German Environmental Survey for Adults

Note: This document specifies the content and wording of the interview. As this is a CAPI interview (computer-assisted personal interview), layout divergences may occur for technical reasons.

Documentation -
Blood Sampling and Blood Pressure Measurement

IDNR of participant	☐☐☐☐☐☐
Date of interview	☐☐.☐☐.202☐ *Programming note: show date automatically*
Time of interview	☐☐ : ☐☐

Questions with a coloured background and in blue font: the questions in **blue** font and in the fields with a grey background are addressed to the medical professional and are **not** read out to the respondent.

The identity of the person to be interviewed is checked by the medical professional at the start of the blood sampling visit. This includes information on first and surnames as well as year of birth (cf. address protocol).

Information sheet

A1 Have you checked the identity of the person to be interviewed (first name, surname and year of birth) in the recruitment and progress record?

Yes ☐ ☞ **continue with question A3**

No ☐

A2 Please verify the identity of the person to be interviewed.

Identity verification completed ☐

Identity could not be verified ☐ ☞ **end of interview**

A3 Thank you for allowing us to take a sample of your blood for the GerES survey. Before we start with taking a blood sample, I would like to give you an overview of the procedure: first I shall inform you about the blood sampling process and ask you a few questions about it. Then I will ask you to sign the information sheet and the consent form. Then I will measure your blood pressure 3 times in a row and between measurements I will ask you a few questions about your consumption today. Finally, I will take your blood and give you 10 € as a thank-you for your participation in today's visit.

Unless strictly necessary, I would ask you not to get up during our appointment to enable your blood pressure to be measured at a calm pace. If you need to do anything before we start, e.g. go to the toilet, mute your mobile phone, switch off other sources of disturbance or get something to drink, please do it now.

To medical professional: -> please check that the seating location meets requirements for measuring blood pressure later and adjust if necessary. When seating has been adjusted and any to-dos have been completed, start timing (e.g. with mobile phone).

To medical professional: please inform the respondent about the blood sampling process using the information sheet and answer any questions.
Please check whether there are any (medical) reasons why a blood sample cannot be taken.

Do you suffer from haemophilia?

Yes	☐	☞ **continue with question B1**
No	☐	
Don't know	☐	To medical professional: please inform the respondent about the possible risks of a blood sample if they suffer from haemophilia.
Declined to respond	☐	To medical professional: please inform the respondent about the possible risks of a blood sample if they suffer from haemophilia.

A4 Are you taking an anticoagulant, e.g. Marcumar, Marcuphen, Falithrom, Phenprogamma, Xarelto (active ingredient Rivaroxaban), Phenproratiopharm, Coumadin?

To medical professional: if the respondent does not know if they are taking such medication, please ask to see the tablets and assist them with their response.

Yes ☐	To medical professional: please advise the respondent that the haematoma at the puncture site may be slightly larger and that the swab should be pressed onto the puncture site for 5 mins.
No ☐	
Don't know ☐	To medical professional: please advise the respondent that if they are taking anticoagulants, the haematoma at the puncture site may be slightly larger and the swab should be pressed onto the puncture site for 5 mins.
Declined to respond ☐	To medical professional: please advise the respondent that if they are taking anticoagulants, the haematoma at the puncture site may be slightly larger and the swab should be pressed onto the puncture site for 5 min.

A5 Have you always reacted well to having a blood sample taken?

To medical professional: if not, please engage in conversation with the respondent about why there have been difficulties with blood sampling in the past, in order to take any precautions.

Yes ☐

No ☐

A6 To medical professional: are there any other (medical) reasons against taking a blood sample?

Yes ☐ ☞ **continue with question B1**

No ☐

A7 Do you have any questions about the blood sample or the information sheet?
When all questions have been clarified, I will ask you to sign the information sheet.

Is the information sheet correctly signed by the respondent?

Yes ☐

No ☐ ☞ **continue with question B1**

Declaration of Consent

EW1 I shall now request your consent to take a blood sample. Have you already signed the consent form? If yes, please give it to me. If not, you now have the opportunity to read the consent form, select the participation options and sign it.

Is the consent form fully completed and correctly signed by the respondent and the medical professional?

Yes ☐

No ☐ ☞ **continue with question B1**

EW2 To medical professional: which options have been selected?
Programming note: Please transfer info about 1 and 2 to the medical EDF.

	Yes	No
1 Do you wish to receive the results?	☐	☐
2 Permanent sample storage permitted for future research projects?	☐	☐
3 Sharing of survey data?	☐	☐
4 Storage of survey data in environmental databases?	☐	☐

Blood pressure measurement and blood sampling

B1 Preparations for measuring your blood pressure can now begin. To do so, the circumference of your upper right arm is measured to select the appropriate cuff.

To medical professional: Please measure the **circumference of the upper right arm** to select the appropriate cuff.

Arm circumference ☐☐.☐ cm

Cuff size		
	17-21,9 cm	☐ S
	22 - 31.9 cm	☐ M
	32 - 41.9 cm	☐ L
	42 - 50.9 cm	☐ XL

To medical professional: if you select a different cuff size than specified by the respondent's arm circumference, due to the individuality of their physique, please indicate the reason under "Specifics" at the end of the blood pressure interview section.

B2 Your blood pressure can be measured now.

To medical professional: before taking the first measurement, the respondent should **rest** (i.e. sitting or lying down) **for at least 5 mins** (the time for answering the previous questions also counts as rest time, as long as the respondent has not stood up in between, e.g. to get something to drink). Has the rest period of at least 5 minutes been completed?

Yes ☐

No ☐ To medical professional: please wait for the respondent to rest.

B3 To medical professional: please measure **blood pressure on the upper right arm in accordance with the guidelines.**

Programming note: please show a text field to record the reason if blood pressure could not be measured.

1st blood pressure measurement started at ☐☐:☐☐ Hrs : Mins

Blood pressure ☐☐☐ systolic [Range: 60-250] ☐☐☐ diastolic [Range: 40-200]

Pulse ☐☐☐ pulse rate/min. [Range: 40-200]

☐ Blood pressure was measured on the upper left arm

☐ Blood pressure could not be measured ☞ Please enter the reason why blood pressure could not be measured in the free text field:

_____

B4 To medical professional: start timing again.

As we now have a few minutes until we can measure your blood pressure a second time, I will ask you a few questions in the meantime about your consumption today:
Did you **eat anything today** before our appointment?

Yes ☐

No ☐ ☞ **continue with question B6**

Don't know ☐ ☞ **continue with question B6**

Declined to respond ☐ ☞ **continue with question B6**

B5 Have you eaten **particularly fatty foods** today, e.g. fried foods such as French fries or high-fat meat?

Yes ☐

No ☐

Don't know ☐

Declined to respond ☐

B6 Have you smoked **tobacco products** or used other tobacco products today (e.g. e-cigarette, snuff)?

Yes ☐

No ☐

Don't know ☐

Declined to respond ☐

B7 To medical professional: before taking the 2nd measurement, the respondent should **rest** (i.e. sitting or lying down) for **at least 3 minutes**. Has the respondent rested for at least 3 mins?

Yes ☐

No ☐ To medical professional: please wait for the respondent to rest.

B8 Blood pressure can now be measured a second time.

To medical professional: please measure **blood pressure on the upper right arm in accordance with the guidelines.**

Programming note: *please show a text field to record the reason if blood pressure could not be measured.*

Time ☐☐:☐☐ Hrs : Mins

Blood pressure ☐☐☐ systolic ☐☐☐ diastolic

Pulse ☐☐☐ pulse rate/min.

☐ Blood pressure was measured on the upper left arm

☐ Blood pressure could not be measured ☞ Please enter the reason why the blood pressure could not be measured in the free text field:

_____

B9 To medical professional: start timing now for the last time.

Now I will ask you the final questions about your consumption before our appointment today:

Have you **drunk** anything today **apart from water**?

Yes	☐	
No	☐	☞ **continue with question B11**
Don't know	☐	☞ **continue with question B11**
Declined to respond	☐	☞ **continue with question B11**

B10 Have you had the **following drinks** today?

	Yes	No
Sugary drinks (e.g. juice, iced tea, cocoa, lemonade, energy drinks)	☐	☐
Drinks containing caffeine (e.g. coffee, black or green tea, cola, mate, energy drinks).	☐	☐

Declined to respond ☐ Don't know ☐

B11 To medical professional: before taking the 3rd measurement, the respondent should **rest** (i.e. sitting or lying down) **for at least 3 minutes**. Has the respondent rested for at least 3 mins?

Yes ☐

No ☐ To medical professional: please wait for the respondent to rest.

B12 Blood pressure can now be measured a third time.

To medical professional: Please measure **blood pressure on the upper right arm in accordance with the guidelines.**

Programming note: *please show a text field to record the reason if blood pressure could not be measured.*

Time ☐☐:☐☐ Hrs : Mins

Blood pressure ☐☐☐ systolic ☐☐☐ diastolic

Pulse ☐☐☐ pulse rate/min.

☐ Blood pressure was measured on the upper left arm

☐ Blood pressure could not be measured ☞ Please enter the reason why the blood pressure could not be measured in the free text field:

_____

B13 To medical professional: did any specifics occur during the blood pressure measurement process (e.g. a measured value does not seem plausible, local disturbances such as constant construction noise, participant was restless)?

Programming note: *please insert a text field to enter specifics.*

Yes ☐ ☞ please specify: _____

No ☐

B14 ***Programming note:*** *automatically derive answer from previous responses and forward in accordance with filter guide (if one of questions A3 or A6 was answered with "Yes" or one of questions A7 or EW1 was answered with "No",* ***no*** *blood sample can be taken).* ☞ **continue with question I1**

In all other cases:

To medical professional: can blood sample now be taken?

Yes

No ☞ **continue with question B16**

Programming note: *If "No" is entered for EW2 (2 Permanent sample storage permitted for future research projects?)=2, then insertion:] As there is no consent for permanent sample storage:* ***Do not collect tube no. 7 for the "Reserve" sample!***

B15 **To medical professional**: please now take the **blood sample in accordance with the guidelines using the "Blood Sample Checklist".**

Was a **blood sample taken**?

Yes ☐ ☐☐ : ☐☐ Hrs : Mins (time of completion) ☞ **continue with question B17**

No ☐

B16 **To medical professional: what was the reason for not taking a blood sample?**
Only one response possible

Spontaneous refusal ☐ ☞ **continue with question I1**

Unsuccessful puncture ☐

Other reason ☐

please specify: _____

B17 **To medical professional**: were the Vacutainers swivelled **in accordance with the guidelines.** Use **"Blood Sample Checklist"**!

NB: If they have not been swivelled in accordance with the guidelines, this must be done now.

Yes ☐

B18 **To medical professional**: from **which arm** was the blood sample taken?

Left ☐

Right ☐

B19 **To medical professional: how was the blood sample taken?**

Lying down ☐

Sitting ☐

B20 **To medical professional**: how long was venous **blood pooling time**? (Default: Less than 1 minute)

Less than 1 minute ☐

More than 1 minute ☐

B21 To medical professional: did any specifics occur during the blood sampling process (e.g. two punctures required)?

Programming note: *Please insert a text field to enter specifics.*

Yes ☐ ☞ please specify: _____

No ☐

B22 To medical professional: are all sample containers labelled with the correct IDNR and the appropriate suffix?

Programming note: *Please show the IDNO of the participant.*

Yes ☐ Done (**all 7** sample containers) ☞ **Continue with question B24**

Programming note: *if "No" is indicated at EW2 (2 Permanent sample storage permitted for future research projects?)=2, then insert:] "Done (**all 6** sample containers)*

No ☐

B23 To medical professional: which sample containers are labelled with the correct IDNR and the appropriate suffix?

xxxxxxV1 ☐ labelled with correct IDNR and suffix

☐ IDNR and suffix are missing or incorrect ☞ Please re-label. Use blank labels and proceed in accordance with the blood sampling guidelines.

xxxxxxV2 ☐ labelled with correct IDNR and suffix

☐ IDNR and suffix are missing or incorrect ☞ Please re-label. Use blank labels and proceed in accordance with the blood sampling guidelines.

xxxxxxV3 ☐ labelled with correct IDNR and suffix

☐ IDNR and suffix are missing or incorrect ☞ Please re-label. Use blank labels and proceed in accordance with the blood sampling guidelines.

xxxxxxV4 ☐ labelled with correct IDNR and suffix

☐ IDNR and suffix are missing or incorrect ☞ Please re-label. Use blank labels and proceed in accordance with the blood sampling guidelines.

xxxxxxV5 ☐ labelled with correct IDNR and suffix

☐ IDNR and suffix are missing or incorrect ☞ Please re-label. Use blank labels and proceed in accordance with the blood sampling guidelines.

xxxxxxVM ☐ labelled with correct IDNR and suffix

☐ IDNR and suffix are missing or incorrect ☞ Please re-label. Use blank labels and proceed in accordance with the blood sampling guideline.

xxxxxxVR ☐ labelled with correct IDNR and suffix

☐ IDNR and suffix are missing or incorrect ☞ Please re-label. Use blank labels and proceed in accordance with the blood sampling guidelines.

Programming note: *show tube xxxxxxVR only if EW2:2 =Yes (permanent sample storage consented to).*

B24	<u>To medical professional:</u> which specimen containers are filled in accordance with the guidelines? And which are not? ***Programming note**: Please transfer info for all 6 or 7 tubes to medical EDF.*
	xxxxxxV1 ☐ Fill level reached ☐ Fill level not reached ☐ Tube not available
	xxxxxxV2 ☐ Fill level reached ☐ Fill level not reached ☐ Tube not available
	xxxxxxV3 ☐ Fill level reached ☐ Fill level not reached ☐ Tube not available
	xxxxxxV4 ☐ Fill level reached ☐ Fill level not reached ☐ Tube not available
	xxxxxxV5 ☐ Fill level reached ☐ Fill level not reached ☐ Tube not available
	xxxxxxVM ☐ Fill level reached ☐ Fill level not reached ☐ Tube not available
	xxxxxxVR ☐ Fill level reached ☐ Fill level not reached ☐ Tube not available ***Programming note:** show tube xxxxxxVR only if EW2:2 =Yes (permanent sample storage consented to)*
B25	<u>To medical professional:</u> please check that all sample containers are stored for transport in accordance with the guidelines. ***Programming note**: please transfer info to medical EDF.*
	Vacutainer to be stored: xxxxxxV1 to xxxxxxV5: Label on Vacutainer with red head, xxxxxxVM, possibly xxxxxxVR: Label on Vacutainer with blue head. All these Vacutainers are **stored upright at room temperature.**
	Done ☐

Incentive	
I1	The German Environment Agency (UBA) and Cerner Enviza would like to thank you for allowing samples of your blood to be taken as part of the German Environmental Survey for Adults. ➔ Expenses allowance (€ 10) handed over: Amount in Euros: _____ (Please enter here.) I hereby confirm receipt of _____ Euros as an expense allowance. The data provided here relating to receipt of the allowance will be treated confidentially by us; it will not be disclosed to third parties in any way, unless there is a legal or official obligation to do so. The data provided here relating to receipt of the expense allowance will be kept exclusively for internal controls in accordance with § 257 German Commercial Code (HGB) and subsequently deleted/destroyed. The list is kept under lock and key together with the associated accounting records in accordance with the provisions of the GDPR. Signature of recipient: _____ I confirm the accuracy of the information previously provided. ☐

-end of documentation-