | |
|---|--|---|
| ✓ | Existing sample core members | All core members who have completed an ELSA interview at Wave 11 |
| ✓ | Refreshment sample Core members | All Refreshment sample Core Members who have completed an ELSA interview at Wave 11 |

Not eligible for a health visit:

- | | | |
|---|-------------------------|---|
| ✗ | Partners | Partners are not eligible for a health visit and we want to minimise the number of discretionary health visits carried out with Partners |
| ✗ | Proxy interviews | Participants who have completed a proxy interview are not eligible to have a health visit. |

Rules for carrying out a health visit with partners

Health visits **should not** routinely be offered to partners. They should only be carried out in **extremely rare situations** where you feel you would lose the core member if the partner did not take part. From experience we know that some partners are unhappy that they were not allowed a health visit.

You may take all the measurements and samples for partners that they wish, including blood samples. Please make sure that you assign the partner their own unique set of blood barcodes.

4 Electronic Address Record Form (e-ARF)

ELSA Wave 11 is an e-ARF (electronic address record file) project.



IMPORTANT NOTE: Please record all your contact attempts (e.g. visits and incoming and outgoing telephone calls, texts and emails), new contact details, and other useful information about a case into the e-ARF.

This is very important as we use all the information recorded in the e-ARF to help us keep up to date with the respondent's current circumstances and to decide whether to issue that individual for future waves. If the information is not recorded in the e-ARF then we are unable to keep up to date with our respondents which could result in us inadvertently issuing people who should not be contacted again.

4.1 Participant details

All the information that used to be available about respondents on the paper NRF (Nurse address record form) - and more! - will now be in the participant details section of the e-ARF. The participant details also shows a summary of the number of contacts you have made so far with each case. Below shows the information displayed in the 'Participant Detail' pages. Note that for some of the details (e.g. nominated proxy), if we do not have this information for a respondent then the information will not appear at all.

You **must** check this section of the e-ARF before starting work on a case.

Section	Information
Case progress	<ul style="list-style-type: none">• Total number of telephone calls• Number of weekday telephone calls before 6pm• Number of weekend telephone calls• Number of weekday evening telephone calls
Household information	<ul style="list-style-type: none">• Household serial number• Whether existing sample, unproductive wave 10 refreshment sample or new Wave 11 refreshment sample (FRS)• Wave household (HH) joined ELSA• Latest household address• Whether Wave 11 interview was conducted in CAPI or CAVI case (all cases will be initially issued to CAPI – all CAVI interviews will be conducted by the Telephone Unit)• Incentive – whether it was sent with advance letter (unconditional) or was to be given after interview by interviewer (conditional)• Last interview (Wave 10) outcome

	<ul style="list-style-type: none"> • Last interview interviewer name • Last interviewer notes • Best time and day to call • Last interview reason for refusal (if applicable)
Person [no] details (for each ELSA sample member)	<ul style="list-style-type: none"> • Person number • Name • Age • Sex • Date of birth • Whether Core Member or Partner • Health Visit Issue Status: <ul style="list-style-type: none"> ○ “Agreed to health visit” – try to interview all these people ○ “Refused health visit” – can do health visit if respondent changes their mind ○ “Not eligible for health visit” – i.e. partners and core members not interviewed or interviewed by proxy • Telephone numbers • Email addresses • Whether was in institution in last wave? • Last wave individual outcome • Last wave interview date • Self-completion questionnaire outcome last wave • If issued to HCAP 2 (April to September 2023) <ul style="list-style-type: none"> ○ HCAP 2 outcome ○ HCAP 2 interview date ○ HCAP 2 interviewer name
Issued institution address (if relevant for this household)	<ul style="list-style-type: none"> • For respondents who we know are in an institution <ul style="list-style-type: none"> ○ Which respondent this is for ○ Name of institution ○ Contact person ○ Institution address ○ Telephone number ○
Stable contacts and nominated proxies (if relevant for this household)	<ul style="list-style-type: none"> • For each stable contact and proxy nomination: <ul style="list-style-type: none"> ○ Which respondent this is for ○ Name of contact/nomination ○ Relationship to respondent ○ Telephone number ○ Address ○ Whether already contacted at this wave
Information from interviewer	<ul style="list-style-type: none"> • Parking difficulty • Number of flights of stairs • Concerns about health visit/measures • Respondent availability notes • Other interviewer comments

Blood pressure (for after health visit)	This will show details collected from your health visit to assist you with contacting the survey doctor about any cases with considerably raised blood pressure: <ul style="list-style-type: none">• Action needed based on blood pressure measured during your health visit (if needed)• Date of Birth• GP name and contact details• All BP readings• Medications:• Contact details of Survey doctor
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Note there will be details for all ELSA respondents, including those who are **not eligible** for a health visit, to provide context for your contact.

5 What the participant already knows about your visit

5.1 Pre-visit information

Health visit leaflet

Interviewers will give respondents the health visit leaflet at the end of the main ELSA interview. The health visit leaflet contains comprehensive information about the different samples, storing of bloods and possible insurance implications for the respondent.



NOTE – If respondent has lost their copy, hand them another one from your work packs. If they are unable to read it, please go through the information with them. There is a check in CAPI at the start of the health visit about this.

NOTE – we have uploaded a copy of the W11 health visit leaflet on the ELSA website. You can access this by following this link:

<https://natcen.ac.uk/participant-contents/elsa-50-health-and-life#elsa-50+-health-visit->

Appointment Letter

All biomedical fieldworkers should send out an appointment letter which provides key information about the visit.

If there is time, we would like you to send your respondents the appointment letter ahead of your visit, this letter contains vital information on how respondents should fast. You will need to ensure they have this information ahead of your visit.

If there is not time to send out before your appointment, please go through the information on fasting with the respondent over the phone. You can also ask them to visit ELSA web page, where we have uploaded the fasting rules which would usually be found on the letter. You can access the fasting rules by following this link - <https://natcen.ac.uk/participant-contents/elsa-50-health-and-life#elsa-50+-health-visit-> and selecting this hyperlinked text '[If you already have a health visit appointment booked, you can check what you can do to prepare here](#)'.

The appointment letter provides information on what they can eat on the day of their appointment. But if they are eligible to fast the key points to remember are:

- They cannot eat or drink anything other than water for at least 5 hours before the appointment.
- And they should also refrain from strenuous exercise for 12 hours before the appointment.

Appointment before 1pm	Participants are asked not to eat or drink anything (apart from water) on the day of their appointment.
Appointment between 1pm and 6pm	Participants can have a light breakfast of items listed on the appointment record card before 8am but are not to eat or drink anything (except water) after 1pm.
Appointment after 6pm	Participants can have a usual breakfast and a light lunch of items listed on the appointment record card before 1pm. Requested not to eat or drink anything (except water) after 1pm.



NOTE – Let participants know that you will contact them again the night before the visit to encourage them and remind them of the fasting rules. Also, to emphasise the importance of drinking water if they are fasting.

NOTE – we have uploaded a copy of the fasting rules that are available on the appointment letter on the ELSA website. You can find a copy here: <https://natcen.ac.uk/participant-contents/elsa-50-health-and-life#elsa-50+-health-visit->

5.2 Visit information

Venepuncture leaflet

You will also need to give any participant you are taking a blood sample from a venepuncture leaflet. This leaflet gives answers to frequently asked questions and provides information on what to do after they have given a blood sample.

5.3 Measurement Record Card

For all measures, we want you to write the measures directly into the laptop, rather than into the Measurement Record Card first. The measurements we want you to feedback to the respondent will then be displayed in the CAPI so you can write this on the Measurement Record Card (if the respondent wishes).

5.4 Incentive

Respondents will not be given an incentive to complete the health visit. But they all will have been already offered an incentive for completing the ELSA W11 interview.

6 Before your visit

6.1 Telephoning participants before the visit



NOTE – Your initial contact with participants should be by telephone and should be within the first week of being fed forward the information by the interviewer via the eARF. The general rule is to keep your introduction short, simple, clear and to the point.

6.2 Go through the appointment letter

1. Confirm or arrange the date and time of your appointment.
2. Explain that they should not eat, smoke, drink alcohol or do any vigorous exercise for 30 minutes before your visit – if they are not fasting.
3. Remind them to drink a good amount of water - if they are fasting.
4. Find out if they are eligible to have a blood sample taken. They are NOT eligible to have a blood sample taken if they:
 - ×
 - have a clotting or bleeding disorder
 - have had a fit/convulsion in the last five years. Ensure they DO NOT give blood if they have suffered a fit in the last five years
 - are taking anticoagulant drugs (such as Warfarin, protamine or acenocoumarol)
 - are pregnant (not very likely with ELSA respondents)
5. If they are eligible to have a blood sample taken you will need to determine if they are eligible to fast. Participants WILL NOT be eligible to fast if they:
 - ×
 - are aged 80 or over
 - are diabetic and on treatment
 - are malnourished or otherwise unfit to fast in your judgement

If they are eligible and willing to fast, then you will need to explain the fasting rules on the back of the appointment letter. Emphasise that they can take their medication as normal.

6.3 Approaching participants in institutions

There may be some participants who are eligible for a health visit who have moved into an institution (i.e. a nursing or a care home). Participants who are in an institution are

still eligible for a health visit as long as they have had a core interview in person (not via proxy).

If any of your participants have moved into an institution you must ensure that your interviewer has provided you with the details of the contact person at the institution, such as the Care Home Manager. Please send the Care Home Manager a Care Home Manager letter explaining the content of the health visit and measurements that are involved. You can also get in touch with the Care Home Manager over the phone to follow up a letter. Please check in advance whether it is safe to carry out the measurements with the participant.

If the institutional contact agrees to the health visit you will need to check that the participant is contactable by phone, so you can explain the health visit, and if so, check that you have the right details for them. If you are unable to contact the participant by telephone you will need to visit them in person to explain the health visit interview and preparation for it (e.g. fasting) in detail.



NOTE – When visiting participants in institutions, although they have all been capable of completing the interview with the interviewer, as the biomedical fieldworker you must make your own assessment as to whether they are capable of understanding and consenting to the health measurements.

7 The consent booklet

7.1 Completing the consent booklet

A consent booklet will need to be completed for every participant who has a health visit, regardless of whether measurements requiring consents are to be taken. This is because it provides an important check in the office. Every consent number on the front is important. It will form the basis of the blood pressure (BP), blood sample and lung function result letters which are sent to the GPs, if the participant consents to this. Please complete all sections fully.

The consent booklet is in a carbonised booklet format. Ask the participant to write on a firm surface, so that their initials come through to the carbon copy. Some pages are perforated indicating that you will need to tear those off to either leave with participant or they are despatch notes which will need to be attached to the samples being despatched. The structure of the booklet is as follows.

Front cover

The respondent's name and address should be accurately recorded. Stick the barcode label and write the serial number in the appropriate boxes – ensure you are using the barcode labels which you have assigned to the serial number during the health visit in CAPI. Accuracy is vital.

Complete items 1 to 6 before you start using the computer to collect information from the respondent.

During your visit you will need to record the outcome of the respondent's consent for the various samples or measurements (section 7 on front page). There is space to do this in the grid on the front page of the consent booklet. By the end of the health visit every participant should have **seven** codes circled.

SUMMARY OF CONSENTS RING CODE FOR EACH ITEM	YES	NO
a) Blood pressure to GP	01	02
b) Sample of blood to be taken	03	04
c) Blood sample results to GP	05	06
d) Blood sample results to participant	07	08
e) Blood sample for storage	09	10
f) Lung function consent	11	12
g) Hair sample consent	13	14

CAPI will prompt you to complete these different consent sections as you go through the questionnaire modules.

Inside front cover

The inside of the front cover contains the office despatch note. This should remain in the booklet and be returned to the office. You will need to enter the number of tubes of blood you have collected from each respondent.

In addition, you should add a barcode label and enter the following information:

- Sex
- Date of birth
- Date samples posted to lab
- Your ID
- Point number

Inside white consent pages

These pages are the office copies of the signed consents. These pages are white and should remain in the booklet, they are not perforated for that reason. Ask the participant to **initial** each box next to each sample/procedure they consent to. **As soon as a participant has initialed one box, please ensure that they sign and date the booklet on page 14.** You will also need to sign the booklet at this point. Without the initials in the boxes and signature at the bottom of the booklet there is no consent. If a participant does not consent to a section in the booklet, CAPI will prompt you to cross a line through that section to make it clear in the office that no consent was gained for that part.

Carbonised coloured pages

The inside-coloured pages are the respondent's copies of the signed consents. These are perforated. Once the booklet has been completed, carefully remove these pages and leave them with the respondent.

Lab despatch note

The back cover of the consent booklet (page 20) contains the blood samples laboratory despatch note. It is essential that the information you record here is accurate. This page is perforated and is to be removed from the booklet and packaged with the sample(s) and sent to the lab (see Appendix A Section 10.8).

Hair sample despatch note

The consent booklet contains the envelope despatch note for the hair sample on page 18. It is essential that the information you record here is accurate. This page is perforated and is to be removed from the booklet and packaged with the hair sample and returned to the office (this is because the hair samples will be batched up and sent to the lab at a later point by the Brentwood office). The office despatch note should also be filled out but it should remain attached to the booklet, it is not perforated. The office despatch note will be returned with the consent booklet to the office.

7.2 Participant signatures

Use black pen when completing the booklets and ensure that initials/signatures are always in pen and not pencil. Each participant must **initial** (not tick) each box if they have consented to the measurement or sample to be taken. The participant must also sign and print their name on page 14 of the booklet. You should also sign and date the booklet on the same page as a witness to the consent. If you make an error, do not erase any of the information. If necessary, cross out errors and rewrite so that any corrections can be seen.



NOTE – Always give the participant the coloured copies of consents and leave the original, white ones attached in the booklet to send back to the office.

8 The health visit schedule

8.1 Demographics

The CAPI starts by asking you to confirm your respondent's name and surname, gender, date of birth and age. It also asks to confirm whether they have read the health visit leaflet.

8.2 Blood pressure measurement

The guidelines below should be read in tandem with the NatCen standard protocol for blood pressure.

All sample members who give consent are eligible for blood pressure measurements. The protocol in the NatCen standard health protocols explains how to take blood pressure readings.

You will be taking three blood pressure readings. Readings should be taken from the right arm. If the left arm is used, please record in the CAPI when prompted.

If the respondent would like their blood pressure measurements, you should enter them onto the measurement record card using the information given at **BPOffer**.

This module asks if the respondent consents to sending their blood pressure results to their GP. If they agree, they will be asked for details of their GP at the end of the CAPI.

BPCnst - If you code 'refused' here, the computer will skip you past the measurement. You should code 'unable' if the respondent is prepared to co-operate, but for some reason it is not possible to take the measurement (e.g., the Omron is broken or there is some physical reason). In either case, you will be asked to record the reason.

ConSubX - Blood pressure can be higher than normal immediately after eating, smoking, drinking alcohol or taking vigorous exercise. This is why respondents are asked to avoid doing these for 30 minutes before you arrive. If you are carrying out a health visit with two people in a household and you can juggle respondents within a household around by toggling through the parallel blocks to avoid having to break this "half-hour" rule. If you are able to do this, remember to change your answer at this question so it shows that they haven't done the activity (i.e. smoked) in the past 30 minutes. Sometimes this will not be possible, and you will have to take their blood pressure within this time period - in which case enter all the codes that apply.

OMRONNo - Always note down the NatCen serial number for the Omron you are using. Sometimes we identify an equipment problem and wish to be able to track down all readings that have been taken using the particular piece of equipment.

CufSize - See the NatCen standard health protocols for how to select the correct cuff size. If you have a particularly large respondent and the large adult cuff is too small, contact the Equipment store or contact your Supervisor. S/he holds a small stock of "thigh" cuffs which can be used to take the blood pressure of very large people. These are used on the arm in the same way as the ordinary cuffs. If you need to use one of these cuffs, record in the CAPI *Extra-large adult cuff needed* by opening a memo

(Ctrl+M). If you are then able to revisit the respondent to conduct this measure only, you would need to code the BP as unable to be obtained and then insert the measures again at a later date via the 'View and Amend' menu prior to fully transmitting the finished household. If the respondent has a very small arm, then you may use a small cuff and record this in the CAPI.

AirTemp – (See also the *NatCen standard biomeasure protocols*)

Blood pressure can be affected by air temperature. For this reason, we wish to measure the air temperature in the room at the time blood pressure is being taken. You are supplied with a digital thermometer and probe.

Wait until you have got your respondent resting with their blood pressure cuff on. Then set up the thermometer on a surface close to where they are sitting. Immediately prior to taking blood pressure, record the temperature. Then switch the thermometer off so that the battery does not run flat.

Remember to check that the thermometer has reached its final reading. It can take several minutes to do this if it is, say, moved from a cold car to a warm house.

If the air temperature is not within the specified range (15-25°C), please try to alter it – perhaps by opening or closing windows and/or doors. Or identify within a CAPI memo as to why the temperature might be outside of the expected readings.

BPready – This instruction reminds you of the five-minute wait. It also reminds you that during the wait you can prepare the documents, and equipment if appropriate, for the rest of health visit. The documents are:

- Consent booklet
- Measurement record card

SYS, DIAS, Pulse- Record the blood pressure readings in the order shown on the screen. Double check each entry as you make it to ensure you have correctly entered the reading. If you have got to this point and then become aware that you are not going to be able to get a reading after all, you should enter '996' then press <End>. This will automatically enter '999' in each box, to save you having to type it in 12 times.

YNoBP - If you did not get any full readings, you are asked to enter one of three codes. Code 1 should be used if you attempted to take a blood pressure measurement but were unsuccessful. Use code 2 if you did not attempt to take blood pressure for reasons other than a refusal. If you got a refusal, use code 3.

NAttBPD - If you failed to get a reading, or you only managed to obtain one or two readings, enter a code to show what the problem was. If necessary, write in full details at ***OthNBP***.

DifBPC - Code whether the readings were obtained without problem, or whether any problems were experienced.

GPRegB, GPSEND - If you obtained at least one blood pressure reading, you are asked to collect details of the respondent's GP. If the person agrees to the results going to their GP, turn to the third page of the consent booklet (**Consent Form - Blood Pressure to GP**). Explain you have to get written consent in order to send the blood pressure

readings. Ask the respondent to read and initial the form. Then ask them to turn to page 14 of the booklet, print their name, sign and date in the space provided. You should do the same in the spaces provided for your details.

Then turn to the front of the consent booklet and ring consent code 01. You will be asked for details of the GP later in the visit. If the respondent does not wish to send results to their GP, ring code 02.

BPOffer - Offer the respondent his/her blood pressure readings. If (s)he would like them, enter them on the measurement record card (MRC), which you will have in your work packs. Remember to fill in the details on the front of the MRC including your name and the date of the health visit. If a respondent has a raised blood pressure or low/considerably low blood pressure you must give her/him advice based on the result. This will be calculated by the computer and will appear on the screen for you to read out exactly as written. Write any advice given onto the MRC.

It is **not** the purpose of this survey to provide respondents with medical advice. Nevertheless, many respondents will ask you what their blood pressure readings mean. The NatCen standard health protocols contain detailed guidelines on how to inform respondents about their blood pressure readings. Make sure you are very familiar with this guidance. We wish it to be strictly followed. It is very important that as little anxiety as possible is caused, but at the same time we have a duty to advise people to see their GPs if their blood pressure is high or low.

8.3 Grip strength measurement

The guidance below should be read in tandem with the ELSA W11 Grip Strength Protocol.

All participants will be asked to take part in this measurement. This measurement is carried out with the isometric dynamometer which measures the handgrip strength. Three measurements of grip strength are taken on both the dominant and non-dominant hand.

The procedure follows the standard NatCen protocol you have been supplied with in addition to these project instructions.

MMGSWil - The preamble explains what will be required for the grip strength measurement. Then all respondents are asked if they are willing to take part in the measurement. If they are unwilling or unable, you will be asked to record the reason.

MMGSDom - This question asks about which is the respondent's dominant hand. If the respondent is ambidextrous then enter either hand and put a note about this in a memo (CTRL+M).

MMGSSta - Check that the respondent has not had a recent hand injury, or surgery to either hand in the last six months. Record whether the respondent has the use of both hands. If they do not have the use of one (or both) of their hands, specify which hand(s) they are unable to use. If the respondent has use of only one hand please record this as the dominant hand, and if the respondent is unable to use either hand, the measurement will be stopped.

MMGSInt - It is important you explain and **demonstrate** the test procedure. Position the respondent correctly, adjust the dynamometer to their hand size (see the NatCen standard bio measure protocols) and ensure it is reset to zero. Explain the procedure again and demonstrate it. Let the respondent have a practice with one hand. Be sure to reset the dynamometer to zero afterwards.

MMGSN1-MMGSD3 - Record three measurements for each hand if the respondent has use of both hands, starting with the reading for the non-dominant hand, followed by the reading for the dominant hand. If the respondent does not have use of both hands, record the three measurements for the hand that the respondent does have the use of.

MMGSTP – MMGSProb - Record the respondent's position during the test and any problems taking the measures.

MMGRec – if the respondent would like their measurements recorded, please enter them onto the measurement record card using information from this screen.

8.4 Blood sample measurement

The full ELSA Wave 11 blood sample procedure is in Appendix A.

BIIntro - All sample members who give consent are eligible for a blood sample to be taken. The only exceptions to this rule are people with clotting or bleeding disorders, people with a history of fits or convulsions, people who are currently on anticoagulant drugs (eg Warfarin, protamine, acenocoumarol, for more examples press F9 in **CLOTB**) and pregnant women (the CAPI will ask questions to establish this).

ClotB - Check if the respondent has a clotting or bleeding disorder or is on anticoagulant drugs, such as Warfarin, protamine, acenocoumarol (more examples of drugs can be found by pressing F9). These are very uncommon. If you find someone with these problems, **do not** attempt to take blood, even if the disorder is controlled.

By clotting or bleeding disorders we mean conditions such as haemophilia and low platelets, i.e., thrombocytopenia. There are many different types of bleeding/clotting disorders, but they are all quite rare. The reason these respondents are excluded from blood sampling is that:

- a) the integrity of their veins is extremely precious
- b) we do not wish to cause prolonged blood loss

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

Some respondents might be taking anticoagulant drugs such as Warfarin, protamine, acenocoumarol which thins their blood so that they do not stop bleeding easily. If this is the case, then **DO NOT** take a blood sample. You will need to check this with respondents, particularly with the elderly.

Aspirin therapy is not a contraindication to blood sampling.

If you are uncertain whether a condition constitutes a contraindication to blood sampling, the Survey Doctors will be happy to answer your queries. Their contact details are provided at the start of this document.

Fit - Respondents who have ever had a fit (eg epileptic fit, convulsion) should not be asked to provide a blood sample.

BSWill - This is the initial verbal consent to take a sample. If the respondent refuses, you will record why, and the module will be skipped.

FastAsk - You should have been in contact with the respondent before visiting the household to determine if it was safe for them to fast. If you advised them that it was not safe to fast you should code 2. If the respondent is aged 80 or over, they should not fast but this will be automatically calculated in CAPI and this question will not appear. In either case you should take a samples which would **NOT** include the fasting (grey top) tube sample.

If you determined that it was safe for the respondent to fast, or did not manage to contact them, you will now ask further questions about when and what they last ate.

DateLEat – BLReady - These questions determine whether the respondent can give a fasting sample, i.e., whether they have fasted for a sufficiently long time and have eaten only the food specified on the back of the appointment letter. See Section 4.1 for more detail. Note that the CAPI calculates this from the time on your laptop, so it is important to check that your laptop displays the correct time and date. However, further questions in the CAPI are there to check that the CAPI's calculations about how many days and hours ago the respondent last ate are correct. If they are not correct you should code this in the CAPI and it will ask you to give the correct details which will be used to work out whether the respondent is eligible to give a fasting blood sample or not.

BSCons, CODE03, BSSIGN, CODE09, CODE10 – Obtaining consents - As blood taking is an invasive procedure, we need to obtain written consent as well as verbal consent to take it. This has to be obtained from the respondent **in all cases**. If you **cannot** obtain written consent, the computer will direct you to ring consent codes 04, 06, 08 and 10 on the consent booklet and filter you round the remaining questions. On **no** account should you ever take blood before you have obtained written consent to do so from the respondent.

There are two further written consents we wish to obtain in relation to blood sampling – consent to send the results to the GP and consent to store a small amount of the residual blood. You should seek to obtain all these consents before you take any blood.

Consent to blood storage will allow to store small quantities of blood to be stored in special freezers in order that further analysis may be undertaken in the future. Future analysis will definitely **not** involve a test for viruses (e.g. HIV (AIDS) test). The questions on the CAPI take you step by step through all the procedures for obtaining consents. Make sure you follow these carefully – recording consent codes as instructed and giving reasons for refusals, if applicable. The CAPI will direct you which sections to complete and what to code on the front of the consent booklet.

In summary, try to reassure respondents about the process and be prepared to answer their concerns. You will need to explain to the respondent the need for written consent and how important it is.

- Obtain consent to take a blood sample.
- Obtain consent to send results to GP.
- Obtain consent to store blood.
- Check that you have ringed the correct consent codes on the front of the consent booklet.

LabelScan – At this stage you will need to scan and assign a page of barcode labels to the respondent. If it is not possible to scan the barcodes you will be prompted to enter the number on the barcodes manually and give a reason as to why it wasn't possible to scan the labels (i.e., scanner broken).

Taking a blood sample

Having checked that you have all the appropriate signatures, and ringed the appropriate codes, you are ready to take the blood sample. See the NatCen standard protocol. The CAPI will only direct you to take samples for which the respondent has given consent and a fasting sample if eligible (**TakeSa1**).

If you obtain a sample, note down any problems at **SamDif** and at the venepuncture questions at the end of the CAPI. Record which sample tubes you have filled at **SampF1 – SampF4**.

If you do not manage to get any blood, you will record this at **SampF1 – SampF4** and then explain why not at **NoBSM**. If you do not get any blood ring consent codes 04, 06, 08 and 10 on the consent booklet. If you have already ringed codes 03, 05, 07 and 09 you should cross these codes out and circle codes 04, 06 08, and 10 on the consent booklet instead.

If you obtain a blood sample, remember to invert the tubes gently 5 times and then label the blood tubes immediately. Double check you have used the correct barcode label on the tubes and consent booklet. Complete the lab despatch note, remembering to record if the respondent has fasted or not at question 7, and pack the despatch pack.

Then ask the respondent if (s)he would like to receive the results of the blood sample analysis (**SnDrSam**). If yes, ring consent **code 07** on the front of the consent booklet. If not, ring **code 08**. If they wish to receive their results, you should tell them that this will take about three months.

Encourage the respondent to eat something now to stop them feeling faint for the physical measures (**BreakFast**)

Blood results

If consent is obtained, respondents (and their GP) will be informed about the results from the following tests. All respondents with sufficient blood samples should receive these results:

- Total cholesterol

- HDL cholesterol
- LDL cholesterol
- Triglycerides
- Ferritin
- Fibrinogen
- IGF-1
- High sensitivity CRP
- Vitamin D

Only the respondents who did a fasting blood test will receive all the above and the following test results:

- Mean corpuscular hemoglobin
- White blood cell count
- Fasting glucose
- Haemoglobin
- Glycated haemoglobin

It can take up to 3 months for results to be provided. Please see more information about these blood tests in Appendix A.

8.5 Height and weight measurements

The guidance below should be read in tandem with the NatCen standard procedures for height and weight.

You should be able to measure the height and weight of most of the respondents.

In some cases it may not be possible or appropriate to take the respondent's height and weight. Do not force a respondent to be measured if it is clear that the measurement will be far from reliable but whenever you think a reasonable measurement can be taken, do so. You are asked to record the reliability of your measurements at **RelHite** and **RelWait**. Examples of people who should **not** be measured are:

- Chairbound respondents should not have their height measured.
- If, after discussion with a respondent, it becomes clear that they are too unsteady on their feet for these measurements.
- If the respondent finds it painful to stand or stand straight, do not attempt to measure height.
- If respondent weighs more than 130kg the weight should not be measured, code **RESPWTS** as weight not attempted and then record reason 6 in **NOWTBC**.

It is strongly preferable to measure height and weight on a floor which is level and not carpeted. If all the household is carpeted, choose a floor with the thinnest and hardest carpet (usually the kitchen or bathroom).

Read the preamble at the question called **HtIntro**. If further explanation is required, say that although many people know their height and weight, these measurements are not usually up to date or are not known with the precision required for the survey. The reason for wanting to know accurate heights and weights is in order to relate them to other health measures.

RelHite and RelWait - You are asked here to code whether you experienced problems with the measurement and, if you did, to indicate whether you felt the end result was reliable or unreliable. As a rough guide, if you think the measurement is likely to be more than 2 cms (3/4 inch) from the true figure for height or 1 kg (2 lbs) from the true figure for weight, code as unreliable.

8.6 Balance measurement

The below guidance should be read in tandem with the Balance and Leg Raise protocol which is included in Appendix B.

Participants who meet any of the criteria listed below are excluded from doing the measurement:

- Participants who are chair bound or wheelchair bound
- Participants who need to use an aid for walking or standing
- Participants who find it too painful to stand or balance on one leg, due to surgery or longstanding or current short-term illness or injury
- After discussion with the participant, it becomes clear that they are too unsteady on their feet for the measurement, and thus consider it too unsafe to conduct the measurement.

The balance module has a set of two tests. The first is asking respondents to hold up to three positions:

Side-by-side tandem:



Semi tandem:



Full tandem:



MmBCInt - Explain the purpose of conducting the balance tests, saying that you will describe and demonstrate each exercise in turn.

MmBCSc – MmBCCh - These questions check whether the respondent has had any recent surgery, injury or any other health problem that may affect the balance

measurements and remind you to take extra care that it is safe for the respondent to do the measures.

MmSSInt – MmSSNa - Go through the protocol for the side-by-side stand and record whether the respondent was able to hold this position for 10 seconds, and if not, record the time of how long the position was held. If the side-by-side stand was not attempted, code the reason.

MmSTInt – MMSTNa - These questions are asked if the respondent was able to hold the side-by-side stand for 10 seconds. Go through the protocol for the semi-tandem stand and record whether the respondent was able to hold this position for 10 seconds, and if not, record the time of how long the position was held. If the semi-tandem stand was not attempted, code the reason.

MmFTInt – MmFTNa - These questions are asked if the respondent was able to hold the semi-tandem stand for 10 seconds. Go through the protocol for the full tandem stand and record whether the respondent was able to hold this position for the desired amount of time (10 or 30 seconds depending on the age of the respondent – see Appendix B), and if not, record the time of how long the position was held. If the full tandem stand was not attempted, code the reason.

8.7 Leg raise

These questions are asked if the respondent is aged 69 or under and successfully passed the side-by-side stand.

Respondents are asked to hold two positions:

- Leg raise with eyes open
- Leg raise with eyes closed (if holds leg raise with eyes open for 30 seconds).

Go through the protocol for the leg raise and record whether the respondent was able to hold this position for 30 seconds, and if not, record the time of how long the position was held. If the respondent can perform this exercise for 30 seconds, then repeat with the respondent's eyes shut. If the leg raise with eyes open or eyes closed was not attempted, code the reason.

Script Card

In your work packs you will have received a laminate card to remind you of the key points to remember when performing the test.

See Appendix B for the full protocol including safety, demonstrations and what to do if respondent falls.

8.8 Lung function measurement

This module will be skipped if you have not taken blood pressure measurements, or recorded a resting heart rate of above 120 beats per minute. For full details, see the ELSA W11 Lung Function protocol. The measurement uses the NDD EasyOn-PC

spirometry software. The spirometer will have been calibrated in office before being sent out to you and so it will be ready to use.

Respondents are excluded from the lung function measurement if they:

- Have had abdominal, chest, brain or vascular surgery in the last three months
- Have had a heart attack in the last three months
- Have had a middle ear-infection in the last 4 weeks
- Have had pneumothorax (a collapsed lung) in the last three months
- Have detached retina or eye surgery or ear surgery in the past 3 months
- Have been admitted to hospital with a heart complaint in the preceding month
- A resting pulse rate more than 120 beats/minute (taken from the blood pressure module)
- Are currently taking medications for the treatment of tuberculosis
- Are pregnant (rare on ELSA)

HaSurg- LUNGTEST- Introduces Lung Function module and screens for whether respondent is eligible for lung function measurements.



NOTE – Please advise respondent to use a nose clip as it makes the measurement easier to achieve. Ensure that the respondent is seated during the measure, preferably on a hardbacked chair. Remember to allow the respondent one minute break between attempts and have water available if they require.

LFPrac - Connect the Spirometer by plugging into the USB slot on your laptop and Launch Software, complete the procedure as per Biomeasure Protocol for NDD EasyOn-PC Lung Function. The respondent will have 5 attempts to achieve 3 successful measurements.



NOTE – The lung function software allows up to 8 attempts so you will need to exit the software after 5 attempts have been made.

Quality - Quality of lung function measurements taken is derived by the lung function software.

Recording the data – There is no need to record any lung function measurements yourself. The program will automatically upload the results into the CAPI after you transmit the case back to the office.

Lung Function Consent - If you obtain a lung function reading ask these questions. If you have not already asked the respondent, check if they are registered with a GP. Check with the respondent if the results can go to their GP. If they agree, turn to **Lung function to GP on page 3** in the consent booklet. Ask the respondent to initial and date as described in the CAPI.

Then turn to the front of the consent booklet and ring consent **code 11**. You will record GP details at the end of the visit. If they do not wish to send results to their GP, ring code 12.

8.9 Hair sample measurement

If you have not been able to take respondents blood sample and have bypassed that module you will need to assign a barcode to the respondent's record at this module instead.

HAIRBCODE – At this stage you will need to scan and assign a page of barcode labels to the respondent. If it is not possible to scan the barcodes you will be prompted to enter the number on the barcodes manually and give a reason as to why it wasn't possible to scan the labels (i.e., scanner broken).

If you have completed the blood sample module and have assigned a barcode to respondent's record at that stage, please use the same barcode for the hair sample.

Ask the respondent whether they are willing to have a sample of hair collected for cortisol measurement. If they are, complete the consent booklet as indicated by the CAPI. If the respondent agrees, ring code 13 and complete the consent section on page 14. If the respondent refuses or is unable, ring code 14.

Follow the hair sample procedure supplied separately to the instructions which provides details on how to take the sample and package and return.

There is a despatch form in the consent booklet on pages 16 and 18. Page 18 is perforated and should be taken out of the consent booklet and returned within the sample polylope.

Please ensure you attach the correct barcode label to the forms and complete the following details on the despatch form:

- Serial number, check letter and person number
- Date of birth
- Sex of respondent
- Point number
- Hair colour
- Date sample was taken
- Attach barcode sticker

8.10 GP Look Up

GP details will be collected after you have carried out all the biomeasures, near the end of the interview. This section will only come up if the respondent has given permission for their blood pressure, blood test or lung function results to be sent to their GP.

We have a new way for you to enter GP details. There is a look-up which should include all the GP details in the UK. We will update the database with new/changed practice addresses every few months.

Firstly, you will be asked to enter the name of the respondent's GP. If the respondent does not know the name of their doctor, type in 'Practice Doctor'.

All you need to do is enter the name of their GP's practice. The search window will appear once you begin typing. If the respondent does not know the practice name, ask them for the street name, area or town etc. and enter that instead. If you cannot see the practice in the CAPI at first, try other search terms.

If the surgery is not on the list, you can type "Not Found" and press <Enter>, and then you can enter the address details in the normal way.

8.11 Outcome Codes

For each eligible respondent you will need to assign an individual outcome code. Please make sure you chose the most appropriate one. Please see the table below showing the outcome codes which will be available in W11. Please also provide an explanation of outcome when you're asked in the CAPI.

Individual outcome Codes		Household outcome Codes
Productive codes		
79	Ineligible but health visit completed	920/921
81	Health visit completed	920/921
Refusal codes		
80	Refused health visit in main interview and still refuses	970
83	Refusal in person	970
84	Proxy refusal	970
85	Broken appointment	990
No contact/movers		
73	UNTRACED MOVER: Certain respondent moved; new address not obtained	981
74	TRACED MOVER: New address found in my area but could not be attempted (OFFICE APPROVAL ONLY)	960
75	TRACED MOVER: Follow-up address in UK but outside my area - FOR REALLOCATION (OFFICE APPROVAL ONLY)	960
82	No contact made	980
Ineligible codes		
76	MOVER: Moved outside of UK	911
95	Died	955
Other unproductive codes		

Individual outcome Codes		Household outcome Codes
70	Issued but not attempted/transfer to another BMF (OFFICE APPROVAL ONLY)	960
72	Physically or mentally unable/incompetent	959
86	Ill (at home)	959
87	Ill (in hospital)	959
88	Away throughout fieldwork	959
89	Other reason for schedule not being completed	959
94	Office refusal (Office approval only)	940

8.12 Venepuncture Questions

At the end of the interview, you will be asked a series of questions for the venepuncture check list if you took a blood sample. The CAPI will also ask you to check the puncture site and the consent form.

8.13 Self-completion check

INTSC2, INTSC5, SURDOC - You will be asked to check whether the respondent has returned the self-completion questionnaire. If they still have the questionnaire booklet you will be instructed to collect this and send it back to the office.

9 Other health visit documents & equipment

9.1 Health visit documents

The following is a list of documents you will need for the ELSA Wave 11 health visit.

ELSA Wave 11 Docs
Appointment letter
Health visit leaflet
Health visit Care Home manager letter
Recontact letter
Consent booklet
Measurement record card
Venepuncture leaflet
Sheets of barcode labels
Order of blood draw card
Grip strength procedure laminate
Balance and leg raise procedure laminate
Hair sample procedure laminate
Project Instructions
Grip strength protocol
Lung function protocol
Hair sample protocol
Polylope envelopes

9.2 Barcode Labels

You will be given a sheet of barcode labels for each respondent you have been assigned. Please ensure you select one sheet of barcodes per respondent you are interviewing.

The barcode labels are for the following:

- Front page of consent booklet (page 1 of the consent booklet)
- Lab blood sample despatch form (page 20 of consent booklet)
- Office blood sample despatch form (page 2 of consent booklet)
- Hair sample despatch form (page 18 of consent booklet)
- Hair sample office form (page 16 of consent booklet)
- Blood sample tubes (up to 4 labels)
- Hair sample (to add to tin foil)

- Spare labels

9.3 Equipment

The equipment that is required for this project is as follows:

ELSA Wave 11 Equipment
Stopwatch
<i>Blood Pressure</i>
Digital thermometer and probe
Omron (small, medium, large and X-large cuffs)
<i>Blood Sample</i>
Blood labels and tubes (plain discard, blue, red EDTA, grey, lilac); safety needles and other related blood sampling equipment; sharps bin, spot plasters and despatch packaging.
<i>Grip Strength</i>
Dynamometer
<i>Height</i>
Portable stadiometer (including Frankfort plane card)
<i>Weight</i>
HSE scales (Seca 877)
<i>Lung Function</i>
Spirometer with filters, mouthpieces, nose clips (with carry case)
<i>Hair Sample</i>
Disposable respondent sample pack
Scissors and A5 despatch envelopes

If you require any further documents or equipment, please contact equipment@natcen.ac.uk.

10 Key contacts

10.1 Equipment Team

Any stationery spares should be requested from Web and Postal.

Email: Equipment@natcen.ac.uk

10.2 IT Support

Please call: 01277 690200

10.3 Survey Doctor

Two survey doctors have been appointed to work on the study. You will have one phone number to contact both doctors. The doctors are responsible for providing biomedical fieldworkers with medical support and for liaising with GPs with respect to measurement or blood sample abnormalities which are detected as a result of this survey.

If you need to speak with a survey doctor you can call them between 8.00 am and 10.00 pm on any day of the week.

If you need to leave a message with the doctor, leave the following details:

- Your name
- Contact telephone number
- If you want to be rung back at a specific time etc.

Contact details:

Dr Danielle Nimmons

07874 863299

Dr Abhishek Bhattacharya

11 Appendix A – Blood Sample Procedure (Fasting and Non-Fasting)

11.1 Eligibility

Participants, with the following exceptions, are not eligible to give blood.



1. People with clotting or bleeding disorder

By clotting or bleeding disorders we mean conditions such as haemophilia and low platelets, i.e. thrombocytopenia. There are many different types of bleeding/clotting disorders but they are all quite rare. With these problems, do not attempt to take blood, even if the disorder is controlled. (People who have a past history of thrombophlebitis, a deep venous thrombosis, a stroke caused by a clot, a myocardial infarction or an embolus are NOT considered to have clotting disorders and should not be excluded).

2. People who have had a fit in the last 5 years

3. People who are not willing to give their consent in writing.

4. People who are currently on anticoagulant drugs, eg Warfarin therapy.

Some participants might be taking anticoagulant drugs such as Warfarin, protamine or acenocoumarol which thin their blood so that they do not stop bleeding easily. If this is the case, then do not take a blood sample. Please also note that:

- Clopidogrel and aspirin (and other such anti-platelet drugs, listed in BNF section 2.9 so drug code is 02.09.00) are NOT anti-coagulants (which are listed in BNF section 2.8, so drug codes 02.08.01 and 02.08.02).
- People would know if they are on anti-coagulants, as they need regular blood tests to check that their blood clots slower than average but not dangerously slowly.
- People on anti-platelet drugs do not need blood tests to check they are on the right dose.
- People on anti-platelet drugs, that stop the platelets being so 'sticky' - mostly (low dose) aspirin but also drugs like clopidogrel - can have blood taken as normal.

If you are uncertain whether a condition constitutes a contraindication to blood sampling, the Health Visit Doctor will be happy to answer your queries.

11.2 Consent

As blood taking is an invasive procedure we need to obtain written consent as well as verbal consent to take it. This has to be obtained from the participant **in all cases**. If you cannot obtain written consent, the computer routes accordingly. **On no account** should you ever take blood before you have obtained written consent to do so from the respondent.

There are further written consents we wish to obtain in respect of blood sampling - consent to send the results to the GP and consent to store blood for future analysis. You should seek to obtain all these consents before you take any blood. However, it is not essential that participants consent to ALL parts for you to be able to take blood. For instance, they may consent to blood collection for immediate laboratory analysis, but not for storage. Even if there is no consent given for specimen storage, we would still like to collect blood for immediate analysis, provided of course the participant consents to blood collection.

The consent form explicitly mentions that HIV tests will not be performed, so that the participants are not placing themselves at risk of financial disadvantage (because some insurance companies may disqualify people, or demand higher premiums, if they have ever been **tested** for HIV, regardless of the result of the test) by taking part in the survey.

The questions on the schedules take you step by step through all the procedures for obtaining consents. Make sure you follow these carefully – recording consent codes as instructed and giving reasons for refusals, if applicable. In summary, what you do is:

- a. Ask the participant if they would be willing to have a **blood sample taken**. Try to reassure participants about the process and be prepared to answer their concerns. You will need to explain to the participant the need for written consent and how important it is.
- b. Obtain written consents in the appropriate **Blood Sample Consent section**.
- c. Obtain consent to **store blood**.
- d. Obtain consent to send laboratory **results to the respondent (verbal only)**
- e. Obtain consent to send laboratory **results to GP**
- f. Check that you have circled the correct consent codes on the front of the consent booklet.

Having checked that you have: all the appropriate initials; the respondent's signature in the appropriate section on page 14; and circled the appropriate codes, you are ready to take the blood sample. If you obtain a sample, note down any problems in CAPI. If you do not manage to get any blood, again code as appropriate in CAPI.

11.3 Purpose

A blood sample will be collected from participants who give consent. The blood will be analysed for the following and participants and GPs will be sent results if consent has been given.

Total cholesterol

Cholesterol is a type of fat present in the blood, related to diet. Too much cholesterol in the blood increases the risk of heart disease.

HDL cholesterol

This is 'good' cholesterol which is protective for heart disease.

*Not measured but calculated using a formula involving total cholesterol, HDL cholesterol and triglyceride concentration:

***LDL cholesterol**

A high proportion of this cholesterol is associated with a higher risk of coronary heart disease.

Blood will also be analysed for the following but results will not be provided to the participant.

Fibrinogen

A protein necessary for blood clotting. High levels are also associated with a higher risk of heart disease.

Triglycerides

Triglycerides are another type of fat present in the blood related to diet. Together, with total and HDL cholesterol, they provide a lipid profile which can give information on the risk of cardiovascular disease.

Ferritin and Haemoglobin

These are measures of iron levels in the body and are related to diet and other factors.

C-reactive Protein

The level of this protein in the blood gives information on inflammatory activity in the body, and it is also associated with risk of heart disease.

Insulin like growth factor 1 (IGF-1)

IGF-1 is a hormone that helps control reactions to stress and regulate various body processes including digestion, the immune system, mood, and energy usage.

Fasting glucose and Glycated haemoglobin

Both indicate the presence or risk of type 2 diabetes, which is associated with an increased risk of heart disease.

White cell count (WCC) and mean corpuscular haemoglobin (MCV)

When looked at in combination with Ferritin and Haemoglobin, it can indicate anaemia.

Vitamin D

Obtained from the diet and from sunshine, we need Vitamin D for healthy bones. The only way we know if someone has enough Vitamin D for the body's needs is to measure it in the blood.

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

11.4 Equipment

Tourniquet	
Alcohol & non-alcohol swabs	Vacutainer safety needles 21G (green)
Gauze squares	Vacutainer safety needles 22G (black)
Vinyl gloves	Butterfly safety needles 23G (blue)
Adhesive dressing (spot plaster)	Sharps / needle disposal box
Micropore tape	Vacutainer blood tubes inc. 3ml clear top discard tube if using a butterfly needle (not required if using a straight needle)
Sheet of labels for blood sample tubes	Sharps bin
5 slot plastic despatch packaging	Vacutainer fluoride grey tubes
Antiseptic hand gel / antibacterial hand wipes	Vacutainer EDTA light purple tubes

11.5 The blood tubes

Tubes in priority order	Colour	Goes to:
<u>3ml Plain tube – only if using butterfly needle</u>	Clear	Please discard
1.8ml Citrate tube	Blue	RVI Newcastle
6ml Plain tube	Red	RVI Newcastle
2ml Fluoride tube – if fasted	Grey	RVI Newcastle
2ml EDTA tube	Light purple/Lavender	RVI Newcastle

11.6 Taking the sample

If you are using a **Butterfly needle** then you will be using a maximum of 5 tubes and filling a maximum of five tubes (the first Discard tube being swapped out as soon as blood flow enters the tube).

If you are using a **Straight needle** then you will be using and filling a maximum of 4 tubes.

Everyone who is eligible and willing to have their blood taken should give **at least three** tubes of blood (the blue, red and first light purple tubes). If the participant has fasted they will also give blood for the grey tube (you cannot return for a second visit to take a fasting blood sample). The CAPI programme will instruct you about which tubes you should draw blood for and the order in which you should fill them.

If the participant forgot to fast then you will need to determine whether or not they have fasted adequately to give a fasting blood sample. You will be prompted to check with the participant that they have not eaten or drunk anything (except water) **in the last five hours**. Participants who have taken medication with water in the last five hours are eligible to give a fasting blood sample and you do not need to make a note.

If the participant is eligible and willing to give the sample, complete the consent form obtaining the relevant signatures to take the blood sample and to send the results to the respondent's GP.

Remember to take the tubes in the correct order, as follows:

➤ **Using a Butterfly Needle:**

1. Clear top 3ml discard tube (to ensure Blue Citrate tube fills fully) – then dispose of this in your sharps bin.
2. blue citrate tube (invert 4 times)
3. large plain red tube (invert 8 times)
4. grey fluoride tube (if the participant has fasted) (invert 8 times)
5. light purple EDTA tube (invert 8 times)

➤ **Using a Straight Needle:**

1. blue citrate tube (invert 4 times)
2. large plain red tube (invert 8 times)
3. grey fluoride tube (if the participant has fasted) (invert 8 times)
4. light purple EDTA tube (invert 8 times)

The vacutainers should be filled to capacity in turn and inverted gently as appropriate for the tube (as above) on removal to ensure complete mixing of blood and preservative.

Please also refer to the standard NatCen Biomeasure Protocols for Venepuncture and Blood Sampling.

11.7 Labelling tubes

1.	Label the tubes after you have completed the procedure.
2.	Use the correct set of barcode labels you have scanned to label the vacutainer tubes.
3.	Attach one barcode label to every tube that you send to the lab.
4.	Do not write any information (such as date of birth) on the labels.



We cannot stress too much the importance of ensuring that you label each

tube with the correct barcode for the person from whom the blood was obtained. The barcode labels should also be stuck on straight down the length of the tube, please try not to cross the label diagonally along the tube. If the wrong barcode is used there is a the risk of matching up the blood analyses to the wrong person's data, and will be sending the GP the wrong results. Imagine the consequence if we report an abnormality and you have attached the wrong label to the tube!

11.8 Completing the despatch note

Completing the lab copy blood despatch note

1.	Affix the respondent's assigned barcoded label at question 1 – do so very carefully. This should both correspond to the serial number on the label on page 1 of the Consent Booklet and to those you have stuck on the tubes.
2.	Complete items 2, 3, 4 and 5.
3.	At item 6 enter your Biomedical Fieldworker Number.
4.	At item 7 code if the participant fasted for at least 5 hours before the blood sample was taken.
5.	At item 8 state the number of tubes collected
6.	At item 9 circle a code to tell the laboratory whether or not permission has been obtained to store residual blood sample. Your entry here should correspond to your entry at item 7, point e on the front page of the booklet.

Completing the office (Brentwood) copy blood despatch note

1.	At item 6, affix barcode label that corresponds to those used on the Newcastle Despatch Note, the tubes, and the front of the consent form.
2.	State the numbers of tubes you sent to the lab at item 1. This indicates what we should expect back from the laboratory. Note if any of the samples were incomplete.
3.	Code the respondent's sex at item 2.
4.	Write in their date of birth at item 3
5.	Write in the date the blood is taken at item 4.
6.	Write in the date the blood is despatched at item 5. This tells us the date you sent the samples to the labs.
7.	Write in your biomedical fieldworker number at item 7.

8.	Write point number at item 8.
----	-------------------------------

If you have only achieved an incomplete blood sample (e.g. have only filled one tube), please state this clearly on both copies of the despatch note.

11.9 Packaging the blood samples

All tubes from one person should be packed together in one despatch container with the Newcastle Lab Despatch Form.

You will be given **5 slot plastic despatch packets**:

1.	Insert the blood sample tubes in the slots of one side of the despatch packet.
2.	Fit the other half of the packet onto the first – clicking the corners to ensure it has fastened together.
3.	Place the Newcastle Despatch Note in the striped posting polybag addressed to RVI in Newcastle; along with the sealed blood packet.
4.	Seal the striped polybag by removing the self-seal strip. Post the sample in a post box with same day collection.

11.10 Posting the blood samples

You will be sending all the bloods, properly labelled and safely packaged, to the Royal Victoria Infirmary (RVI) Laboratory in Newcastle-upon-Tyne. Pack the tubes for each participant separately from those of other members of the household.

When you have posted the samples, fill in **the time and date** of posting on the Office Copy of the Despatch Notes and return this to Brentwood with the Consent Forms.

12 Appendix B – Balance and Leg Raise Procedure

12.1 Introduction

The purpose of these tests is to objectively measure the overall health and level of disability of a large population of people. These measures form a battery of tests that have been shown to be highly predictive of level of disability, future use of health care services and mortality. These tests allow us to gather very important information in regard to balance, co-ordination and lower body strength.

12.2 Exclusion Criteria

Participants are excluded from the physical performance measures if:

- They are chair bound or wheelchair bound (although they may be able to do some of them).
- After discussion with them it becomes clear that they are too unsteady on their feet for the measurements
- They find it too painful to stand
- You or the participant consider it too unsafe to conduct the measurement(s)

12.3 Equipment

You will need:

- A stopwatch (for all tests)
- A protocol script (for all tests)
Please use this when it is not possible to see the CAPI program while conducting the tests with the participant.

How to use the stopwatch

The make and model of stopwatches in the field may vary so it is important to ensure you are familiar with the type you will be using. In general the following apply (see overleaf):

<ul style="list-style-type: none"> • To change from time mode to stopwatch mode (if necessary): Press the middle button labelled “Mode”. 		
<ul style="list-style-type: none"> • To reset the stopwatch: Press the button on the left-hand side (if this restarts the stopwatch, press the right button once to stop it, then the left button twice, until zero appears). 		<ul style="list-style-type: none"> • To start and stop the stopwatch: Press the button on the right hand side labelled “Start/Stop”.

It is recommended that you practice using the stopwatch, to familiarise yourself with the model that you have, before carrying out an interview.

12.4 Encouragement

To describe the test and how to perform it correctly it is important to follow the instructions and script in CAPI as closely as possible for each test.

Do not provide additional encouragement beyond the language provided by the detailed instructions. After each measure, acknowledge the participant’s efforts but do not give feedback, as this may be discouraging. Neutral phrases such as “Thank you” or “That’s fine” are examples of the kinds of things you could say but say whatever you find most comfortable.

To some participants the detailed verbal instructions may seem unnecessary. It may help to say that you are going to explain each test to the participant in detail since this is the best way to make sure that everyone does the test in a similar manner.

12.5 Demonstrating

- Each test should be demonstrated after it has been explained.
- The participant is not to begin the test until it has been demonstrated.
- If after the demonstration the participant does not understand, you should demonstrate it again rather than relying on verbal instructions.
- The demonstration should be repeated only once.
- If the participant still does not understand, skip the test and move on to the next one.

12.6 Safety precautions and prevention of injuries

- All obstructions that could cause accidents should be removed.
- The participant should be questioned to ensure that the instructions have been understood.
- If a participant is uncomfortable performing a specific test or if it is felt that a procedure is not safe for a given individual, the test should not be performed. If necessary, they should be stabilised by lightly holding their arm or allowing them to lean against you until their feet are in the correct position.
- If they feel unsteady, even with support, don't let them try the procedure.
- When the participant is performing the test, stand close enough to assist them if they begin to falter but far enough away not hinder them if they have to use their arms to maintain their balance.
- The participant should ideally be positioned between you and a stable surface, such as a wall or table.
- When doing the leg raise measurement it helps to position the participant in the corner of the room. In case they become unstable it will give them protection from falling side to side.

In the event of an accident

If you find yourself in a situation where the participant appears to lose balance, you may want to help them to recover their balance by placing both hands on their trunk. If the participant begins to fall it is not safe to try to catch them. It is more appropriate to attempt to steady them or, if necessary, to slowly ease them to the floor. Do not hold their arm, hold around their body. This will prevent the participant and you from becoming injured.

If the participant does fall call for help if appropriate. If they are not injured, help them by first having them get on their knees or on all fours. Place a chair next to the participant and have them support themselves onto the chair. If assistance is needed, lift under the shoulders – do not hold their arm, hold around their body. Do not try to lift the respondent alone from the floor or put yourself at risk. Remember to seek help if it is needed and to complete a report for any incident of this kind.

For the safety of the participant, if they lose their balance or fall, do not attempt to complete the measures.

It is strongly preferable to conduct the chair rise and balance measurements on a floor that is level and not carpeted. If the entire household is carpeted, choose a floor with the thinnest and hardest carpet.

12.7 Footwear

It is strongly suggested that these activities are performed in shoes with very low or no heels. It is hard to perform normally with shoes with heels on. Ask the participant if the footwear they are wearing is what they wear most of the time around the house. Soft soled, heel-less slippers, or just socks or tights should not be worn, since they may cause the respondent to slip. The participant can do the measures in bare feet if they do not have appropriate shoes.

12.8 Walking Aids

Walking Aids such as canes, walkers or crutches may **not** be used for the balance or leg raise tests. If the participant cannot complete these tests without a walking aid, exclude them from the physical performance measures.

12.9 Positioning

The correct positioning of the feet is very important. If a participant is unable to assume any of the positions themselves, do not help them by moving their feet. However, you can provide them support whilst they get into position. If they are unable to get into the correct position, record in the CAPI that the measure was not attempted. Splayed feet (feet that point out to the sides) are also not permitted.

12.10 Contents of the physical performance measures

The physical performance measures is a battery of tests consisting of:

- a. **The 'Side by Side' stand**
The participant is required to stand with their feet together, side by side, for 10 seconds. This is used as a screening test for their ability to do the semi tandem and full tandem stands.
- b. **The 'Semi Tandem' stand**
The participant is required to stand with the side of the heel of one foot touching the big toe of the other foot for 10 seconds. If they are successful they move onto the full tandem stand.
- c. **The 'Full Tandem' stand**
The participant is required to stand with the heel of one foot touching the toes of the other foot for 30 seconds (aged 65-69) OR 10 seconds (aged 70+).
- d. **'Leg raises with eyes open' (respondents aged 65-69)**
The participant is required to stand on one leg and raise the other leg a few inches off of the ground, with their eyes open, for up to 30 seconds. If they are successful, they move onto the leg raises with eyes closed.
- e. **'Leg raises with eyes closed'**
The participant is required to stand on one leg and raise the other leg a few inches off of the ground, with their eyes closed, for up to 30 seconds.

12.11 Procedure

CAPI will guide you through the physical performance measure procedure, as the route taken will depend on the participant and the individual survey. The procedure for the tests is briefly described below, however more detail can be found in CAPI and the project instructions will specify the Protocol to be used.

In general you should:

-
- 1 Introduce and explain the test/physical measure.
 - 2 Demonstrate the test/physical measure.
 - 3 Ask the participant if they feel comfortable/safe to do the test/physical measure.
 - 4 Start the test/physical measure observing time limits and other criteria.
 - 5 Record the necessary information in CAPI which will then direct you to the next test.

13 Appendix C – Study materials

13.1 Appointment letter



Health and lifestyles of people aged 50 and over

Dear _____

Date: _____

Time: _____

Name of biomedical fieldworker: _____

Thank you for agreeing to participate in the health visit of the eleventh wave of the English Longitudinal Study of Ageing (ELSA). Your help is much appreciated.

The data from this study will be used to provide valuable information for academic research.

A biomedical fieldworker will be visiting you, at your home, on the above date and time.

If you would like to talk to someone about the study, please contact National Centre for Social Research (NatCen) on 0800 652 4574 (this number is free from landlines, mobile network charges will vary) or email ELSA@natcen.ac.uk.

Thank you for your help.

Yours Sincerely,

Martin Wood
Head of Longitudinal Research
NatCen Social Research

Professor Andrew Steptoe
Institute of Epidemiology and Health Care
University College London



> If you are asked to fast

You will be invited to give us a blood sample and some of you will be asked to fast before giving blood as this will make it possible to learn more from any blood you give us.

- Please take any medication(s) as usual
- If you are a diabetic on treatment, do NOT fast. Please follow your normal diet & medication on the day of your appointment
- Please make sure you drink enough water

For those of you that wish to fast please refrain from strenuous exercise for 12 hours before your appointment and do not eat or drink anything, apart from water for at least 5 hours before your visit. The following instructions explain what we mean by this.

Appointments before 1pm

On the day of your appointment, please do not eat or drink anything apart from water until you have given the sample. Once you have given the sample, you may eat and drink as soon as you like.

Appointments from 1pm to 6pm:

Please do not eat or drink anything after 8.00am, except water. Before 8.00am you may choose a light breakfast of items from the list below ONLY.

- Tea or coffee (no sugar, a little skimmed milk may be used) AND
- Plain toast or bread with nothing on it (no butter, jam or any spreads) OR
- Porridge made with water or skimmed milk (no sugar) OR
- Cornflakes or Rice Crispies made with skimmed milk (no sugar)

Once you have given the sample, you may eat and drink as soon as you like.

Appointments after 6pm

Please do not eat or drink anything after 1.00pm, except water. Before 1.00pm you may have your usual breakfast and then choose a light lunch of items from the list below ONLY.

- Tea or coffee (no sugar, a little skimmed milk may be used) AND
- Plain toast or bread with nothing on it (no butter, jam or any spreads) OR
- Small baked potato with nothing on it (no butter or any other fillings)
- No sugar, milk, fats or dairy products other than skimmed milk

Once you have given the sample, you may eat and drink as soon as you like.

Even if you are fasting, please remember to drink water



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please turn over

13.2 Care Home manager letter



Serial Number:

Biomedical Fieldworker Name: _____

Biomedical Fieldworker Contact Number: _____

Date: _____

First Name of Participant: _____

Dear _____



Our records show that the person named above resides in your care home. Recently they took part in an interview for The English Longitudinal Study of Ageing, also known as **ELSA 50+ Health and Life**. During this interview they also agreed to participate in a follow-up health visit.

This visit collects important information on how health changes over time and allows comparisons to be made with the health of people in other countries. We would very much appreciate your help with the next stage of this project as it is especially important that we capture the health of people living in care homes.

The health visit involves the person named above having a range of biometrics taken, which include blood pressure, height and weight, grip strength, lung function and blood samples. Participants can take part in all or some of the measures. The visit will be undertaken by a trained NatCen or Inuvi biomedical fieldworker. The visit should last between 60 - 90 minutes. If the participant wishes, a friend or family member can be present during the health visit.

We will contact you in the next few days to discuss how to proceed with the health visit. We have also written to the above-named person to inform them of this stage of the ELSA study.

Thank you for your assistance.

Yours sincerely,

Martin Wood
Head of Longitudinal Research
The National Centre for Social Research

Professor Andrew Steptoe
Institute of Epidemiology and Health Care
University College London



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What is ELSA and who runs it?

ELSA is a research study which has been running since 2002, and helps to build a picture of ageing in England. The information gathered through ELSA, is used by the government, charities and academics when thinking about policies and initiatives for people aged 50 and over. This includes things like work, pensions and healthcare.

The English Longitudinal Study of Ageing (ELSA) is a collaboration led by University College London involving The National Centre for Social Research (NatCen), The Institute for Fiscal Studies, The University of Manchester and The University of East Anglia. The research is funded by a number of UK government departments coordinated by the National Institute for Health Research, and the National Institute on Ageing in the United States. Funding has also been provided by the Economic and Social Research Council (ESRC).

What is a biomedical fieldworker?

A biomedical fieldworker is a data collector with a background in health and social care who is specially trained to take biological samples and measurements, in a survey setting. Biomedical fieldworkers may have previously worked in one of a range of health and social care settings, including nurses, midwives, phlebotomists, health care assistants, paramedics and other healthcare or health research related roles. The health visits are being carried out by NatCen and Inuvi biomedical fieldworkers.

When will the health visit be?

We realise that people are busy, so we'll organise the health visit at a convenient time, which could be in the evening or a weekend. The biomedical fieldworker will visit at a time that is most convenient for the participant and will aim to keep disruptions to the routine running of the home to a minimum. The activities of other residents won't be affected by the interview.

As the health visit only needs to involve the participant, we will not need to take-up any additional staff capacity.

In the coming weeks, the biomedical fieldworker will be in contact to discuss taking part and arrange a time for the visit.

How do you safeguard the participant's privacy?

We will treat the participant's information in the strictest confidence under UK GDPR data protection legislation. The participant's answers are put with those collected from people across England and the survey findings are used for research that benefits society. They will not be identifiable from the published results. You can read more about the ELSA privacy policy here: <https://www.elsa-project.ac.uk/privacy-notice>.

Do they have to take part?

Participation is voluntary and participants have the right to withdraw at any stage.

How can you contact us?

To get in contact you can e-mail NatCen at elsa@natcen.ac.uk or call our freephone number 0800 652 4574.

13.3 Re-contact letter



Biomedical Fieldworker _____
Ref: N13977/ _____

Health and lifestyles of people aged 50 and over

Dear _____

Stage 1: Interview complete

Thank you for participating in the first stage of ELSA – 50+ Health & Life. We hope you enjoyed your interview and are looking forward to taking part in the next stage of the survey – the health visit.

Stage 2: Health visit

The health visit is very simple and straightforward, it involves a few quick questions, measurements and samples. The biomedical fieldworker will ask you for your consent at every opportunity and you can say yes or no to each one.

This visit collects important information on how people's health changes over time and also allows comparisons to be made with the health of people in other countries.

Our biomedical fieldworker has already tried calling at your address but unfortunately has not been able to see you. They will call again soon. All our biomedical fieldworkers carry a photo identity card. If you prefer to suggest a time when you would be available please call National Centre for Social Research (NatCen) on freephone 0800 652 4574.

Thank you for your help.

Yours Sincerely,

Martin Wood
Head of Longitudinal Research
NatCen Social Research

Professor Andrew Steptoe
Institute of Epidemiology and Health Care
University College London



- > **When will the health visit be?**
We realise that you may be busy, so we'll organise the health visit at a time that suits you including during the week, at weekends and in the evening. Just call NatCen on Freephone 0800 652 4574 (Monday to Friday: 9am to 5pm) to arrange a time for the biomedical fieldworker to visit.
- > **What will the health visit be about?**
The biomedical fieldworker visit includes a range of questions about your health and then a number of measurements and samples. The biomedical fieldworker will ask for your permission for each of the measurements and samples and you can say yes or no to each one. For some of the samples, you can choose to have your results sent to you afterwards.
- > **My GP already has my information. Can't you get this from them?**
No. The health visit is the only way to capture all the information and measures at a single point in time, in the exact way the research requires it, and then link this to the interview that you have taken part in recently, giving us a full picture of your health.
- > **How do you safeguard my privacy?**
We will treat your information in the strictest confidence under UK GDPR data protection legislation. Your answers are put with those collected from people across England and the survey findings are used for research that benefits society. You will not be identifiable from the published results. You can read more about the ELSA privacy policy here: <https://www.elsa-project.ac.uk/privacy-notice>.
- > **Where can I find out more?**
If you'd like to know more, see the health visit leaflet that was left by your interviewer, call us free on 0800 652 4574 or visit our website www.natcen.ac.uk/elsa50plus. Your biomedical fieldworker will be happy to answer any questions you may have.



_____ please turn over



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13.4 GP letters

GP letter A (no blood samples were taken)

Our ref: P13977.01 W11/Pilot/GPA/«Serial_num»/«P_num»

«DrName»
«Pracname»
«Pracadd1»
«Pracadd2»
«Pracadd3»
«PracAdd4»
«PracPC»

«ourletterdate»

Dear «DrName»,

Re: «Kasall», [DOB: «FancyDob»] of «longradrr», «rpostcode»

This patient of yours recently took part in a health visit part of **ELSA 50+ Health & Life** study. The study was conducted by National Centre for Social Research (NatCen) jointly with academic researchers from the University College London, the Institute for Fiscal Studies and the University of Manchester. The purpose of the study is to explore the health, lifestyles and financial situation of people as they grow older. More information about the study is given on the reverse.

Your patient gave us written permission to send you the following examination results from a health visit on «Vizdate».

BLOOD PRESSURE

PULSE

«bp1»	mmHg	«plgp1»	bpm
«bp2»	mmHg	«plgp2»	bpm
«bp3»	mmHg	«plgp3»	bpm

LUNG FUNCTION

<i>FVC</i>	«FVC GP»	litres	<i>FEV₁</i>	«FEVG P»	litres	<i>PEF</i>	«PFG P»	litres per min.
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No blood tests were carried out for this patient. We leave any follow-up of these results to your discretion. We hope this answers any queries you may have but if you wish to discuss any of the results, please contact me on biomedicalcentre@natcen.ac.uk or by calling Freephone 0800 652 4574 and asking for your query to be passed on to the ELSA Research Team.

Yours sincerely,



Martin Wood
Head of Longitudinal Research
NatCen Social Research

GP letter B (all measures were carried out)

Our ref: P13977.01 W11/Pilot/GPB/«Serial_num»/«P_num»

«DrName»
«Pracname» «ourletterdate»
«Pracadd1»
«Pracadd2»
«Pracadd3»
«PracAdd4»
«PracPC»

Dear «DrName»,

Re: «Kasall», [DOB: «FancyDob»] of «longraddr», «rpostcode»

This patient recently took part in a health visit part of ELSA 50+ Health & Life study. The purpose of the study is to explore the health, lifestyles and financial situation of people as they grow older. More information about the study is given on the reverse. Your patient gave us written permission to send you the following examination results from a nurse visit on «VizDate».

BLOOD PRESSURE			PULSE	
First reading	«bp1»	mmHg	«plgp1»	bpm
Second reading	«bp2»	mmHg	«plgp2»	bpm
Third reading	«bp3»	mmHg	«plgp3»	bpm

LUNG FUNCTION

FVC	«FVC GP»	litres	FEV ₁	«FEVG P»	litres	PEF	«PFGP »	litres per min.
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BLOOD TESTS

BLOOD TESTS			ADULT REFERENCE RANGE	
Total cholesterol	«CholGP»	mmol/L	< 5.0 mmol/L	
HDL cholesterol	«HDLGP»	mmol/L	Males > 1.0 mmol/L Females > 1.2	
LDL cholesterol	«LDLGP»	mmol/L	<4.2 mmol/L	
Triglycerides	«TriGP»	mmol/L	0.5 – 1.7 mmol/L	
Ferritin	«FerGP»	ng/mL	20 - 300 ng/mL	
Fasting glucose	«GlucGP»	mmol/L	4.0 – 6.0 mmol/L	
Haemoglobin	«HbGP»	g/L	Males 130 – 180 g/L Females 115 - 165	
Glycated haemoglobin	«GlyHbGP»	mmol/mol	<43 mmol/mol	
Vitamin D	«VitDGP»	nmol/L	>25 nmol/L	

NA = not applicable, NM = not measured; NR = analysis not carried out for technical reasons

We leave any follow-up of these results to your discretion. We appreciate that the results may no longer reflect the current health of the patient. If you wish to discuss any of the results, please contact me on biomedicalcentre@natcen.ac.uk or by calling Freephone 0800 652 4574 and asking for your query to be passed on to the ELSA Research Team.

Yours sincerely,



Martin Wood
Head of Longitudinal Research, NatCen Social Research

13.5 Respondent results letters

For the respondents who agree to have their results shared with their GP but who did not request to receive their results themselves we will be sending a '**Results letter A**'. This will inform the respondent that we have sent the results which they consented to be passed on to their GP (either blood pressure, lung function or blood test results, or all of them).

For the respondents who requested to receive their blood test results we are going to be sending '**Results letter B**'. This letter will provide them the results to all the blood tests carried out.

All respondents with sufficient blood samples should receive these results:

- Total cholesterol
- HDL cholesterol
- LDL cholesterol
- Triglycerides
- Ferritin
- Fibrinogen
- IGF-1
- High sensitivity CRP
- Vitamin D

Only the respondents who did a fasting blood test will receive all the above and the following test results:

- Mean corpuscular hemoglobin
- White blood cell count
- Fasting glucose
- Haemoglobin
- Glycated haemoglobin

Sometimes when the blood test results are received from the lab they come back as void (test failed). Void result can occur due to a number of reasons such as:

- insufficient sample quantity,
- poor quality of the sample,
- sample leaking or becoming otherwise compromised in transit,
- lab equipment failure when carrying out the test.

Sometimes the result cannot be linked back to the respondent's record because of the incorrect sample tube labelling. This is why it is very important to make sure that all blood tubes are labelled with the correct set of barcodes and the lab despatch note is filled out correctly. In either case whether it is a void result and an unlinked result we will be unable to report the results back to the respondents. In these cases, they will be sent '**Results letter C**', which gives our apologies and explains that we are not able to return their results and possible reasons for this.