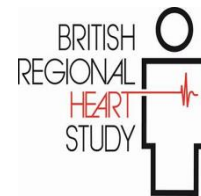# BRHS 2023 Questionnaire data

Data notes and Questionnaire coding instructions protocol

2023 (Q2023)

Questionnaire method	Self-Administered postal questionnaire
Type of questionnaire	Structured questionnaire with any open-ended questions coded using a questionnaire coding protocol
BRHS study time point (Year of follow-up)	43-45 year follow-up
Year	2023
Mailing dates	18th October 2023 with reminders sent at 6 weeks
Age range of sample	83 - 100
Number of completed questionnaires	518
Response rate %	59%

BRHS 2023 (Q2023) Questionnaire: Data notes and questionnaire coding instructions protocol

Data notes and coding

Notes on coding inconsistencies, known errors, other data anomalies and additional response codes introduced during the coding stage are made for each affected question. Where possible recommendation on how the data can be treated is given.

Coding of open-ended questions: Responses to open-ended questions were coded (given numerical codes/categorised) using a questionnaire coding instructions protocol.

General coding instructions

Responses of Yes and No
Throughout the questionnaire a "**yes"** response is coded as 1 and a "**no"** response is coded as 2.
1=Yes, 2=No

Missing values
Missing values are left blank and become dots(.) in the data file. See also coding notes for individual questions.

Data notes:

Known data errors:

GENERAL

Please code using **red ink**.

If a range of values is given, take lowest (i.e. 3-8, circle 3)

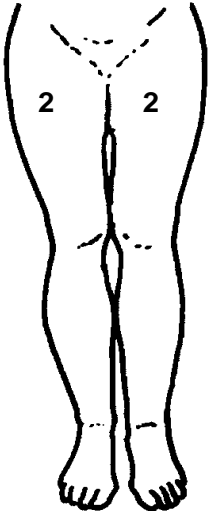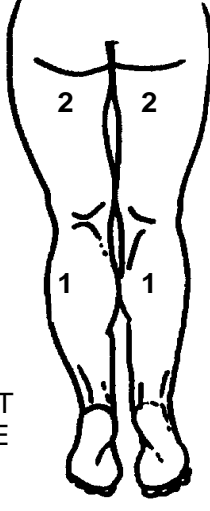Round down values less than 1, except for alcohol.

If **Multi ticks** are recorded, <u>FIRST</u> tick takes priority unless otherwise stated

Yes and **no** responses are coded as: Yes=1, No=2

Coder	Coder number to be recorded on the front page in box after the study number box. 1=LL
1.0	**DATES:** please ensure that this is recorded numerically i.e. August =08 <mark>Do not correct dates</mark>
2.12	**Other Heart and Circulation Problems** 1 Pacemaker 2 Valve Related 3 Cardiomyopathy 9 Other If "Irregular heartbeat" = tick 'Atrial Fibrillation' i.e. tick yes in 2.3
4.7	**Investigations** If anything recorded, code as "1" in office use box

6.1	**CANCER (SEE ICD 9 FOR ADDITIONAL CODES)**			
	If more than one cancer diagnosis, select the first year of diagnosis			
	165	Respiratory Unspecified	208	Blood Unspecified
	162	Trachea, Lung and Bronchus	207	Leukaemia
	161	Larynx	208	Lymphoma /CLL
	175	Breast		
	193	Thyroid	170	Bone all sites
	145	Oral (Lip, Salivary glands, Pharynx, Tongue)	171	Connective and other soft tissue
	159	Gastrointestinal Unspecified	172	Skin Unspecified / Melanoma (e.g. ear, nose etc)
	150	Oesophagus	172	Rodent Ulcer
	151	Stomach	173	Basal Cell Carcinoma
	152	Bowel	190	Eye
	153	Colon	191	Brain Tumour
	154	Rectum	192	Other Neurological Sites
	157	Pancreas	194	Endocrine glands
	155	Liver	195	Malignant neoplasms of other and ill-defined sites
	159	Spleen		
	185	Prostate	239	Neoplasms of unspecified nature
	186	Testes	239	Type not known
	187	Genito-urinary Unspecified		
	188	Bladder		
	189	Kidney		
7.25	<mark>Other medical conditions: Coded as ICD 9 Codes</mark>			
7.26	<mark>(Enter TIA ICD9 code 435 here if participant has said no to stroke).</mark>			
8.1, 8.2	**Chest pain**	4= if ticked both "Yes" and "Unable to walk"		
9.0-9.2	**Breathlessness**	4= if ticked both "Yes" and "Unable to walk"		

11.1	Operations	1= If anything is reported
12.0-12.3	Leg pain	4= if ticked both "Yes" and "Unable to walk"

12.5 SITE OF LEG PAIN

When leg pain is marked, code the left and right leg separately as follows: -

Front — **2 2** RIGHT SIDE LEFT SIDE

Back — **2 2** **1 1** LEFT SIDE RIGHT SIDE

1 calf muscles (takes priority)
2 thigh or buttock
3 pain in other site
4 no pain in that leg

13.1 ARTHRITIS

1 Gout
2 Polymyalgia Rheumatic Arthritis PMR
3 Psoriasis Arthritis
4 Ankylosing Spondylitis
5 Reactive Arthritis
6 Multiple kinds of Arthritis
8 Unspecified Arthritis
9 Other

13.11 Other- Affected areas

Fingers and Knuckles = Hands,
Toes and Ankles =Feet
1 Elbows/ Arms
2 Upper Limbs
3 Lower Limbs
4 Facial (Jaw)
5 Other Multi Combination
6 Back / Spine

14.10	Joint pain, swelling of stiffness	As 13.11 above
17.1	Falls	Enter 3 if Several or Often is stated
18.5	Health scale	Record estimate from cross position on the scale
24.0	Water	1 pint = 4 Glasses, Lots = 10 Glasses
25.1	Physical activity	Always round down nearest hour
25.3		Half Hour code as 1
25.4	Climbing flights of stairs	5=Lots

25.8	Sporting activities (taken from Q20)		
		01	Bowls/skittles
		02	Swimming
		03	Golf
		04	Cycling
		05	Racket sports (tennis, badminton, squash, able tennis)
		06	Dancing
		07	Rowing
		08	Walking, Hiking
		09	Fitness, weight training, Gym, Running, jogging
		10	Fishing
		11	Other
32.5	Mobility Aids	1	Crutch, Elbow sticks
		2	Hoist
		3	Folding wheeled walker
		4	Rails
		9	Other
33.1	ADL If Multiple Ticks **"Yes, only if I hold on and take a rest"** takes priority		
35.5	**Appetite:** Reasons for loss of appetite & skipping a meal		
35.7		1	To Lose weight- Self Control
		2	Low appetite/ No interest in food/ not hungry
		3	Health condition (surgery/ treatment)
		4	Lack of time/ too busy
		5	Financial reasons
		6	Feeling Full/ satisfied
		7	Inactivity
		8	Weariness/ Age/ Lifestyle
		9	Other
36.10	Appetite and eating	1	Health related (surgery/ treatment/ medication)
		2	Other
36.19	Reasons for not eating	1	Health related (surgery/ treatment/ medication)
		2	Other
39.2	Number of natural teeth	32	If "All" is written, code as 32
		24	If "Most" is written, assume 75% i.e. 24
		18	Enough
		5	A few
42.4	Mouthwash		Create list
	Chlorhexidine	1	Corsodyl, Covonia, Dermol, Savlon, Germolene
	Cetylpyridinium Chloride	2	Antiseptic Mouthwash – own brands Dentyl, Crest, Colgate, Sensodyne, OralB, Oralcare
		3	Listerine
		4	Other
43.5	Visiting dentist	1	Fear
		2	No NHS Dentist
		3	No natural teeth- Dentures/ False teeth
		4	Poor Mobility
		5	Covid19
		9	Other
46.3	Dentures problems	1	Pain/ soreness
		2	Other
46.9 46.13	**Denture questions: HOW** *long have you had this denture?* – If written "Long time" code as 10. "Long time" coded as 10.		
49.1 49.2	Hours of sleep		Round down to nearest half hour (0.5)
52.9	Recent major events	1	if anything recorded
53	Time allocation on various activities		
		99	Hours = All or 24/7
		1	Hours = Few/ Some/ Many
64.4	Pets	1	if anything recorded

68.0	Use British National Formulary (BNF Dec 2018) codes for coding of medicines (1-13) and ICD 9 codes (3 digits) for reason for taking the medicine in coding boxes on questionnaire.

Coding boxes for BNF codes

	1	2	3	4	5	6
Medicine (BNF codes)						
Reason for taking code as ICD9 (3 digits)						

Enter **chapter** in coding boxes 1&2,
    section in coding boxes 3&4,
    sub-section coding box 5 and
    further sub-section in coding box 6

Example: A man reports taking warfarin for Atrial fibrillation

Enter **chapter:** in coding boxes 1&2   = 02
    section: in coding boxes 3&4   = 08
    sub-section: coding box 5   = 2
    further sub-section: in coding box 6 = 0

ICD 9 code for Atrial Fibrillation   = 427

➔

0	2	0	8	2	0
		4	2	7	

MEDICINES (1-13)

Coded using the British National Formulary (BNF) codes as above.

Cholesterol Lowering Drugs	Split into subcategories
Statins	02.12.0.1 (Atorvastatin, Fluvastatin, Pravastatin, Rosuvastatin, simvastatin, Statin so described)
Bile acid sequestrants	02.12.0.2
Ezetimibe	02.12.0.3
Fibrates	02.12.0.4
Nicotinic acid group	02.12.0.5
Omega 3 fatty acid compounds	02.12.0.6
Local sclerosants	02.12.0.7

REASON for taking medicine (1-13)

Reason is coded using ICD 9 Codes.
Coded only for Heart related conditions or when Medicine code (BNF code) begins with **02**
CVD & Diabetes Medications take priority.

COMMON ICD CODES

Prevention/ Dr orders	888	Blood Pressure/hypertension	401
Heart related	429	Angina	413
Circulation/ Blood related	459	Heart Attack	410
To thin Blood (anticoagulant)/ blood clots	459	Irregular heartbeat	427
Water/ Fluid Retention Oedema	457	Heart Failure	428
Pain Relief	729	Stroke	436
Leaking Heart valve	396	Diabetes	250
Cholesterol/ Lipids	272	Arthritis	716
Glaucoma	365	TIA	435

Page 47 **S3**	If anything is written in sections S1, S2 and S3, enter 1 in *office* use box.	1= Any comment written in sections S1, S2, S3
Page 48 **Office use** **Date stamp**	**Date Received**	Date stamp when questionnaire was received