

# **Scottish Health Survey 2008**

## **Questionnaire documentation**

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## Scottish Health Survey 2008 – Questionnaire documentation - Notes

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1. This is an edited documentation of the computer programmes used in the SHeS household, individual and nurse interviews. Instead of being numbered each question has a variable name; these are identified here in square brackets, e.g.: [varname].
2. Not all variables that appear here will be on the final data file (those that are not are marked with a '\*'). Similarly, not all derived variables that will be on the data file are mentioned here. There will be a separate documentation of derived variables when the data is released.
3. Routing instructions appear above the questions. A routing instruction should be considered to stay in force until the next routing instruction.
4. Sections of text in brackets and italics were filled in as appropriate on the interviewers' and nurses' computers.
5. Individual codes marked 'EDIT ONLY' were used by the editors to reclassify 'other' answers and are not visible during the main interviews.
6. For some questions respondents could give a different answer to the main options they were presented with. Such answers are recorded verbatim and were examined during the editing process to see whether they could be 'back-coded' to one of the existing answer categories. These will not be available on the data file and have been indicated within this documentation with a '\*'.
7. Some questions allowed respondents to give more than one answer (indicated within this documentation with the instruction: 'CODE ALL THAT APPLY'). In these cases each individual answer option will have its own variable name which is shown in square brackets to the right of the answer. Some new multi-coded questions have not been assigned these individual variable names yet.

# Scottish Health Survey 2008 – Survey outline

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There were **two** main stages to the survey in 2008:

## Stage 1

- A **household** interview with the household reference person (HRP) or their spouse or partner
- An **individual** interview with eligible participants. Eligibility criteria for each of the **three** sample types were as follows:
  - **Main sample** - up to ten adults and two children per household
  - **Child boost sample** - up to two children (0-15) per household
  - **Health Board boost sample** - up to ten adults per household
  -

## Stage 2

- Participating adults (age 16+) at a sub-sample of main sample addresses were also eligible to participate in the Stage 2 **nurse** visit.

## Questionnaire content

### Household questionnaire

There was only one version of the household questionnaire across all three sample types in 2008. The household questionnaire documentation begins on page 6 of this documentation.

### Individual questionnaire

Stage 1 questionnaire content varied depending firstly on the sample type, and then the age of the participants being interviewed. The questionnaire documentation details exactly who was eligible to answer particular modules and questions within these modules.

- *Main sample* - there were two versions of the Stage 1 individual interview questionnaire for the main sample: version A and version B. The content and order of the individual interview differed depending on which version a household was selected to go through. Some topics were asked in both versions of the questionnaire, e.g. *'general health including caring'* and *'eating habits for children'* while other topics are only asked in one of the versions, e.g. *'asthma'* in version A and *'knowledge, attitudes and motivations to health'* in version B. The below table outlines which topics are asked in which version of the questionnaire.
- *Child Boost sample* – The individual questionnaire at child boost households followed the same format as a main version A individual questionnaire (see table below).
- *Health Board Boost sample* – Adults in the Health Board boost sample were only asked questions on those topics that appeared in *both* version A and version B of the individual interview, for example, *general health*, and *physical activity*.

| <b>Outline of Stage 1 interviewer visit</b>  |  |
|--|--|
| <b>Version A</b>   | <b>Version B</b>   |
| Household questionnaire (including household composition and HRP occupation details) |  |
| General health including caring (0+)   |  |
| Respiratory & CVD symptoms (16+)   | -  |
| General CVD (16+) and use of services (0+)   |  |
| Asthma (0+)  | -  |
| Physical activity adults (16+) and children (2-15)                                   |  |
| TV viewing & outdoor physical activity adults (16+) and children (2-15)              | -  |
| Eating habits children (2-15)  |  |
| Eating habits adults (16+)   | -  |
| Fruit and veg consumption (2+)   |  |
| Smoking and Drinking (16+) [16-19 in a self completion]                              |  |
| Dental health (16+)  |  |
| Economic activity and education (16+)  |  |
| Physical activity at work (16+)  | -  |
| Ethnicity, religion and family health background (16+)                               |  |
| Self-completions (13+ & parents of 4-12 yr olds)                                     |  |
| Height (2+) and Weight (0+)  |  |
| Data linkage and follow-up research consents (0+)                                    |  |
| -  | Knowledge, attitudes and motivations (KAM) to Health (16+)<br>- 1 random adult per household |

Some adults in the main sample who took part in the Stage 1 interviewer visit were also eligible to take part in the Stage 2 follow-up nurse visit. There was only version of the nurse questionnaire; its contents are outlined in the table below and the nurse questionnaire documentation begins on page 133 of this documentation.

| <b>Outline of Stage 2 nurse visit</b>       |
|---|
| Prescribed medicines (age 16+)              |
| Vitamin supplements (age 16+)               |
| Nicotine replacement therapy (age 16+)      |
| Blood pressure (age 16+)                    |
| Depression, anxiety and self-harm (age 16+) |
| Food poisoning (age 16+)                    |
| Waist and hip measurements (age 16+)        |
| Demi-span (arm length) (age 65+)            |
| Lung function (age 16+)                     |
| Blood sample (age 16+)                      |
| Saliva sample (age 16+)                     |
| Urine sample (age 16+)                      |

## Household Questionnaire (All sample types)

---

**[Point]\***

SAMPLE POINT NUMBER:

Range: 1..997

**[Address]\***

ADDRESS NUMBER:

Range: 1..97

**[Hhold]\***

HOUSEHOLD NUMBER:

Range: 1..3

**[AdrField]\***

PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS TAKEN FROM A.R.F. ADDRESS LABEL. MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED.

Text: Maximum 10 characters

**[First]\***

INTERVIEWER: For information, you are in the questionnaire for:

Point no: (*Point number*)

Address no: (*Address number*)

Household no: (*Household number*)

Strand: (*Core Version A or B*)

- TO COMPLETE A STARTED INDIVIDUAL SESSION, PRESS <CTRL, ENTER>.
- TO OPEN A NEW INDIVIDUAL SESSION, PRESS <CTRL, ENTER>.
- TO GO DIRECTLY TO 'ADMIN,' PRESS <CTRL, ENTER>.
- OTHERWISE PRESS 1 AND <ENTER> TO CONTINUE.

**[DateOk]\***

INTERVIEWER: TODAY'S DATE ACCORDING TO THE LAPTOP IS {day of interviewer date inserted}. IS THIS THE CORRECT START DATE OF THIS INTERVIEW?

**[WhoHere]\***

INTERVIEWER: COLLECT THE NAMES OF THE PEOPLE IN THIS HOUSEHOLD.

1 Continue

**IF First person in household OR More=Yes THEN**

**[Name]\***

What is the name of (*person number*)?

**[More]\***

Is there anyone else in this household?

1 Yes

2 No

(*Name and More repeated for up to 12 household members*)

**[SizeConf]**

So, can I check, altogether there are (x) people in your household?

- 1 Yes
- 2 No, more than (x)
- 3 No, less than (x)

**HOUSEHOLD COMPOSITION GRID FOR ALL HOUSEHOLD MEMBERS (MAXIMUM 12)**

**[Person]**

**Person number in Household Grid.**

**Range: 0..12**

**[Name]\***

**First name from WhoHere**

**[Sex]<sup>1</sup>**

ASK: Is (name of respondent) male or female?

- 1 Male
- 2 Female

**[DoB]\***

What is (name of respondent's) date of birth?

**Enter Day of month in numbers, Name of month in numbers, Year in numbers, Eg. 02/01/1972.**

**[AgeOf]**

Can I check, what was (name of respondent's) age last birthday?

Range: 0..120

**IF AgeOf=Dk/Ref THEN**

**[AgeEst]\***

INTERVIEWER CODE: ASK IF NECESSARY ARE YOU (IS HE/SHE), AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER? IF NOT KNOWN, TRY TO GET BEST ESTIMATE.

- 1 Under 2 years
- 2 2 to 15 years
- 3 16-64 years
- 4 65 years or older

---

<sup>1</sup> Prior to 2008 the interviewer could enter this information without asking the participant. In 2008 it was amended and is now explicitly asked of every household member.

**IF Age of Respondent is 16 or over THEN**

**[Marital8]<sup>2</sup>**

SHOWCARD A1.

Are you (is he/she)...

INTERVIEWER: CODE FIRST THAT APPLIES.

- 1 single, that is never married or never formed a legally recognised civil partnership
- 2 married and living with (*husband/wife*),
- 3 a civil partner in a legally recognised civil partnership
- 4 married and separated from (*husband/wife*),
- 5 in a legally recognised civil partnership and separated from your civil partner,
- 6 divorced,
- 7 formerly a civil partner, the civil partnership now legally dissolved,
- 8 widowed,
- 9 or, a surviving civil partner, your partner having since died?

**IF more than one person aged 16+ in household AND marital status=code 1, 4, 5, 6, 7, 8 or 9 THEN**

**[Couple]**

May I just check, (*are you/is he*) living with anyone in this household as a couple?

- 1 Yes
- 2 No
- 3 SPONTANEOUS ONLY - same sex couple

**IF (Age of Respondent is 16-17 years) THEN**

**[LegPar]**

Can I check, do either of (*name of respondent's*) parents, or someone who has legal parental responsibility for (*him/her*), live in this household?

- 1 Yes
- 2 No

**[Par1]**

Which of the people in this household are (*name of respondent's*) parents or have legal parental responsibility for (*him/her*) on a permanent basis?

CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE 97

Range: 1..12, 97

**IF Par1 IN [1..12] THEN**

**[Par2]**

Which other person in this household is (*name of respondent's*) parent or has legal parental responsibility for (*him/her*) on a permanent basis?

CODE SECOND PERSON AT THIS QUESTION. IF No-one else in the household, CODE 97

Range: 1..14, 97

**[SelCh]**

INTERVIEWER: Is this child selected for an individual interview?

- 1 Yes
- 2 No

---

<sup>2</sup> The answer categories in this question changed in 2008 to include civil partnerships.

## RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

### IF Person > 1 THEN

[R]<sup>3</sup>

#### SHOW CARD A2.

What is (*name of respondent's*) relationship to (*name*)? Just tell me the number on this card.

- 1 (husband/wife)
- 2 legally recognised civil partner
- 3 partner/cohabitee
- 4 natural (son/daughter)
- 5 adopted (son/daughter)
- 6 foster child
- 7 step(son/daughter)/child of partner
- 8 (son/daughter)-in-law
- 9 natural parent
- 10 adoptive parent
- 11 foster parent
- 12 stepparent/parent's partner
- 13 parent-in-law
- 14 natural (brother/sister)
- 15 half-(brother/sister)
- 16 step-(brother/sister)
- 17 adopted (brother/sister)
- 18 foster (brother/sister)
- 19 (brother/sister)-in-law
- 20 grandchild
- 21 grandparent
- 22 other relative
- 23 other non-relative

### END OF HOUSEHOLD COMPOSITION GRID

### ASK ALL

[HHldr]

In whose name is the accommodation owned or rented? Anyone else?

CODE ALL THAT APPLY.

(Codeframe of all household members)

- 1-12 Person numbers of household members  
97 Not a household member

[HHResp]

INTERVIEWER CODE: WHO WAS THE PERSON RESPONSIBLE FOR ANSWERING THE GRIDS IN THIS QUESTIONNAIRE?

(Codeframe of adult household members)

- 1-12 Person numbers of household members  
97 Not a household member

---

<sup>3</sup> A new answer category was added in 2008 'legally recognised civil partner'

**[HQResp]**

*Status of person answering grids.*

- 1 **HoH**
- 2 **Spouse / partner of HoH**
- 3 **Other adult**

**IF More than one person coded at HHldr THEN**

**[HiHNum]**

You have told me that (*name*) and (*name*) jointly own or rent the accommodation. Which of you /who has the highest income (from earnings, benefits, pensions and any other sources)?  
ENTER PERSON NUMBER – IF TWO PEOPLE HAVE THE SAME INCOME, ENTER 13  
(*Codeframe of joint householders*)

- 1-12 Person numbers of household members
- 13 Two people have the same income
- 97 Don't know

**IF HiHNum=13 THEN**

**[JntEldA]**

ENTER PERSON NUMBER OF THE *ELDEST* JOINT HOUSEHOLDER FROM THOSE WITH THE HIGHEST INCOME.

ASK OR RECORD.

(*Codeframe of joint householders*)

- 1-12 Person numbers of household members

**IF HiHNum=Don't know or Refused**

**[JntEldB]**

ENTER PERSON NUMBER OF THE *ELDEST* JOINT HOUSEHOLDER.

ASK OR RECORD.

(*Codeframe of joint householders*)

- 1-12 Person numbers of household members

**[HRP]**

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:

(*Displays name of Household Reference Person*)

PRESS <1> AND <Enter> TO CONTINUE.

**[DVHRPNum]**

**Person number of Household Reference Person**

**[Eligible]\***

INTERVIEWER: FOR YOUR INFORMATION THE PEOPLE IN THIS HOUSEHOLD ELIGIBLE FOR INDIVIDUAL INTERVIEW ARE:

(*List of eligible respondents*)

PRESS <1> AND <Enter> TO CONTINUE.

**ASK ALL**

**[OwnRnt08]<sup>4</sup>**

Now, I'd like to get some general information about your household.

In which of these ways do you occupy this accommodation?

**PROBE FOR DETAILS**

- 1 Buying it with the help of a mortgage or loan
- 2 Own it outright
- 3 Pay part rent and part mortgage (shared ownership)
- 4 Rent it
- 5 Tied accommodation (e.g. where the accommodation goes with your job)
- 6 Live here rent free (including rent-free in relative's/friend's property)

**IF OwnORent = Rent OR Free THEN**

**[LandLord]**

Who is your landlord?

INTERVIEWER: Code first that applies.

If property is rented through an agent code in relation to the property owner NOT the agent.

- 1 **Organisations:** the local authority / council / Scottish Homes
- 2 **Organisations:** housing association, charitable trust or Local Housing Company
- 3 **Organisations:** employer (organisation) of a household member
- 4 Another organisation
- 5 **Individuals:** relative/friend (before you lived here) of a household member
- 6 **Individuals:** employer (individual) of a household member
- 7 Another individual private landlord

**ASK ALL**

**[Car]**

Is there a car or van **normally** available for use by you or any members of your household?

INTERVIEWER: INCLUDE ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY RESPONDENT OR MEMBERS OF HOUSEHOLD.

- 1 Yes
- 2 No

**IF Car = Yes THEN**

**[NumCars]**

How many are available?

- 1 One
- 2 Two
- 3 Three or more

**ASK ALL**

**[PasSm]**

Does anyone smoke **inside** this (house/flat) on most days?

INTERVIEWER: INCLUDE NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE OR FLAT. EXCLUDE HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE THE HOUSE OR FLAT.

- 1 Yes
- 2 No

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<sup>4</sup> The single question asked in 2003 [OwnORent] has been replaced with two questions in 2008.

**IF >1 person in household**

**[EatTog] (New in 2008)**

How many times in the last week, that is the seven days ending (*date last Sunday*), did all or most of the people who live in this household eat a main meal together not including breakfast?

- 1 Never
- 2 One or two times
- 3 Three or four times
- 4 Five or six times
- 5 Seven times
- 6 More than often than this

**IF HQResp = Head of Household OR Spouse/ partner of Head of household**

**[SrcInc]<sup>5</sup>**

SHOW CARD A3.

Please look at this card. There has been a lot of talk about health and income. We would like to get some idea of your household's income. This card shows various possible sources of income. Can you please tell me which kinds of these you (*and your husband/wife/partner*) receive?

PROBE: FOR ALL SOURCES.

CODE ALL THAT APPLY

- Earnings from employment or self-employment [Srcinc1]
- State retirement pension [Srcinc2]
- Pension from former employer [Srcinc3]
- Personal pensions [Srcinc4]
- Child Benefit [Srcinc5]
- Job-Seekers Allowance [Srcinc6]
- Income Support [Srcinc7]
- Working Tax Credit, Child Tax Credit or any other Tax Credit [Srcinc8]
- Housing Benefit [Srcinc9]
- Other state benefits [Srcinc10]
- Interest from savings and investments (eg stocks & shares) [Srcinc11]
- Other kinds of regular allowance from outside your household (eg maintenance, student's grants, rent) [Srcinc12]
- No source of income [Srcinc13]

**[JntInc]**

SHOW CARD A4

This card shows incomes in weekly, monthly and annual amounts. Which of the groups on this card represents (*your/you and your husband/wife/partner's combined*) income from all these sources, before any deductions for income tax, National Insurance, etc? Just tell me the number beside the row that applies to (*you/your joint incomes*).

ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.

Range: 1..97

**IF 2 Adults in household who are not spouse/partner, or 3 or more adults in household THEN**

**[OthInc]**

Can I check, does anyone else in the household have an income from any source?

- 1 Yes
- 2 No

<sup>5</sup> Child tax credit has been added to Srcinc8 in 2008.

**IF OthInc = Yes THEN**

**[HHInc]**

SHOW CARD A4 AGAIN

Thinking of the income of your household as a whole, which of the groups on this card represents the total income of the whole household before deductions for income tax, National Insurance, etc.

ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.

Range: 1..97

**EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON**

**[HRPActiv]**

SHOW CARD A5.

Which of these descriptions applies to what (*you/name of Household Reference Person*) (*were/was*) doing last week, that is in the seven days ending (*date last Sunday*)?

INTERVIEWER: CODE **FIRST** TO APPLY.

- 1 Going to school or college full-time (including on vacation)
- 2 In paid employment or self-employed (or temporarily away)
- 3 On a Government scheme for employment training
- 4 Doing unpaid work for a business that you own, or that a relative owns
- 5 Waiting to take up paid work already obtained
- 6 Looking for paid work or a Government training scheme
- 7 Intending to look for work but prevented by temporary sickness or injury (CHECK MAX 28 DAYS)
- 8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
- 9 Retired from paid work
- 10 Looking after home or family
- 11 Doing something else (SPECIFY)

**IF HRPActiv=Doing something else THEN**

**[HRPActivO]\***

OTHER: PLEASE SPECIFY.

Text: Maximum 60 characters

**IF HRPActiv =Going to school or college full-time THEN**

**[HStWork]**

Did (*you/name of Household Reference Person*) do any paid work in the seven days ending (*date last Sunday*), either as an employee or self-employed?

- 1 Yes
- 2 No

**IF (HRPActiv = Intending to look for work but prevented by temporary sickness or injury, Retired from paid work, Looking after the home or family or Doing something else) OR (HstWork=No) AND (Household Reference Person aged under 65 (men)/60 (women)) THEN**

**[H4WkLook]**

Thinking now of the 4 weeks ending (*date last Sunday*), were (*you/name of Household Reference Person*) looking for any paid work or Government training scheme at any time in those four weeks?

- 1 Yes
- 2 No

**IF HRPActiv =(Looking for paid work or a government training scheme) OR H4WkLook = Yes THEN**

**[H2WkStrt]**

If a job or a place on a Government training scheme had been available in the (7 days/four weeks) ending (date last Sunday), would you/name (Household Reference Person) have been able to start within two weeks?

- 1 Yes
- 2 No

**IF HRPActiv = (Looking for work or a government training scheme . .Doing something else) OR (HStWork = No) THEN**

**[HEverJob]**

Have you/name (Household Reference Person) ever been in paid employment or self-employed?

- 1 Yes
- 2 No

**IF HRPActiv =Waiting to take up paid employment already obtained THEN**

**[HOthPaid]**

Apart from the job (you/name) are waiting to take up, have (you/name of Household Reference Person) ever been in paid employment or self-employed?

- 1 Yes
- 2 No

**IF [HEverJob = Yes THEN**

**[HPayLast]**

Which year did you/name (Household Reference Person) leave your/his/her last paid job?

**WRITE IN.**

Numeric: 1920..2001 Decimals: 0

**IF HPayLast <= 8 years ago THEN**

**[HPayMon]**

Which month in that year did you/he/she leave?

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December
- 13 Can't remember

**IF (HEverJob = Yes) OR (HRPActiv = In paid employment or self-employment .. Waiting to take up a job already obtained) OR (HstWork = Yes) THEN**

**[HJobTitl]\***

I'd like to ask you some details about (the job you were doing last week/your most recent job/the main job you had/the job you are waiting to take up). What (is/was/will be) the name or title of the job?

Text: Maximum 60 characters

**[HFtPtime]**

(*Is/Were/Are/Will*) (*you/name of Household Reference Person*) be working full-time or part-time?  
(FULL-TIME = MORE THAN 30 HOURS, PART-TIME = 30 HOURS OR LESS)

- 1 Full-time
- 2 Part-time

**[HWtWork]\***

What kind of work (*do/did/does/will*) (*you/name of Household Reference Person*) do most of the time?

Text: Maximum 50 characters

**[HMatUsed]\***

IF RELEVANT: What materials or machinery (*do/did/will*) (*you/name of Household Reference Person*) use?

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

**[HSkilNee]\***

What skills or qualifications are (*were*) needed for the job?

Text: Maximum 120 characters

**[HEmploye]**

(*Is/Were/Are/Will*) (*you/name of Household Reference Person*) be...READ OUT...

- 1 an employee
- 2 or, self-employed?

IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

**IF HEmploye = self employed THEN**

**[HDirctr]**

Can I just check, in this job *are/were/will you/name* (Household Reference Person) be a Director of a limited company?

- 1 Yes
- 2 No

**IF (HEmploye = Employee) OR (HDirctr = Yes) THEN**

**[HEmpStat]**

*Are/Were/Will you/name* (Household Reference Person) be a ...READ OUT...

- 1 manager
- 2 foreman or supervisor
- 3 or other employee?

**[HNEmplee]**

Including *yourself/name* (Household Reference Person), about how many people *are/were/will be* employed at the place where *you/name usually work(s)/(usually worked/will work)?*

- 1 1 or 2
- 2 3-24
- 3 25-499
- 4 500+

**[HInd]**

What *does/did your/ his/her* employer make or do at the place where *you/name* (Household Reference Person) (*usually work/usually worked/will work*)?

Text: Maximum 100 characters

**ELSE IF (HEmploye = SelfEmp) AND (HDirctr = No) THEN**

**[HSNEmp]**

*Do/Did/Will you/name* (Household Reference Person) have any employees?

- 1 None
- 2 1 -24
- 3 25-499
- 4 500+

**[HSIfWtMa]\***

What *do/did/will you/name* (Household Reference Person) make or do in your business?

Text: Maximum 100 characters

**ASK IF CORE VERSION A (PHYSICAL ACTIVITY AT WORK)**

**IF HRPActiv =2**

**[HSitWork]**

When (*you/name*) *are/is* at work *are/is* (*you/he/she*) mainly sitting down, standing up or walking about?

CODE ONE ONLY.

- 1 Sitting down
- 2 Standing up
- 3 Walking about
- 4 Equal time spent doing 2 or more of these

**[HMovFlor]**

Does (*your/his/her*) work involve (*you/him/her*) moving between floors?

- 1 Yes
- 2 No

**IF HMovFlor=Yes**

**[HLftClim]**

*Do/does (you/he/she)* mainly take the lift or climb the stairs?

- 1 Lift
- 2 Stairs
- 3 Lift up/stairs down

**[HClimb]**

*Do/does (you/he/she)* do any (other) climbing in the course of (*your/his/her work*)(ladders, scaffolding etc.)?

- 1 Yes
- 2 No

**[HLiftWrk]**

*Do/does (you/name HRP)* usually have to lift or carry things at work which (*you/he/she*) find(s) heavy?

IF YES, PROMPT: Is that just lifting or lifting and carrying?

- 1 Lift heavy loads
- 2 Lift **and** carry heavy loads

3 No

**[HDemand]**

So overall, would you say that in terms of physical effort (*your/his/her*) work is ...READ OUT...

- 1 ...very demanding,
- 2 fairly demanding,
- 3 or not very demanding?

**[HRPOcc]**

INTERVIEWER: Did (*name of HRP*) answer the occupation questions (*himself/herself*)?

**If you code 2 here you will also need to ask (*name of HRP*) about (*his/her*) job details when you interview (*him/her*) in person.**

- 1 Yes
- 2 No

## Individual Questionnaire (All samples)

---

### [DBCheck]\*

Can I just check that (*your/name of child's*) date of birth is: (*date of birth from HHGrid*)

INTERVIEWER: Code 1 if the date of birth is **correct**.

Code 2 if it is wrong.

Code 3 if the date of birth was not collected at the household grid.

- 1 Date of birth is correct
- 2 Date of birth is wrong
- 3 No date of birth has been collected yet

### IF DBCheck = Code 2 or 3 THEN

#### [ODoBD]\*

What is (*your/name of child's*) date of birth?

INTERVIEWER: Enter day, month and year of (*name/child's name*)'s date of birth separately.

Enter the **day** here.

If (*name*) does not know (*his/her*) date of birth, enter Don't know <Ctrl K> and get an estimate.

Range: 1..31

#### [ODoBM]\*

INTERVIEWER: Code the **month** of (*name/child's name*)'s date of birth.

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

#### [ODoBY]\*

INTERVIEWER: Enter **year** of (*name/child's name*)'s date of birth.

Range: 1890..2100

#### [OwnAge]\*<sup>6</sup>

Can I just check, is (*your/child's name's*) age (*respondent's age*)?

- 1 Yes
- 2 No

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<sup>6</sup> In the final dataset the participant's age can be found in the variable [age]

**IF RESPONDENT'S AGE HAS CHANGED SINCE THE HOUSEHOLD QUESTIONNAIRE (DUE TO A BIRTHDAY)**

[Birthday]\*

INTERVIEWER FOR YOUR INFORMATION:

This respondent has had a birthday since you started the household questionnaire (*date of HH Questionnaire*).

For survey reasons the age used in this individual session is based on that date, not today's date. That is, this person will be treated as being (*age at HH Questionnaire*) years old and not (*current age*) years old.

Now press <Enter> to continue.

**IF 'don't know' at ODOB, THEN**

[OwnAgeE]\*

Can you tell me (*your/name of child*)'s age last birthday?

IF NECESSARY: What do you estimate (*your/name of child*)'s age to be?

**IF 'don't know' at OwnAgeE AND AGE <16**

[AgeCEst]\*

INTERVIEWER: Estimate nearest age:

- 1 1
- 2 3
- 3 5
- 4 7
- 5 9
- 6 11
- 7 13
- 8 15

**IF 'don't know' at OwnAgeE AND AGE 16+**

[AgeAEst]\*

INTERVIEWER: Estimate nearest age:"

- 1 18. (ie between 16 - 19)
- 2 25. (ie between 20 - 29)
- 3 35. (ie between 30 - 39)
- 4 45. (ie between 40 - 49)
- 5 55. (ie between 50 - 59)
- 6 65. (ie between 60 - 69)
- 7 75. (ie between 70 - 79)
- 8 85. (ie 80+)

## **General Health module (All Versions)**

---

**ASK ALL (0+)**

[GenHelf]

How is your health in general? Would you say it was ...READ OUT...

- 1 ...very good,
- 2 good,
- 3 fair,
- 4 bad, or
- 5 very bad?

**[LongI108]<sup>7</sup>**

Do you have a long-standing physical or mental condition or disability that has troubled you for at least 12 months, or that is likely to affect you for at least 12 months?

- 1 Yes
- 2 No

**IF LongI108=Yes OR More=Yes THEN**

**[I11sM] \***

What (*else*) is the matter with you?

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.

Text: Maximum 60 characters

**[LimitAct]**

Does (*name of condition*) limit your activities in any way?

- 1 Yes
- 2 No

**[More08]<sup>8</sup>**

(Can I check) do you have any other long-standing physical or mental condition or disability?

- 1 Yes
- 2 No

*(Up to six long-standing illnesses are recorded in the program)*

**ASK ALL 16+**

**RG15 (New in 2008)**

Do you provide any regular help or care for any sick, disabled or frail person? Please include any regular help or care you provide within or outside your household.

INTERVIEWER: Exclude any help provided in the course of employment.

- 1 Yes
- 2 No

**IF RG15 = Yes THEN**

**RG16a (New in 2008)**

Who is it that you provide regular help or care for?

INTERVIEWER: Up to two people cared for.

Code the **first** person here.

- 1-12 Person numbers of household members
- 13 Other (WRITE IN)
- 97 Someone outside the household

---

<sup>7</sup> The wording of this question changed in 2008

<sup>8</sup> The wording of this question changed in 2008

**IF RG15=1-12 THEN**

**RG16b (New in 2008)**

Who is it that you provide regular help or care for?

INTERVIEWER: Code the **second** person here.

- 1-12 Person numbers of household members
- 13 Other (WRITE IN)
- 97 Someone outside the household
- 98 No one else

**RG17 (New)**

**SHOWCARD A6**

In total, how many hours do you spend each week providing help or unpaid care for (him/her/them)?

INTERVIEWER: Include care both inside and outside the household.

Continuous care would be if the person needs to have someone with them at all times of the day and night.

- 1 1 - 4 hours per week
- 2 5 - 9 hours per week
- 3 10-14 hours per week
- 4 15-19 hours per week
- 5 20-34 hours per week
- 6 35-49 hours per week
- 7 50+ hours per week
- 8 Continuous care
- 9 Varies

**ASK ALL 16+**

**LifeSat**

**SHOWCARD A7**

All things considered, how satisfied are you with your life as a whole nowadays?

- 0 0 – Extremely dissatisfied
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 – Extremely satisfied

## Rose Angina/Claudication/MRC Respiratory Module (CORE Version A only)

---

### ASK ALL AGED 16+

#### [Chespain]

I am now going to ask you some questions mainly about symptoms of the chest. Have you ever had any pain or discomfort in your chest?

- 1 Yes
- 2 No

### IF Chespain = Yes THEN

#### [UpHillw]

Do you get it when you walk uphill or hurry?

- 1 Yes
- 2 No
- 3 Sometimes/ Occasionally
- 4 Never walks uphill or hurries
- 5 (Cannot walk)

### IF UpHillw = Sometimes/Occasionally THEN

#### [Occas1]

Does this happen on most occasions?

- 1 Yes
- 2 No

### IF UpHillw = Yes, Sometimes/Occasionally or Never walks uphill or hurries THEN

#### [Levelw]

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

- 1 Yes
- 2 No
- 3 Sometimes/Occasionally
- 4 Never walks at an ordinary pace on the level

### IF Levelw= Sometimes/Occasionally THEN

#### [Occas2]

Does this happen on most occasions?

- 1 Yes
- 2 No

### IF (UpHillw=Yes) OR (Levelw=Yes) OR (Occas1=Yes) OR (Occas2=Yes) THEN

#### [Walking]

What do you do if you get it while you are walking? Do you stop, slow down or carry on?

IF RESPONDENT UNSURE, PROBE: What do you do on most occasions?

- 1 Stop
- 2 Slow down
- 3 Carry on

**IF Walking = Stop or SlowDown THEN**

**[StopWalk]**

If you stand still does the pain go away or not?

IF RESPONDENT UNSURE, PROBE: What happens to the pain on most occasions?

- 1 Pain goes away
- 2 Pain doesn't go away

**IF StopWalk = Pain goes away THEN**

**[HowSoon]**

How soon does the pain go away? does it go in ...READ OUT...

- 1 ...10 minutes or less,
- 2 or more than 10 minutes?

**IF HowSoon = 10 minutes or less THEN**

**[Pansitc]\***

SHOWCARD B1

Will you show me where you get this pain or discomfort?

INTERVIEWER: USE SHOW CARD B1 TO HELP CODE POSITION OF PAIN OR DISCOMFORT. CODE ALL THAT APPLY. PROBE: Where else?

- |   |                           |            |
|---|---------------------------|------------|
| 1 | Sternum (upper or middle) | [Pansitc1] |
| 2 | Sternum lower             | [Pansitc2] |
| 3 | Left anterior chest       | [Pansitc3] |
| 4 | Left arm                  | [Pansitc4] |
| 5 | Right anterior chest      | [Pansitc5] |
| 6 | Right arm                 | [Pansitc6] |
| 7 | (Somewhere else)          | [Pansitc7] |

**IF Chespain=Yes THEN**

**[EverPain]**

Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

- 1 Yes
- 2 No

**IF EverPain =Yes THEN**

**[DocPain]**

Did you see a doctor because of this pain?

- 1 Yes
- 2 No

**IF DocPain = Yes THEN**

**[DocSay]\***

What did the doctor say it was?

CODE ALL THAT APPLY

- |   |              |            |
|---|--------------|------------|
| 1 | Angina       | [Docsayc1] |
| 2 | Heart attack | [Docsayc2] |
| 3 | Did not say  | [Docsayc3] |
| 4 | Other        | [Docsayc4] |

**ASK ALL AGED 16+**

[ECGB ]

Have you ever had an electrical recording of your heart (ECG) performed?

- 1 Yes
- 2 No

**IF ECGB = Yes THEN**

[ECG]\*

Where did you have it?

CODE ALL THAT APPLY. PROBE: Where else?

- 1 Hospital (inpatient) [ECGC1]
- 2 Hospital (outpatient) [ECGC2]
- 3 GP Surgery [ECGC3]
- 4 Other [ECGC4]

[WhenECG]

How long ago was this?

TYPE IN NUMBER OF YEARS AGO. IF MORE THAN ONE, TAKE LAST OCCASION.

LESS THAN ONE YEAR = 0

Range: 0..110

**ASK ALL AGED 16+**

[Flemwint]

Do you **usually** bring up any phlegm from your chest, first thing in the morning in winter?

- 1 Yes
- 2 No

**IF Flemwint = No or Don't know THEN**

[Flemdawn]

Do you **usually** bring up any phlegm from your chest, during the day or at night in the winter?

- 1 Yes
- 2 No

**IF Flemwint=Yes OR FlemDawn=Yes THEN**

[Flemreg]

Do you bring up phlegm like this on most days for as much as three months each year?

- 1 Yes
- 2 No

**IF Uphillw <> Cannot walk THEN**

[Windhila]

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

- 1 Yes
- 2 No
- 3 Never walks uphill or hurries
- 4 Cannot walk

**IF Windhila = Yes, Never walks uphill or hurries or Don't know THEN**

[WindPeer]

Do you get short of breath walking with other people of your own age on level ground?

- 1 Yes
- 2 No
- 3 Never walks with people of own age on level ground

**IF Windpeer = Yes or No THEN**

**[Windpace]**

Do you have to stop for breath when walking at your own pace on level ground?

- 1 Yes
- 2 No

**ASK ALL AGED 16+**

**[Windwizz]**

Have you had attacks of wheezing or whistling in your chest at any time in the last 12 months?

- 1 Yes
- 2 No

**[Windwake]**

Have you at any time in the past 12 months been woken at night by an attack of shortness of breath?

- 1 Yes
- 2 No

**[Windwees]**

Have you ever had attacks of shortness of breath with wheezing?

- 1 Yes
- 2 No

**IF Windwees =Yes THEN**

**[Windnorm]**

Is/Was your breathing absolutely normal between attacks?

- 1 Yes
- 2 No

**ASK ALL 16+ WHO CAN WALK (IF Uphillw <> Cannot Walk AND Windhila <>Cannot Walk)**

**[LegPain]**

Do you get a pain or discomfort in either of your legs **which comes on** when you walk?

INTERVIEWER: EXCLUDE NON-CARDIOVASCULAR PROBLEMS SUCH AS RHEUMATISM AND SCIATICA

- 1 Yes
- 2 No
- 3 Cannot walk

**IF LegPain = Yes**

**[StanSit]**

Does this pain ever begin when you are standing still or sitting?

- 1 Yes
- 2 No

**[WalkUp]**

Do you get it if you walk uphill or hurry?

- 1 Yes
- 2 No
- 3 Never walks uphill or hurries

**[LevelOrd]**

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

- 1 Yes
- 2 No
- 3 Never walks at an ordinary pace on the level

**[Still]**

What happens if you stand still? Does the pain usually ...READ OUT...

- 1 ...continue for more than 10 minutes,
- 2 or disappear in 10 minutes or less?

**[WhereP]\***

Where do you get this pain or discomfort?

CODE ALL THAT APPLY.

- 1 Calf muscle [WhereP1]
- 2 Thigh or buttocks [WhereP2]
- 3 Other area [WhereP3]

# **Cardiovascular Disease and Use of Services (All Versions)**

---

## **ASK ALL AGED 16+**

### **[IntroCVD]**

INTERVIEWER READ OUT: I would now like to talk in more detail about some particular conditions. (They may include some of the things you have already mentioned.)

### **[Everbp]**

Do you now have, or have you ever had...READ OUT ...high blood pressure (sometimes called hypertension)?

- 1 Yes
- 2 No

### **[Everangi]**

Have you ever had angina?

- 1 Yes
- 2 No

### **[Everhart]**

Have you ever had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1 Yes
- 2 No

### **[Evermur]**

And do you now have, or have you ever had...READ OUT ...a heart murmur?

- 1 Yes
- 2 No

### **[Everireg]**

...abnormal heart rhythm?

- 1 Yes
- 2 No

### **[Everoht]**

...any other heart trouble?

- 1 Yes
- 2 No

## **IF Everoht = Yes THEN**

### **[CVDOth]\***

What is that condition? INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

Text: Maximum 50 characters

## **ASK ALL AGED 16+**

### **[Everstro]**

Have you ever had a stroke?

- 1 Yes
- 2 No

**[Everdi]**

Do you now have, or have you ever had diabetes?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: Everpp - Everdi)**

**[DocTalk]**

During the 2 weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone?

EXCLUDE CONSULTATIONS MADE ON BEHALF OF OTHERS

- 1 Yes
- 2 No

**IF DocTalk = Yes THEN**

**[DocNum]**

How many times have you talked to a doctor in these 2 weeks?

Range: 0..14

**[Consul]\***

*(Were any of these consultations/Was this consultation) about your (heart condition or stroke)...READ OUT...*

CODE ALL THAT APPLY

- 1 No [Consul1]
- 2 Yes, about: high blood pressure [Consul2]
- 3 Angina [Consul3]
- 4 Heart attack [Consul4]
- 5 Heart murmur [Consul5]
- 6 Abnormal heart rhythm [Consul6]
- 7 Other heart trouble [Consul7]
- 8 Stroke [Consul8]
- 9 Diabetes [Consul9]

**IF DocTalk = No**

**[LastDoc]**

Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf?

PROMPT

- 1 Less than two weeks ago
- 2 2 weeks ago but less than a month ago
- 3 1 month ago but less than 3 months ago
- 4 3 months ago but less than 6 months ago
- 5 6 months ago but less than a year ago
- 6 A year or more ago
- 7 Never consulted a doctor

**If LastDoc=2 weeks ... A year ago or more**

[ConCon]\*

Was that consultation about your (*heart condition or stroke*)

CODE ALL THAT APPLY

- |   |                                 |           |
|---|---------------------------------|-----------|
| 1 | No                              | [ConCon1] |
| 2 | Yes, about: high blood pressure | [ConCon2] |
| 3 | Angina                          | [ConCon3] |
| 4 | Heart attack                    | [ConCon4] |
| 5 | Heart murmur                    | [ConCon5] |
| 6 | Abnormal heart rhythm           | [ConCon6] |
| 7 | Other heart trouble             | [ConCon7] |
| 8 | Stroke                          | [ConCon8] |
| 9 | Diabetes                        | [ConCon9] |

**ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: EverBp-EverDi)**

[OutPat]

During the last 12 months, that is since (*date a year ago*), did you attend hospital as an out-patient, day-patient or casualty?

INTERVIEWER: If asked, COPD stands for Chronic Obstructive Pulmonary Disease

- 1 Yes
- 2 No

**IF OutPat = Yes THEN**

[WhyOutp]

Was this because of your (*heart condition or stroke*)?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: EverBp-EverDi)**

[InPat]

During the last 12 months, that is since (*date a year ago*), have you been in hospital as an in-patient, overnight or longer?

- 1 Yes
- 2 No

**IF InPat = Yes**

[WhyInp]

Was this because of your (*heart condition or stroke*)?

- 1 Yes
- 2 No

**ASK ALL 16+ WHO DO NOT HAVE A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF No at ALL of: Everbp - Everdi) AND CHILDREN**

[DocTalkN]

During the 2 weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone?

- 1 Yes
- 2 No

**IF DocTalkN = Yes THEN**

**[DocNumN]**

How many times have you talked to a doctor in these 2 weeks?

Range: 0..14

**IF DocTalkN = No THEN**

**[LastDocN]**

Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf?

PROMPT

- 1 Less than two weeks ago
- 2 2 weeks ago but less than a month ago
- 3 1 month ago but less than 3 months ago
- 4 3 months ago but less than 6 months ago
- 5 6 months ago but less than a year ago
- 6 A year or more ago
- 7 Never consulted a doctor

**ASK ALL 16+ WHO DO NOT HAVE A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF No at ALL of: EverBp - EverDi) AND CHILDREN**

**[OutPatN]**

During the last 12 months, that is since (*date a year ago*), did you attend hospital as an out-patient, day-patient or casualty?

- 1 Yes
- 2 No

**[InPatN]**

During the last 12 months, that is since (*date a year ago*) have you been in hospital as an in-patient, overnight or longer?

- 1 Yes
- 2 No

**ASK ALL AGED 16+ (CORE VERSION A ONLY)**

**[BPMeas]**

May I just check, have you ever had your blood pressure measured by a doctor or nurse?

- 1 Yes
- 2 No

**IF BPMeas = Yes THEN**

**[MeasLast]**

When was the last time your blood pressure was measured by a doctor or nurse? Was it ...READ OUT.

- 1 ...during the last 12 months,
- 2 at least a year but less than 3 years ago,
- 3 at least 3 years but less than 5 years ago,
- 4 or 5 years ago or more?

**[Levelbp]**

Thinking about the last time your blood pressure was measured, were you told it was ... READ OUT...

INTERVIEWER: CODES 1,2,3 = TOLD WITH OR WITHOUT RESPONDENT ASKING

- 1 normal (alright/fine),
- 2 higher than normal,
- 3 lower than normal,
- 4 or were you not told anything?

**IF (Levelbp = Higher than normal) AND (Everbp = No / Don't know) THEN**

**[Onlybp]**

Is this the only time your blood pressure has been higher than normal or has it been higher than normal a number of times?

- 1 Only time
- 2 A number of times

**ASK ALL AGED 16+ VERSION A ONLY**

**[Chlest]**

Have you ever had your blood cholesterol level measured by a doctor or nurse?

- 1 Yes
- 2 No

**IF Chlest = Yes THEN**

**[LastChol]**

When was the last time your blood cholesterol level was measured by a doctor or nurse? Was it ...  
READ OUT ...

- 1 ...during the last 12 months,
- 2 at least a year but less than 3 years ago,
- 3 at least 3 years but less than 5 years ago
- 4 or five years ago or more?

**[ChoLevel]**

Thinking about the last time your blood cholesterol level was measured, were you told it was ...READ  
OUT....

INTERVIEWER: CODES 1,2,3 = TOLD WITH OR WITHOUT RESPONDENT ASKING.

- 1 normal (alright/fine),
- 2 higher than normal,
- 3 lower than normal,
- 4 or were you not told anything?

**ASK ALL 16+**

**[COPD]**

Have you ever had COPD, chronic bronchitis or emphysema?

- 1 Yes
- 2 No

**IF everangi = Yes THEN**

**[DocAngi]**

You said that you had angina. Were you told by a doctor that you had angina?

- 1 Yes
- 2 No

**IF DocAngi=Yes**

**[RecAngi]**

Have you had angina during the past 12 months?

- 1 Yes
- 2 No

**IF EverHart = Yes THEN**

**[DocHeart]**

Were you told by a doctor that you had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1 Yes
- 2 No

**IF DocHeart=Yes THEN**

**[RecHeart]**

Have you had a heart attack (including myocardial infarction and coronary thrombosis) during the past 12 months?

- 1 Yes
- 2 No

**IF EverIreg = Yes THEN**

**[DocIreg]**

Were you told by a doctor that you had abnormal heart rhythm?

- 1 Yes
- 2 No

**IF DocIreg=Yes THEN**

**[RecIreg]**

Have you had abnormal heart rhythm during the past 12 months?

- 1 Yes
- 2 No

**IF EverOht = Yes THEN**

**[DocOht]**

Were you told by a doctor that you had (*name of 'other heart condition'*)?

- 1 Yes
- 2 No

**IF DocOht=Yes THEN**

**[RecOht]**

Have you had (*name of 'other heart condition'*) during the past 12 months?

- 1 Yes
- 2 No

**IF EverStro= Yes THEN**

**[DocStro]**

Were you told by a doctor that you had a stroke?

- 1 Yes
- 2 No

**IF DocStro=Yes THEN**

**[RecStro]**

Have you had a stroke during the past 12 months?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH A HEART CONDITION OR HAS HAD A STROKE (IF everangi / everhart / everireg / everoth / everstro = Yes) THEN**

**[MedHeart]**

Are you currently taking any medicines, tablets or pills because of your (*heart condition or stroke*)?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH A HEART CONDITION (IF everangi / everhart / everireg / everoth= Yes) THEN**

**[Surgery]**

Have you ever undergone any surgery or operation because of your heart condition?

INTERVIEWER: If the respondent has had a stent fitted this should be included. Do not include angiograms.

- 1 Yes
- 2 No

**IF (Surgery = Yes) THEN**

**[WhenSurg]**

How long ago was this?

TYPE IN NUMBER OF YEARS AGO. IF MORE THAN ONE OPERATION, TAKE LAST OCCASION. LESS THAN ONE YEAR = 0

Range: 0..110

**ASK ALL 16+ WITH A HEART CONDITION (IF everangi / everhart / everireg / everoth = Yes) THEN**

**[oplast]**

Can I just check, are you currently on a waiting list for any such surgery or operation?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH A HEART CONDITION OR HAS HAD A STROKE (IF everangi / everhart / everireg / everoth / everstro = Yes) THEN**

**[OthTrt]**

Are you currently receiving any (*other*) treatment or advice because of your (*heart condition or stroke*)? INCLUDE REGULAR CHECK-UPS

- 1 Yes
- 2 No

**IF OthTrt = Yes THEN**

**[Adchdc]\***

What (*other*) treatment or advice are you currently receiving because of your (*heart condition or stroke*)? PROBE: What else? CODE ALL THAT APPLY

- 1 Special diet [Adchdc1]
- 2 Regular check-up with GP/hospital/clinic [Adchdc2]
- 3 Taking medication [Adchdc3]
- 4 Other (RECORD AT NEXT QUESTION) [Adchdc4]

**IF Adchdc4 = Other THEN**

**[WhatOSp]\***

PLEASE SPECIFY...

Text: Maximum 60 characters

**IF everbp = Yes THEN**

**[docnurbp]**

You mentioned that you have had high blood pressure. Were you told **by a doctor or nurse** that you had high blood pressure?

- 1 Yes
- 2 No

**IF (docnurbp = Yes) AND (Sex = Female) THEN**

**[pregbp]**

Can I just check, were you pregnant when you were told that you had high blood pressure?

- 1 Yes
- 2 No

**IF pregbp = Yes THEN**

**[nopregbb]**

Have you ever had high blood pressure apart from when you were pregnant?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH DOCTOR-DIAGNOSED HIGH BLOOD PRESSURE [EXCEPT WHEN PREGNANT] (IF docnurbp = Yes AND nopregbb <> No)**

**[medcinbp]**

Are you currently taking any medicines, tablets or pills for high blood pressure?

- 1 Yes
- 2 No

**IF medcinbp = No, Don't know or refused THEN**

**[stillbp]**

ASK OR RECORD: Do you still have high blood pressure?

- 1 Yes
- 2 No

**[pastabbp]**

Have you **ever** taken medicines, tablets, or pills for high blood pressure in the past?

- 1 Yes
- 2 No

**IF Adchdc = Yes THEN**

**[fintabc]\***

Why did you stop taking (medicines/tablets/pills) for high blood pressure? PROBE: What other reason? TAKE LAST OCCASION. CODE ALL THAT APPLY

- 1 **Doctor advised me to stop due to:** improvement [fintabc1]
- 2 lack of improvement [fintabc2]
- 3 other problem [fintabc3]
- 4 **Respondent decided to stop:** because felt better [fintabc4]
- 5 ... for other reason [fintabc5]
- 6 **Other reason** [fintabc6]

**ASK ALL WITH DOCTOR-DIAGNOSED HIGH BLOOD PRESSURE [EXCEPT WHEN PREGNANT] (IF docnurbp = Yes AND nopregbp <> No)**

**[advicebp]**

Are you receiving any (*other*) treatment or advice because of your high blood pressure? INCLUDE  
REGULAR CHECK-UPS

- 1 Yes
- 2 No

**IF advicebp = Yes THEN**

[adbpc]\*

What other treatment or advice are you currently receiving because of your high blood pressure?

PROBE: What else? CODE ALL THAT APPLY

- 1 Blood pressure monitored by GP/nurse [adbpc1]
- 2 Advice or treatment to lose weight [adbpc2]
- 3 Blood tests [adbpc3]
- 4 Change diet [adbpc4]
- 5 Stop smoking [adbpc5]
- 6 Reduce stress [adbpc6]
- 7 Other (RECORD AT NEXT QUESTION) [adbpc7]
- 8 EDIT ONLY: Lifestyle in general [adbpc8]

**IF adbpc7 = Other THEN**

[WhatTSp]\*

PLEASE SPECIFY...

Text: Maximum 50 characters

**ASK ALL 16+ WITH DIABETES (IF everdi = Yes THEN)**

[docinfo1]

Were you told by a doctor that you had diabetes?

- 1 Yes
- 2 No

**IF (docinfo1 = Yes) AND (Sex = Female) THEN**

[pregdi]

Can I just check, were you pregnant when you were told that you had diabetes?

- 1 Yes
- 2 No

**IF pregdi = Yes THEN**

[nopregDi]

Have you ever had diabetes apart from when you were pregnant?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH DOCTOR-DIAGNOSED DIABETES [EXCEPT WHEN PREGNANT]**

**(IF docinfo1 = Yes AND nopregdi <> No)**

[ageinfo1]

(*Apart from when you were pregnant, approximately/Approximately*) how old were you when you were first told by a doctor that you had diabetes? ENTER AGE IN YEARS

Range: 0..110

**[insulin]**

Do you currently inject insulin for diabetes?

- 1 Yes
- 2 No

**[medcindi]**

Are you currently taking any medicines, tablets or pills (*other than insulin injections*) for diabetes?

- 1 Yes
- 2 No

**[advicedi]**

Are you currently receiving any (*other*) treatment or advice for diabetes? INCLUDE REGULAR CHECK-UPS.

- 1 Yes
- 2 No

**IF (advicedi = Yes) THEN**

**[Addic]\***

What (*other*) treatment or advice are you currently receiving for diabetes?

PROBE: What else? CODE ALL THAT APPLY

- 1 Special diet [Addic1]
- 2 Regular check-up with GP/hospital/clinic [Addic2]
- 3 Other (RECORD AT NEXT QUESTION) [Addic3]

**IF Addic = Other THEN**

**[WhatDSp]\***

PLEASE SPECIFY...

Text: Maximum 50 characters

**ASK ALL 16+ WITH A HEART MURMUR (IF evermur = Yes)**

**[murdoc]**

You mentioned that you have had a heart murmur. Were you told by a **doctor** that you had a heart murmur?

- 1 Yes
- 2 No

**IF (murdoc = Yes) AND (Sex = Female) THEN**

**[pregmur]**

Can I just check, were you pregnant when you were told that you had a heart murmur?

- 1 Yes
- 2 No

**IF pregmur = Yes THEN**

**[pregmur1]**

Have you ever had a heart murmur **apart** from when you were pregnant?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH DOCTOR-DIAGNOSED HEART MURMUR [EXCEPT WHEN PREGNANT]  
(IF murdoc = Yes AND pregmur1 <> No)**

**[murrec]**

Have you had a heart murmur during the past twelve months?

- 1 Yes
- 2 No

**[murpill]**

Are you currently taking any medicines, tablets or pills because of your heart murmur?

- 1 Yes
- 2 No

**[mursurg]**

Have you ever undergone any surgery or operation because of your heart murmur?

- 1 Yes
- 2 No

**IF mursurg = Yes THEN**

**[mursurg1]**

How long ago was this?

ENTER NUMBER OF YEARS AGO. IF MORE THAN ONE OPERATION, TAKE LAST OCCASION. LESS THAN ONE YEAR AGO = 0

Range: 0..110

**ASK ALL 16+ WITH DOCTOR-DIAGNOSED HEART MURMUR [EXCEPT WHEN PREGNANT]**

**(IF murdoc = Yes AND pregmur1 <> No)**

**[surgmur]**

Can I just check, are you currently on a waiting list for any such surgery or operation?

- 1 Yes
- 2 No

**[admur]**

Are you currently receiving any (*other*) treatment or advice because of your heart murmur?

INCLUDE REGULAR CHECK-UPS

- 1 Yes
- 2 No

**IF admur = Yes THEN**

**[MurOth]\***

What other treatment or advice are you currently receiving because of your heart murmur?

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

Text: Maximum 50 characters

**ASK ALL 16+ WITH COPD (IF COPD= Yes)**

**[COPDDoct]**

You mentioned that you had COPD, chronic bronchitis or emphysema. Did a doctor tell you that you had this?

INTERVIEWER: If asked, COPD stands for Chronic Obstructive Pulmonary Disease.

- 1 Yes
- 2 No

**IF COPDDoct = Yes**

**[COPDSpir]**

Did your doctor do a spirometry test (a test measuring how much air you could blow into a machine)?

- 1 Yes
- 2 No

**IF COPDDoctr=YES**

[COPDTrt]

Are you currently receiving any treatment or advice because of your COPD, chronic bronchitis or emphysema? Please include regular check-ups.

- 1 Yes
- 2 No

**IF COPDTrt = Yes**

[COPDOth]\*

What treatment or advice are you currently receiving because of your COPD, chronic bronchitis or emphysema?

CODE ALL THAT APPLY.

- 1 Regular check-up with GP / hospital / clinic [COPDOth1]
- 2 Taking medication (tablets / inhalers) [COPDOth2]
- 3 Advice or treatment to stop smoking [COPDOth3]
- 4 Using oxygen [COPDOth4]
- 5 Immunisations against flu / pneumococcus [COPDOth5]
- 6 Exercise or physical activity [COPDOth6]
- 7 Advice or treatment to lose weight [COPDOth7]
- 8 Other [COPDOth8]

**IF COPDOth8=Other**

[COPDOthO]\*

INTERVIEWER: Please enter other treatment or advice.

**ASK ALL 16+**

**[HNotAsk]**

Can I check, do you have any other health problems that I have not asked you about?

- 1 Yes
- 2 No

**IF HnotAsk=Yes THEN**

**[HNotWhat] \***

What are these health problems?

DO NOT PROBE

Text: 100 characters

## Asthma Module (Version A only)

---

### ASK ALL AGED 0+

#### [EverW]

I am now going to ask you some questions about your breathing.

Have you ever had wheezing or whistling in the chest at any time, either now or in the past?

- 1 Yes
- 2 No

### ASK ALL 0+ WHO HAVE EVER WHEEZED (IF EverW = Yes)

#### [NoCol]

Have you ever had this wheezing or whistling when you did not have a cold?

- 1 Yes
- 2 No

#### [BrWhy]

Have you ever been at all breathless when the wheezing or whistling noise was present?

- 1 Yes
- 2 No

#### [TweWz]

Have you ever had wheezing or whistling in the chest in the last 12 months?

- 1 Yes
- 2 No

### ASK ALL AGED 0+ WHO'VE WHEEZED IN THE LAST 12 MONTHS (IF TweWz=Yes)

#### [Attak]

How many attacks of wheezing/whistling have you had **in the last 12 months?**

IF DON'T KNOW, OBTAIN ESTIMATE.

PROMPT IF REQUIRED:

- 1 1 to 3
- 2 4 to 12
- 3 More than 12 attacks

#### [SleTw]

In the last 12 months, how often on **average** has your sleep been disturbed due to wheezing/whistling?

Have you ...READ OUT...

INTERVIEWER: If DK obtain estimate.

- 1 ...never woken with wheezing,
- 2 woken less than 1 night per week,
- 3 woken one or more nights per week?

#### [Speke]

In the last 12 months, has the wheezing/whistling ever been severe enough to limit your speech to only one or two words at a time between breaths?

- 1 Yes
- 2 No

[NaDLi]

In the last 12 months, how much did wheezing/whistling interfere with your normal daily activities  
...READ OUT...

- 1 ...not at all,
- 2 a little,
- 3 quite a bit,
- 4 or a lot?

**ASK ALL 0+ WHO HAVE EVER WHEEZED (IF EverW = Yes)**

[RecAtW]

When was your most recent attack of wheezing/whistling?  
PROMPT IF NECESSARY.

- 1 Less than 4 weeks ago
- 2 More than 4 weeks but within the last 12 months
- 3 One to five years ago
- 4 More than 5 years ago

**ASK ALL 0+**

[ConDr]

Did a doctor ever tell you that you had asthma?  
PLEASE EXCLUDE ADVICE FROM HOMEOPATHS, ETC.

- 1 Yes
- 2 No

**ASK IF: DIAGNOSED WITH ASTHMA AND HAVE NOT WHEEZED IN THE LAST 12 MONTHS OR HAVE NEVER WHEEZED (IF (ConDr = Yes AND((EverW=No OR EverW= Don't Know) OR (EverW=Yes AND TweWz=No or Don't Know))**

[AsTwe]

When was your most recent attack of asthma?  
PROMPT IF NECESSARY.

- 1 Less than 4 weeks ago
- 2 More than 4 weeks but within the last 12 months
- 3 One to five years ago
- 4 More than 5 years ago

**ASK IF: EVER WHEEZED OR DIAGNOSED WITH ASTHMA AND HAD AN ATTACK IN THE PAST FIVE YEARS ((EverW=Yes OR ConDr=Yes) AND (AstWe OR RecAtW = between less than 4 weeks ago...One to Five years ago))**

[TrtWze]

SHOW CARD C1

Have you received any treatment or advice for your (*asthma/wheezing or whistling*) from any of the people on this card?

- 1 Yes
- 2 No

**IF TrtWze=Yes**

[TrtWh]\*

Which ones? PROBE: Any others? CODE ALL THAT APPLY

- |   |   |          |
|---|---|----------|
| 1 | A general practitioner (GP)                                   | [TrtWh1] |
| 2 | Nurse at GP surgery/Health centre                             | [TrtWh2] |
| 3 | Community, School or District Nurse                           | [TrtWh3] |
| 4 | Hospital casualty/Accident and Emergency department           | [TrtWh4] |
| 5 | Consultant/Specialist or other doctor at hospital outpatients | [TrtWh5] |
| 6 | Consultant/Specialist or other doctor elsewhere               | [TrtWh6] |
| 7 | Homeopath   | [TrtWh7] |
| 8 | Acupuncturist   | [TrtWh8] |
| 9 | Other alternative medicine professional                       | [TrtWh9] |

**IF TrtWh=A General Practitioner (GP)**

[TrTim1]

How many times were you treated by a general practitioner for your (*asthma/wheezing or whistling*) in the last 12 months?

Range: 0..52

**IF TrtWh=A Nurse at GP Surgery/Health Centre**

[TrTim2]

How many times were you treated by a nurse at a GP surgery/Health centre for your (*asthma/wheezing or whistling*) in the last 12 months?

Range: 0..52

**IF TrtWh=Community, School or District nurse**

[TrTim3]

How many times were you treated by a Community, School or District nurse for your (*asthma/wheezing or whistling*) in the last 12 months?

Range: 0..52

**IF TrtWh= hospital casualty or Accident and Emergency Department**

[TrTim4]

How many times were you treated at a hospital casualty or Accident and Emergency Department for your (*asthma/wheezing or whistling*) in the last 12 months?

Range: 0..52

**IF TrtWh=Consultant/Specialist or other doctor at hospital outpatients**

[TrTim5]

How many times were you treated by a Consultant/Specialist or other doctor at hospital outpatients for your (*asthma/wheezing or whistling*) in the last 12 months?

Range: 0..52

**IF TrtWh=Consultant/Specialist or other doctor elsewhere**

[TrTim6]

How many times were you treated by a Consultant/Specialist or other doctor elsewhere for your (*asthma/wheezing or whistling*) in the last 12 months?

Range: 0..52

**ASK ALL WHO HAVE EVER RECEIVED TREATMENT FOR WHEEZING / ASTHMA**

**[AdvTyp]\***

SHOW CARD C2

Now I'd like to talk about the type of treatment and advice you have received from these people. What treatment or advice have you received for your asthma?

CODE ALL THAT APPLY

- |   |  |           |
|---|--|-----------|
| 1 | Take appropriate exercise  | [AdvTyp1] |
| 2 | Avoid known allergens or triggers (e.g. pollen, animals, other people's cigarette smoke) | [AdvTyp2] |
| 3 | Advice or treatment to stop smoking  | [AdvTyp3] |
| 4 | Avoid extreme temperatures   | [AdvTyp4] |
| 5 | Medication (including inhaler) use   | [AdvTyp5] |
| 6 | Advice or treatment to lose weight   | [AdvTyp6] |
| 7 | Other  | [AdvTyp7] |
| 8 | None of these  | [AdvTyp8] |

**IF AdvTyp IS NOT 'NONE OF THESE / DON'T KNOW'**

**[AsPlan]**

Has this treatment or advice included a personal asthma action plan?

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

## Adult physical activity module (16+) (All Versions)

---

### ASK ALL

#### [Work]

I'd like to ask you about some of the things you have done in the past four weeks that involve physical activity, this could be at work (*school*) college or in your free time. (Can I just check) were you in paid employment or self-employed in the past four weeks?

- 1 Yes
- 2 No

### IF Work = Yes THEN

#### [Active]

Thinking about your job in general would you say that you are ...READ OUT..

- 1 ...very physically active,
- 2 ...fairly physically active,
- 3 ...not very physically active,
- 4 ...or, not at all physically active in your job?

### ASK ALL AGED 16+

#### [Housewrk]

I'd like you to think about the physical activities you have done in the last few weeks (*when you were not doing your paid job.*) Have you done any housework in the past four weeks, that is from (*date four weeks ago*) up to yesterday?

- 1 Yes
- 2 No

### IF Housewrk = Yes THEN

#### [HWrkList]

SHOW CARD E1

Have you done any housework listed on this card?

- 1 Yes
- 2 No

#### [HevyHWrk]

SHOW CARD E2

Some kinds of housework are heavier than others. This card gives some examples of heavy housework. It does not include everything, these are just examples. Was any of the housework you did in the last four weeks this kind of heavy housework?

- 1 Yes
- 2 No

### IF HevyHWrk = Yes THEN

#### [HeavyDay]

During the past four weeks on how many **days** have you done this kind of **heavy** housework?

Range: 1..28

**[HRSHHW]**

On the days you did heavy housework, how long did you usually spend?

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION; Range: 0..12

**[MINHHW]**

RECORD MINUTES SPENT ON HEAVY HOUSEWORK.

Range: 0..59

**ASK ALL AGED 16+**

**[Garden]**

Have you done any gardening, DIY or building work in the past four weeks, that is since (*date four weeks ago*)?

- 1 Yes
- 2 No

**IF Garden = Yes THEN**

**[GardList]**

SHOW CARD E3

Have you done any gardening, DIY or building work listed on this card?

- 1 Yes
- 2 No

**[ManWork]**

SHOW CARD E4

Have you done any gardening, DIY or building work from this other card, or any similar heavy manual work?

- 1 Yes
- 2 No

**IF ManWork = Yes THEN**

**[ManDays]**

During the past 4 weeks on how many **days** have you done this kind of **heavy** manual gardening or DIY?

Range: 1..28

**[HrsDIY]**

On the days you did heavy manual gardening or DIY, how long did you usually spend?

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

**[MinDIY]**

RECORD MINUTES SPENT ON GARDENING OR DIY.

Range: 0..59

**ASK ALL AGED 16+**

**[Wlk5Int]**

I'd like you to think about **all** the **walking** you have done in the past 4 weeks either locally or away from here. Please include any country walks, walking to and from work and any other walks that you have done. In the past four weeks, that is since (*date four weeks ago*), have you done a **continuous** walk that lasted **at least** 5 minutes?

- 1 Yes
- 2 No
- 3 Can't walk at all

**(NOTE CHANGE OF TIME REFERENCE TO 10 MINUTES)**

**IF Wlk5Int = Yes THEN**

**[Wlk10M]**

In the past four weeks, have you done a **continuous** walk that lasted **at least** 10 minutes? (That is since (*date four weeks ago*))

- 1 Yes
- 2 No

**IF Wlk10M = Yes THEN**

**[DayWlk10]**

During the past four weeks, on how many days did you do a continuous walk of at least 10 minutes? (That is since (*date four weeks ago*))

INTERVIEWER: If they have walked every day enter 28

Range: 1..28

**[Day1Wk10]**

On that day, did you do **more than one continuous** walk lasting at least 10 minutes?

- 1 Yes, more than one walk of 10+ mins (on at least one day)
- 2 No, only one walk of 10+ mins a day

**IF (DayWlk10 in 2..28) AND (Day1Wk10 = Yes) THEN**

**[Day2Wk10]**

On how many days in the last four weeks did you do **more than one** walk that lasted at least 10 minutes?

INTERVIEWER: If they have done more than one walk every day enter 28

Range: 1..28

**IF Wlk10M = Yes THEN**

**[HrsWlk10]**

How long did you usually spend walking each time you did a **continuous** walk for 10 minutes or more?

INTERVIEWER: IF VERY DIFFERENT LENGTHS, PROBE FOR MOST REGULAR. RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR.

RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

**[MinWlk10]**

INTERVIEWER: RECORD HERE MINUTES SPENT WALKING.

Range: 0..59

**[WalkPace]**

Which of the following best describes your **usual** walking pace ...READ OUT...

- 1 ...a slow pace,
- 2 ...a steady average pace,
- 3 ...a fairly brisk pace,
- 4 ...or, a fast pace - at least 4 mph?
- 5 (none of these)

**ASK ALL**

**(NOTE CHANGE OF TIME REFERENCE TO 10 MINUTES)**

**[ActPhy]**

SHOW CARD E5

Can you tell me if you have done any activities on this card during the last 4 weeks, that is since (date four weeks ago)? Include teaching, coaching, training and practice sessions.

- 1 Yes
- 2 No

**IF ActPhy = Yes THEN**

**[WhtAct]\***

Which have you done in the last four weeks? PROBE: Any others?

CODE ALL THAT APPLY.

- |    |   |            |
|----|---|------------|
| 1  | Swimming  | [Whtact01] |
| 2  | Cycling   | [Whtact02] |
| 3  | Workout at a gym/Exercise bike/ Weight training | [Whtact03] |
| 4  | Aerobics/Keep fit/Gymnastics/ Dance for fitness | [Whtact04] |
| 5  | Any other type of dancing                       | [Whtact05] |
| 6  | Running/ Jogging                                | [Whtact06] |
| 7  | Football/ Rugby                                 | [Whtact07] |
| 8  | Badminton/ Tennis                               | [Whtact08] |
| 9  | Squash  | [Whtact09] |
| 10 | Exercises (e.g. press-ups, sit ups)             | [Whtact10] |

**REPEAT FOR UP TO 6 ADDITIONAL SPORTS**

**[OActQ11] to [OactQ16]**

Have you done any other sport or exercise not listed on the card?

- 1 Yes
- 2 No

**IF OActQ = Yes THEN**

**[WHTACT11] to [WHTACT16]**

PROBE FOR NAME OF SPORT OR EXERCISE. WRITE IN.

*DayExc to ExcSwt repeated for each sport/exercise coded at WhtAct or mentioned at OthAct*

**DayExc\***

[swimoc10] to [actdoc10]

Can you tell me on how many separate days did you do (*name of activity*) for at least 10 minutes a time during the past four weeks, that is since (*date four weeks ago*)?

IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.

Range: 0..28

**ExcHrs\***

[swimhr10] to [actdhr10]

How much time did you usually spend doing (*name of activity*) on each day? (Only count times you did it for at least 10 minutes).

RECORD HOURS SPENT BELOW.

ENTER 0 IF LESS THAN 1 HOUR.

RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

**ExcMin\***

[swimmn10] to [actdmn10]

INTERVIEWER: RECORD MINUTES HERE.

Range: 0..59

**ExcSwt\***

[swimef10] to [actdef10]

During the past four weeks, was the effort of (*name of activity*) usually enough to make you out of breath or sweaty?

- 1 Yes
- 2 No

**ENVIRONMENT AND HEALTH: ASK STRAND A ONLY (NEW)**

**PAWhere\***

**SHOW CARD E6**

In the past 4 weeks have you made use of any of the places listed on this card for any of the physical activities you have just told me about, for example for walking, cycling, sports or doing any heavy housework or gardening?

- |    |   |             |
|----|---|-------------|
| 1  | A woodland, forest or tree covered park                 | [PaWhere1]  |
| 2  | An open space or park                                   | [PaWhere2]  |
| 3  | Country paths (not on tarmac)                           | [PaWhere3]  |
| 4  | A beach/sea shore/loch/river or canal                   | [PaWhere4]  |
| 5  | Sports fields or outdoor courts (e.g. tennis, 5-a-side) | [PaWhere5]  |
| 6  | A swimming pool   | [PaWhere6]  |
| 7  | A gym or sports centre                                  | [PaWhere7]  |
| 8  | Pavements or streets in your local area                 | [PaWhere8]  |
| 9  | Your home or garden                                     | [PaWhere9]  |
| 10 | Somewhere else  | [PaWhere10] |
| 11 | No - not used any of these                              | [PaWhere11] |

**IF PAWhere = 1 TO 10 THEN**

**ASKED FOR EACH PLACE MENTIONED [PAOfte01] to [PAOfte10]**

**SHOW CARD E7**

How often in the past 4 weeks have you made use of (*name of place*) for physical activity?

- |   |                               |
|---|-------------------------------|
| 1 | Every day                     |
| 2 | 4-6 days a week               |
| 3 | 2-3 days a week               |
| 4 | Once a week                   |
| 5 | 2-3 times in the last 4 weeks |
| 6 | Once in the last 4 weeks      |
| 7 | (Varies too much to say)      |

**TIME AT SCREEN: ASK STRAND A ONLY (NEW)**

**ASK ALL STRAND A AGE 16+**

**[TVWeek]**

Thinking first of weekdays, that is Monday to Friday, how much time on **an average day** do you spend watching TV or another type of screen such as a computer, game boy, or video game? Please do **not** include any time spent in front of a screen while at nursery or school.

RECORD **HOURS** SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

**[MinTVWk]**

RECORD MINUTES HERE.

Range: 0..59

**[TVWkEnd]**

Now thinking of the weekend, that is Saturday and Sunday, how much time on **an average day** do you spend watching TV or another type of screen (such as a computer, game boy, or video game)? Again, please do **not** include any time spent in front of a screen while at nursery or school.

RECORD **HOURS** SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

**[MinTvWe]**

RECORD MINUTES HERE.

Range: :0..59

## Child physical activity module (Age 2-15) (All Versions)

---

### ASK IF RESPONDENT IS 4 YEARS OLD

[ChSch]

Can I just check, is (*name of child*) at school in Primary 1 yet?

- 1 Yes
- 2 No

### ASK ALL AGED 2-15

[Wlk5Ch]

Now I'd like to ask you about some of the things (*you/name of child*) have/has done **in the last week**. By last week I mean last (*day seven days ago*) up to yesterday. In the last week, have you (*has he/she*) done a **continuous** walk that lasted **at least 5 minutes** (*not counting things done as part of school lessons*)?

- 1 Yes
- 2 No

### IF Wlk5Ch = Yes THEN

[Dwlkchb]

On how many **days** in the last week did (*you/name of child*) do a continuous walk that lasted at least 5 minutes (*not counting things done as part of school lessons*)?

- 1 One day
- 2 Two days
- 3 Three days
- 4 Four days
- 5 Five days
- 6 Six days
- 7 Every day

[DayWlkT]

SHOW CARD F1

On each **day** that (*you/name of child*) did a walk like this for at least 5 minutes, how long did (*you/he/she*) spend walking altogether? Please give an answer from this card

INTERVIEWER NOTE: COUNT TOTAL TIME SPENT WALKING. SO TWO WALKS OF 10 MINUTES EACH = 20 MINUTES WALKING

- (1 *Less than five minutes*)
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1½ hours
- 6 1½ hours, less than 2 hours
- 7 2 hours, less than 2½ hours
- 8 2½ hours, less than 3 hours
- 9 3 hours, less than 3½ hours
- 10 3½ hours, less than 4 hours
- 11 4 hours or more (please specify how long)

*(The answer options used at DayWlkT, on show card F1, are used repeatedly in the child physical activity module. Further mentions of show card F1 will not, therefore, list out the options in full).*

**IF DayWkT = 4 hours or more THEN**

**[WkHrs]**

How long did (*you/name of child*) spend walking on each day?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

**[WkMin]**

RECORD HERE MINUTES SPENT WALKING.

Range: 0..59

**IF Wk5Ch = Yes AND AGE 13-15**

**[ChPace]**

Which of the following describes your **usual** walking pace ... READ OUT ...

- 1 ... a slow pace,
- 2 ... a steady average pace,
- 3 ... a fairly brisk pace,
- 4 ... or, a fast pace - at least 4 mph?
- 5 (None of these)

**ASK ALL AGED 8-15**

**[HWkCh]**

In the last week have/has (*you/name of child*) done any housework or gardening which involved pulling or pushing, like hoovering, cleaning a car, mowing grass or sweeping up leaves for at least 15 minutes a time?

- 1 Yes
- 2 No

**IF HWkCh = Yes THEN**

**[DHWkCh]**

On how many days in the last week have/has (*you/name of child*) done any housework or gardening of this type for at least 15 minutes a time?

- 1 One day
- 2 Two days
- 3 Three days
- 4 Four days
- 5 Five days
- 6 Six days
- 7 Every day

**[THwk]** (*See question [DayWkT] for full listing of answer options on card F1*)

SHOW CARD F1

On each day that (*you/name of child*) did any housework or gardening of this type for at least 15 minutes a time, how long did (*you/he/she*) spend?

Please give an answer from this card.

**IF THWk = 4 hours or more THEN**

**[HWkHrs]**

How long did you spend doing housework or gardening on each day?

RECORD HOURS SPEND BELOW. RECORD MINUTES AT NEXT QUESTION. Range: 4..12

**[HWkMin]**

RECORD HERE MINUTES SPENT DOING HOUSEWORK/GARDENING.

Range: 0..59

**ASK ALL AGED 2-15**

**[SPORT]\***

I would now like to ask you about any sports or exercise activities that you have done. I will then go on to ask about other active things you may have done like running about, riding a bike, kicking a ball around and things like that. For the following questions please (*include any activities done at a nursery or playgroup/don't count any activities done as part of school lessons*).

**[Spt1Ch]**

SHOW CARD F2

In the last week, that is last (*day 7 days ago*) up to yesterday, have/has (*you/name of child*) done any sports or exercise activities (*not counting things done as part of school lessons*)? This card shows some of the things (*you/he/she*) might have done; please also include any other sports or exercise activities like these.

INTERVIEWER: DO NOT COUNT ANYTHING DONE TODAY.

- 1 Yes
- 2 No

**ASK ALL AGED 2-15 WHO DID SOME SPORT IN THE PAST 7 DAYS (IF Spt1Ch = Yes)**

**[WESpDo]**

Did you do any of these sports or exercise activities at the weekend, that is last Saturday and Sunday (*yesterday and last Sunday*)?

- 1 Yes
- 2 No

**IF WESpDo = Yes THEN**

**[DWESpCh]**

Was that on Saturday or Sunday or on both days?

- 1 Saturday only
- 2 Sunday only
- 3 Both Saturday and Sunday

**[LWeSp]** (*See question [DayWkT] for full listing of answer options on card F1*)

SHOW CARD F1

On (*Saturday/Sunday/Saturday and Sunday*) when (*you/name of child*) did these sports or exercise activities, how long did (*you/he/she*) spend (*on each day*)? Please give an answer from this card.

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

**IF LWeSp = 4 hours or more THEN**

**[WeSpH]**

How long did (*you/name of child*) spend doing these sports or exercise activities?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION.

Range: 4..12

[WeSpM]

RECORD HERE MINUTES SPEND DOING SPORTS OR EXERCISE ACTIVITIES.

Range: 0..59

**ASK ALL AGED 2-15 WHO DID SOME SPORT IN THE PAST 7 DAYS (IF Spt1ch = Yes)**

[DayspCh]

Still thinking about last week. On how many of the **weekdays** did (*you/name of child*) do any of these sports or exercise activities? (*Please remember not to count things done as part of school lessons*)

- 0 None in last week
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days

**IF DayspCh = 1 day to 5 days THEN**

[LWkSp]

SHOW CARD F1

On each weekday that you did these sports or exercise activities, how long did you spend? Please give an answer from this card.

**IF LWkSp = 4 hours or more THEN**

[WkSpH]

How long did you spend doing these sports or exercise activities on each weekday?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[WkSpM]

RECORD HERE MINUTES SPENT DOING SPORTS OR EXERCISE ACTIVITIES

Range: 0..59

**ASK ALL AGE 2-15**

[WeActCh]

SHOW CARD F3

Now I would like to know about when (*you/name of child*) do/does active things, like the things on this card or other activities like these. Did (*you/he/she*) do any active things like these at the weekend, that is last Saturday and Sunday (*yesterday and last Sunday*)?

INTERVIEWER NOTE: DO NOT INCLUDE ANY ACTIVITIES ALREADY COVERED UNDER SPORTS AND EXERCISE ACTIVITIES

- 1 Yes
- 2 No

**IF WeActCh = Yes THEN**

[DWEactCh]

Was that on Saturday or Sunday or on both days?

- 1 Saturday only
- 2 Sunday only
- 3 Both Saturday and Sunday

[LWEAct] (See question [DayWkT] for full listing of answer options on card F1)

SHOW CARD F1

On (Saturday/Sunday/Saturday and Sunday) when (you/name of child) did active things like these, how long did (you/he/she) spend (on each day)? Please give an answer from this card.

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

**IF LWEAct= 4 hours or more THEN**

[WeActH]

How long did (you/name of child) spend doing active things like these?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION.

Range: 4..12

[WeActM]

RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE

Range: 0..59

**ASK ALL AGE 2-15**

[WkActCh]

SHOW CARD F3

Still thinking about last week. On how many of the **weekdays** did (you/name of child) do active things, like the things on this card or other activities like these (*not counting things done as part of school lessons*)?

INTERVIEWER NOTE: DO NOT INCLUDE ANY ACTIVITIES ALREADY COVERED UNDER SPORTS AND EXERCISE ACTIVITIES

- 0 None in last week
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days

**IF WkActCh = 1 day to 5 days THEN**

[LWkAct]

SHOW CARD F1

On each **weekday** that (you/name of child) did active things like these, how long did (you/he/she) spend? Please give an answer from this card.

**IF LWkAct = 4 hours or more THEN**

[WkActH]

How long did (you/name of child) spend doing active things like these on each weekday?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

[WkActM]

RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE.

Range: 0..59

**ASK ALL AGE 2-15**

**[DaysTot]**

Now thinking about all the activities during the past week you have just told me about including any walking, (*gardening, housework,*) sports or other active things. On how many **days** in the last week **in total** did (*you/name of child*) do any of these activities (*not counting things done as part of school lessons*)?

- 0 None
- 1 One day
- 2 Two days
- 3 Three days
- 4 Four days
- 5 Five days
- 6 Six days
- 7 Every day

**SCHOOL BASED PHYSICAL ACTIVITY: ALL STRANDS (NEW)**

**ASK IF AGED 5-15 OR IF AGED 4 AND IS AT SCHOOL**

**[SchAct]**

I would now like to ask about any activities such as walking, sports, exercise or other active things that (*you/child's name*) have/has done in the last week whilst in a lesson at school.

Did (*you/child's name*) do any activities (walking, sports, exercise or other active things) in any lessons whilst at school last week?

- 1 Yes
- 2 No

**IF SchAct=Yes THEN**

**[SchDays]**

On how many days in the last week did (*you/child's name*) do any activities (walking, sports, exercise or other active things) in lessons at school?

- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days
- 6 6 days
- 7 7 days

**[SchTime]**

SHOW CARD F1 AGAIN

On each day that (*you/child's name*) did something active (walking, sports, exercise or other active things) in lessons at school, how long did (*you/he/she*) spend doing it?

Please give an answer from this card.

- 1 Less than 5 minutes
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1 ½ hours
- 6 1 ½ hours, less than 2 hours
- 7 2 hours, less than 2 ½ hours
- 8 2 ½ hours, less than 3 hours
- 9 3 hours, less than 3 ½ hours
- 10 3 ½ hours, less than 4 hours
- 11 4 hours or more (please say how long)

**IF SchTime = 11 THEN**

**[SchTmH]**

How long did (*you/child's name*) spend doing active things in lessons at school on each day?

INTERVIEWER: RECORD HOURS SPENT BELOW

RECORD MINUTES AT THE NEXT QUESTION

Range: 4..12

**[SchTmM]**

INTERVIEWER: RECORD MINUTES SPENT DOING ACTIVE THINGS IN LESSONS AT SCHOOL

Range: 0..59

**ASK ALL AGE 2-15**

**[Usual]<sup>9</sup>**

Were the activities (*you/child's name*) did last week different from what (*you/he/she*) would usually do for any reason?

IF YES PROBE: Would (*you/child's name*) usually do **more** physical activity or **less**?

- 1 NO - same as usual
- 2 YES DIFFERENT - usually do MORE
- 3 YES DIFFERENT - usually do LESS

---

<sup>9</sup> Problem with routing in CAPI programme meant this was only asked of children at school until v15 of questionnaire

**ENVIRONMENT AND HEALTH: ASK STRAND A ONLY (NEW)**

**ASK IF AGED 2-15**

[PAWhere]\*

SHOW CARD F4

In the past 4 weeks have/has (*you/child's name*) made use of any of the places listed on this card for any of the physical activities you have just told me about, for example for walking, cycling, or doing any sport?

- |    |   |            |
|----|---|------------|
| 1  | A woodland, forest or tree covered park                 | [PaWher13] |
| 2  | An open space or park                                   | [PaWher14] |
| 3  | Country paths (not on tarmac)                           | [PaWher15] |
| 4  | A beach/sea shore/loch/river or canal                   | [PaWher16] |
| 5  | Sports fields or outdoor courts (e.g. tennis, 5-a-side) | [PaWher17] |
| 6  | A swimming pool   | [PaWher18] |
| 7  | A gym or sports centre                                  | [PaWher19] |
| 8  | Pavements or streets in your local area                 | [PaWher20] |
| 9  | A playground or playpark                                | [PaWher21] |
| 10 | Your home or garden                                     | [PaWher22] |
| 11 | Somewhere else  | [PaWher23] |
| 12 | No - not used any of these                              | [PaWher24] |

**FOR EACH PLACE MENTIONED**

[PAOfte13] to [PaOfte22]

SHOW CARD F5

How often in the past 4 weeks have/has (*you/child's name*) made use of (*name of place*) for physical activity?

- 1 Every day
- 2 4-6 days a week
- 3 2-3 days a week
- 4 Once a week
- 5 2-3 times in the last 4 weeks
- 6 Once in the last 4 weeks
- 7 (Varies too much to say)

**TIME AT SCREEN: ASK STRAND A ONLY (NEW)**

**ASK ALL AGED 2-15**

[TVWeek2]

Thinking first of weekdays, that is Monday to Friday, how much time on **an average day** do/does (*you/child's name*) spend watching TV or another type of screen such as a computer, game boy, or video game? Please do **not** include any time spent in front of a screen while at nursery or school.

RECORD **HOURS** SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

[MinTVWk2]

RECORD MINUTES HERE.

Range: 0..59

[TVWkEnd2]

Now thinking of the weekend, that is Saturday and Sunday, how much time on **an average day** do/does (*you/child's name*) spend watching TV or another type of screen (such as a computer, game

boy, or video game)? Again, please do **not** include any time spent in front of a screen while at nursery or school.

RECORD **HOURS** SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR OR NEVER WATCHES SCREEN. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

**[MinTvWe2]**

RECORD MINUTES HERE.

Range: :0..59

## **Eating habits module (Version A - 2 +), (Version B - 2-15)**

---

### **ASK ALL AGED 2-15 AND AGED 16+ VERSION A ONLY**

**[UsBred08]<sup>10</sup>**

What kind of bread do you usually eat? Is it ... READ OUT...

CODE ONE ONLY

INTERVIEWER: Soda Bread, Chollah = CODE 1;

Wheatgerm, Wheatmeal, Granary, Rye, German, Highbran = CODE 2

- 1 white
- 2 brown, granary, wheatmeal,
- 3 wholemeal
- 4 SPONTANEOUS: (Wholemeal/white mixture e.g. 'Best of Both')
- 5 SPONTANEOUS: (Does not have usual type)
- 6 (Does not eat any type of bread)
- 7 (Other type of bread that does not fit above codes)

### **If UsBread=Other type of bread**

**[BreadOth]\***

INTERVIEWER: PLEASE SPECIFY...

Text: Maximum [90] characters

### **ASK ALL WHO EAT BREAD (AT UsBread)**

**[BrSlice]**

SHOW CARD G1

Now looking at this card, how many **slices of bread**, or how many **rolls**, do you usually eat on any **one day**?

INTERVIEWER: If varies, ask for an average

- 1 6 a day or more
- 2 4-5 a day
- 3 2-3 a day
- 4 One a day
- 5 Less than one per day

### **ASK ALL**

**[Milk08]<sup>11</sup>**

What kind of milk do you usually use for drinks, in tea or coffee and on cereals?

Is it ... READ OUT...

CODE ONE ONLY

- 1 ...whole milk,
- 2 semi-skimmed,
- 3 skimmed,
- 4 or, some other kind of milk? (TRY TO USE CODES BELOW)
- 5 (Soya/Rice/Oat-based milk)
- 6 (Goat's milk)
- 7 (Infant formula milk)
- 8 (Does not have usual type)
- 9 (Does not drink milk)

---

<sup>10</sup> The question wording and answer categories changed in 2008.

<sup>11</sup> The question wording and answer categories changed in 2008.

**[AtTable]**

At the table do you ... READ OUT...

CODE ONE ONLY

- 1 ...generally add salt to your food without tasting it first,
- 2 taste the food, but then generally add salt,
- 3 taste the food, but only occasionally add salt,
- 4 rarely, or never, add salt at the table?

**[Cereal08]<sup>12</sup>**

Which type of breakfast cereal, including porridge, do you normally eat?

CODE ONE ONLY FROM CODING LIST 1

- 1 High fibre & high sugar
- 2 High fibre & low or no sugar
- 3 Low fibre & high sugar
- 4 Low fibre & low or no sugar
- 5 Other cereal **not** on coding list
- 6 SPONTANEOUS: (Does not have usual type)
- 7 (Does not eat breakfast cereal)

**IF [Cereal] = 7 DO NOT ASK [CerOth]**

**IF Cereal = Code 5 THEN**

**[CerOth]\***

PLEASE SPECIFY

**IF CEREAL=1 to 6 OR DON'T KNOW**

**[Cereals]**

SHOW CARD G2

How often do you eat **breakfast cereals, including porridge?**

DO NOT COUNT BREAKFAST CEREAL BARS

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

*(The answer options used at Cereals, on show card G2, are used repeatedly in the eating habits module. Further mentions of show card G2 will not, therefore, list out the options in full).*

---

<sup>12</sup> The question wording and answer categories changed in 2008.

**ASK ALL**

**[Chips]**

SHOW CARD G2

How often do you eat **chips**?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

**[Potatoes]**

SHOW CARD G2

Other than chips, how often do you eat **potatoes, pasta or rice**?

**[Meat]**

SHOW CARD G2

How often do you eat **meat such as beef, lamb, pork etc**, not including poultry?

**[MeatProd]**

SHOW CARD G2

How often do you eat **meat products** such as sausages, meat pies, bridies, corned beef, or burgers?

INTERVIEWER: INCLUDE LORNE, SLICED, AND LINKS SAUSAGES

**[Poultry]**

SHOW CARD G2

How often do you eat **poultry such as chicken or turkey**?

**[TFish]**

SHOWCARD G2

How often do you eat **canned tuna fish**? Please don't count fresh or frozen tuna.

**[WFish]**

SHOW CARD G2

How often do you eat **white fish** such as cod, haddock, whiting, sole or plaice, including fresh or frozen fish?

**[FishOil]**

SHOW CARD G2

How often do you eat **other types of fish** such as herring, mackerel, salmon or kippers, including fresh, frozen or canned fish?

INTERVIEWER: If asked, include fresh or frozen tuna here.

**[Cheese]**

SHOWCARD G2

How often do you eat **cheese** not including cottage cheese and other reduced fat cheeses?

**[Confec]**

SHOW CARD G2

How often do you eat **sweets or chocolates**?

**[IceCream]**

SHOW CARD G2

How often do you eat **ice cream**?

**[Crisps]**

SHOW CARD G2

How often do you eat **crisps or other savoury snacks**?

**[SoftDr] (New instruction re: flavoured water/diluting drinks)**

SHOW CARD G2

How often do you drink **soft drinks, not** including diet or low-calorie drinks?

INTERVIEWER: Include cans, bottles, mixers. Include flavoured water and diluting drinks as long as they are **not** diet or low-calorie. Do **not** include fresh fruit juice.

**[DietDr] (New question)**

SHOW CARD G2

How often do you drink diet or low-calorie **soft drinks**?

INTERVIEWER: Include cans, bottles, mixers. Include diet or low-cal flavoured water or diluting drinks here. Do **not** include fresh fruit juice or plain water

**ASK ALL AGED 2-15**

**[MilkDr] (New question)**

SHOW CARD G2

How often do you drink milk, **not** including milk used for tea, coffee and cereals, or in milkshakes or other flavoured milks?

INTERVIEWER: include soya / goat's milk.

**ASK ALL**

**[Water] (New question)**

SHOW CARD G2

How often do you drink **plain water**, for example from the tap, a water cooler or a bottle of water?

INTERVIEWER: If asked, include carbonated/fizzy water.

**[CakesEtc]**

SHOWCARD G2

How often do you eat **cakes, scones, sweet pies or pastries**?

**[Biscuits]**

SHOWCARD G2

How often do you eat **biscuits**?

**ASK ALL WHO EAT BISCUITS AT LEAST ONCE A DAY**

**[Biscuit]**

SHOW CARD G1 AGAIN

How many **biscuits** do you usually eat on any one day?

INTERVIEWER: If varies, ask for an average

- 1 6 a day or more
- 2 4-5 a day
- 3 2-3 a day
- 4 One a day
- 5 Less than one per day

**ASK ALL WHO EAT CAKES / SCONES / PIES ETC AT LEAST ONCE A DAY**

**[CakeScon]**

SHOW CARD G1 AGAIN

How many **cakes, scones, sweet pies or pastries** do you usually eat on any one day?

INTERVIEWER: If varies, ask for an average

- 1 6 a day or more
- 2 4-5 a day
- 3 2-3 a day
- 4 One a day
- 5 Less than one per day

## Fruit and vegetable module (All Versions)

---

### ASK ALL AGED 2+

[VFInt]\*

I'd like to ask you a few questions about some of the things you ate and drank yesterday. By yesterday I mean 24 hours from midnight to midnight. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten.

- 1 Continue

[VegSal]

Did you eat any salad yesterday? Don't count potato, pasta or rice salad or salad in a sandwich.

INTERVIEWER: Salads made mainly from beans can **either** be included here **or** at the next question.

- 1 Yes
- 2 No

### IF VegSal = Yes THEN

[VegSalQ]

How many cereal bowlsful of salad did you eat yesterday?

IF ASKED: 'Think about an average-sized cereal bowl'.

Range: 0.5 ..50.0

### ASK ALL AGED 2+

[VegPul]

Did you eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans. Don't count pulses in foods like Chilli con carne.

- 1 Yes
- 2 No

### IF VegPul = Yes THEN

[VegPulQ] (NEW SHOW CARD WITH SPOON PICTURES)

SHOW CARD G3

How many tablespoons of pulses did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

FOR INFO: An average sized can of baked beans = 10 tablespoons.

Range: 0.5.. 50.0

### ASK ALL AGED 2+

[VegVeg]

Not counting potatoes, did you eat any vegetables yesterday?

Include fresh, raw, tinned and frozen vegetables.

- 1 Yes
- 2 No

### IF VegVeg = Yes THEN

[VegVegQ] (NEW SHOW CARD WITH SPOON PICTURES)

SHOW CARD G3

How many tablespoons of vegetables did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5...50.0

**ASK ALL AGED 2+**

**[VegDish]**

(Apart from anything you have already told me about, did /Did) you eat any (other) dishes made **mainly** from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry?  
Don't count vegetable soups or dishes made mainly from potatoes.

- 1 Yes
- 2 No

**IF VegDish = Yes THEN**

**[VegDishQ] (NEW SHOW CARD WITH SPOON PICTURES)**

SHOW CARD G3

How many tablespoons of vegetables or pulses did you eat (*in these kinds of dishes*) yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5 - 50.0

**ASK ALL AGED 2+**

**[VegUsual]**

Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...

...READ OUT...

- 1 less than usual,
- 2 more than usual,
- 3 or about the same as usual?

**[FrtDrk08]<sup>13</sup>**

Did you drink any pure fruit juice yesterday? Don't count diluting juice, squashes, cordials or fruit-drinks.

INTERVIEWER: Include pure fruit juice from concentrate.

- 1 Yes
- 2 No

**IF FrtDrk08 = Yes THEN**

**[FrtDrnkQ]**

How many small glasses of pure fruit juice did you drink yesterday?

IF ASKED: 'A small glass is about a quarter of a pint'.

Range: 0.5-.50.0

**ASK ALL AGED 2+**

**[Frt]**

Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.

- 1 Yes
- 2 No

---

<sup>13</sup> The question wording changed slightly in 2008

**FrtC TO FrtMor REPEATED FOR EACH FRUIT CODED AT FrtC OR MENTIONED AT FrtOth**  
**IF Frt = Yes (OR FrtMor = Yes)**

[FrtC]\* (Variable names: FrtC01-FrtC08)

What kind of fresh fruit did you eat yesterday?

INTERVIEWER: Use the **Fresh Fruit Size list** in the coding booklet to code the size of this fruit (common examples listed below, **if in doubt** use the coding booklet).

IF MORE THAN ONE KIND OF FRUIT MENTIONED, CODE ONE HERE ONLY

- 1 Very large fruit (e.g. melon (all types), pineapple)
- 2 Large fruit (e.g. grapefruit, mango)
- 3 Medium-sized fruit (e.g. apple, banana, orange, peach)
- 4 Small fruit (e.g. kiwi, plum, apricot)
- 5 Very small fruit (e.g. strawberry, grapes (all types))
- 6 Not on coding list

**IF (FrtC = Very large fruit ... Very small fruit)**

[FrtQ]\* (Variable names: FrtQ01-FrtQ08)

IF FrtC= 'Very large fruit': How many average slices of this fruit did you eat yesterday?

IF FrtC= 'Large / Medium / Small fruit': How much of this fruit did you eat yesterday?

IF FrtC= 'Very small fruit': How many average handfuls of this fruit did you eat yesterday?

Range: 0.5-.50.0

**IF (FrtC = Not on coding list)**

[FrtOth]\*

What was the name of this fruit?

Text: Maximum 50 characters

[FrtNotQ]\* (Variable names: FrtNot01-FrtNot05)

How much of this fruit did you eat?

Text: Maximum 50 characters

**REPEAT FOR UP TO 15 ADDITIONAL FRUITS**

[FrtMor]\* (Variable names: FrtMor01-FrtMor08)

Did you eat any other fresh fruit yesterday?

- 1 Yes
- 2 No

**ASK ALL AGED 2+**

[FrtDry]

Did you eat any dried fruit yesterday? Don't count dried fruit in cereal, cakes, etc.

- 1 Yes
- 2 No

**IF FrtDry = Yes THEN**

[FrtDryQ] (NEW SHOW CARD WITH SPOON PICTURES)

SHOW CARD G3

How many tablespoons of dried fruit did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5-.50.0

[FrtFroz]

Did you eat any frozen or tinned fruit yesterday?

- 1 Yes
- 2 No

**IF FrtFroz = Yes THEN**

**[FrtFrozQ] (NEW SHOW CARD WITH SPOON PICTURES)**

SHOW CARD G3

How many tablespoons of frozen or tinned fruit did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5-.50.0

**[FrtDish]**

*(Apart from anything you have already told me about,)* Did you eat any *(other)* dishes made **mainly** from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.

- 1 Yes
- 2 No

**IF FrtDish = Yes THEN**

**[FrtDishQ] (NEW SHOW CARD WITH SPOON PICTURES)**

SHOW CARD G3

How many tablespoons of fruit did you eat *(in these kinds of dishes)* yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5-.50.0

**[FrtUsual]**

Compared with the amount of fruit and fruit juice you usually eat and drink, would you say that yesterday you ate and drank...

...READ OUT...

- 1 less than usual,
- 2 more than usual,
- 3 or about the same as usual?

## Smoking module (All Versions)

---

**IF Age of Respondent is 18 or 19 years THEN**

[BookChk]

INTERVIEWER CHECK: (Name of respondent) IS AGED (age of respondent). RESPONDENT TO BE...

- 1 Asked Smoking/Drinking questions
- 2 Given LILAC SELF-COMPLETION BOOKLET FOR YOUNG ADULTS

**ASK ALL AGED 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW)**

[SmokEv]\*

May I just check, have you ever smoked a cigarette, a cigar or a pipe?

CODE ALL THAT APPLY.

- 1 Yes: cigarette [SMOKEV08]\$<sup>14</sup>
- 2 Yes: cigars [SMOKEV09]\$
- 3 Yes: pipe [SMOKEV10]\$
- 4 No [SMOKEV11]\$

**New derived variable:**

**IF ANY SmokEv08 - SmokEv10 = 1 SmokEver = Yes; IF SmokEv11 = 1 THEN SmokEver = No**

[SmkEver]\$

DV: Have you ever smoked a cigarette, a cigar or a pipe?

- 1 Yes
- 2 No

**IF SmkEver = Yes THEN**

[SmokeNow]\$

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

**IF SmokeNow = Yes THEN**

[DlySmoke]\$

About how many cigarettes a day do you usually smoke on weekdays?

IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.

IF LESS THAN ONE A DAY, ENTER 0

IF SMOKES ROLL-UPS AND CANNOT GIVE CIGARETTE NO., CODE 97.

Range: 0..97

**IF DlySmoke = 97 THEN**

[DlyEst]

How much tobacco do you usually smoke on weekdays?

CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.

ENTER THE AMOUNT AT THE NEXT QUESTION:

- 1 Grams
- 2 Ounces

**IF DlyEst= Grams THEN**

---

<sup>14</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview or the self-completion booklet for young people, at the interviewers' discretion. Variables marked with \$ are combined with data from the self-completion booklet for 16-17 year olds in the final dataset to allow analysis of all age 16+.

**[DlyG]**  
ENTER AMOUNT IN GRAMS  
Range: 0..100

**IF DlyEst= Ounces THEN**

**[DlyOz]**  
ENTER AMOUNT IN OUNCES  
Range: 0.00..100.00

**IF SmokeNow = Yes THEN**

**[WkndSmok]**  
And about how many cigarettes a day do you usually smoke at weekends?  
IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.  
IF LESS THAN ONE A DAY, ENTER 0  
IF SMOKES ROLL-UPS AND CANNOT GIVE CIGARETTE NO., CODE 97.  
Range : 0..97

**IF WkndSmok = 97 THEN**

**[WkndEst]**  
How much tobacco do you usually smoke on weekends?  
CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.  
ENTER THE AMOUNT AT THE NEXT QUESTION

- 1 Grams
- 2 Ounces

**IF WkndEst= Grams THEN**

**[WkndG]**  
ENTER AMOUNT IN GRAMS  
Range: 0..100

**IF WkndEst= Ounces THEN**

**[WkndOz]**  
ENTER AMOUNT IN OUNCES  
Range: 0.00..100.00

**IF Smokev08 =YES AND SmokeNow=No THEN**

**[SmokeReg]\$**  
Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally?

- 1 Smoked cigarettes regularly, at least 1 per day
- 2 Smoked them only occasionally
- 3 SPONTANEOUS: Never really smoked cigarettes, just tried them once or twice

**IF SmokeReg = Smoked cigarettes regularly THEN**

**[NumSmok]**  
About how many cigarettes did you smoke in a day?  
IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.  
IF LESS THAN ONE A DAY, ENTER 0  
IF SMOKES ROLL-UPS, AND CANNOT GIVE CIGARETTE NO., CODE 97  
Range: 0..97

**IF NumSmok = 97 THEN**

**[NumEst]**

About how much tobacco did you smoke a day?

CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.

ENTER THE AMOUNT AT THE NEXT QUESTION

- 1 Grams
- 2 Ounces

**IF NumEst= Grams THEN**

**[Numg]**

ENTER AMOUNT IN GRAMS

Range: 0..100

**IF Numest= Ounces THEN**

**[Numoz]**

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

**IF SmokeReg = Smoked cigarettes regularly THEN**

**[SmokYrs]**

And for approximately how many years did you smoke regularly?

INTERVIEWER: IF LESS THAN ONE YEAR, CODE 0.

Range: 0..64

**IF SmokeReg = Smoked cigarettes regularly OR Smoked them only occasionally THEN**

**[EndSmoke]**

How long ago did you stop smoking cigarettes regularly?

INTERVIEWER: ENTER NO. OF YEARS. IF LESS THAN ONE YEAR AGO, CODE 0.

Range: 0..64

**IF EndSmoke = 0 THEN**

**[LongEnd]**

How many months ago was that?

- 1 Less than six months ago
- 2 Six months, but less than one year

**IF (SmokeNow = Yes) OR (SmokeReg = Smoked cigarettes regularly) THEN**

**[StartSmk]**

How old were you when you started to smoke cigarettes regularly?

INTERVIEWER: IF 'Never smoked regularly', CODE 97.

Range: 0..97

**IF (SmokeNow = Yes) OR (SmokeReg = Smoked cigarettes regularly OR Smoked them only occasionally) THEN**

**[DrSmoke]**

Has a medical person (e.g. doctor/nurse) ever advised you to stop smoking altogether because of your health?

- 1 Yes
- 2 No

**IF DrSmoke = Yes THEN**

**[DrSmoke1]**

How long ago was that?

- 1 Within the last twelve months
- 2 Over twelve months ago

**ASK ALL 18/20+ WHO CURRENTLY SMOKE (IF SmokeNow = Yes)**

**[SmokStop]**

Can I check, how many times, **if any**, have you tried to give up smoking?

- 1 Never tried to stop smoking
- 2 Once or twice
- 3 Three times or more

**[StopWant]**

Would you like to give up smoking?

- 1 Yes
- 2 No

**ASK ALL AGED 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW)**

**[Passive]**

SHOW CARD H1

Are you regularly exposed to other people's tobacco smoke in any of these places?

PROBE: Where else?

CODE ALL THAT APPLY

- |                         |              |
|-------------------------|--------------|
| At own home             | [Passive1]\$ |
| At work                 | [Passive2]\$ |
| In other people's homes | [Passive3]\$ |
| On public transport     | [Passive4]\$ |
| In pubs                 | [Passive5]\$ |
| In other public places  | [Passive6]\$ |
| No, none of these       | [Passive7]\$ |

**IF EXPOSED TO SMOKE IN ANY PLACES**

**[Bother]\$**

Does this bother you at all?

- 1 Yes
- 2 No

## Drinking module (All Versions)

---

**IF (Age of Respondent is 18 years or over) OR (BookChk = Asked)**

[Drink]<sup>15\$</sup>

I am now going to ask you a few questions about what you drink - that is if you drink. Do you ever drink alcohol nowadays, including drinks you brew or make at home?

- 1 Yes
- 2 No

**IF Drink = No THEN**

[DrinkAny]<sup>\$</sup>

Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

- 1 Very occasionally
- 2 Never

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

[Intro]\*

INTERVIEWER - READ OUT: I'd like to ask you (all) whether you have drunk different types of alcoholic drink in the last 12 months. I do not need to know about non-alcoholic or low alcohol drinks.

[NBeer]<sup>\$</sup>

SHOW CARD J1

I'd like to ask you first about **normal strength** beer or cider which has less than 6% alcohol. How often have you had a drink of **normal strength** BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) during the last 12 months? (NORMAL = less than 6% Alcohol by volume)

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS STRONG OR NORMAL, INCLUDE HERE AS NORMAL.

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

*(The answer options used at NBeer, on show card J1, are used repeatedly in the drinking module. Further mentions of show card J1 will not, therefore, list out the options in full).*

---

<sup>15</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

**IF (Nbeer =Almost every day...Once or twice a year) THEN**

**[NBeerM]\***

How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- |   |            |                         |
|---|------------|-------------------------|
| 1 | Half pints | [NBeerM1]\$             |
| 2 | Small cans | [NBeerM2]\$             |
| 3 | Large cans | [NBeerM3]\$             |
| 4 | Bottles    | [NBeerM4] <sup>16</sup> |

**IF NbeerM = Half pints THEN**

**[NBeerQ1]**

ASK OR CODE: How many half pints of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER OR SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day?

Range: 1..97

**IF NbeerM = Small cans THEN**

**[NBeerQ2]**

ASK OR CODE: How many small cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

**IF NbeerM = Large cans THEN**

**[NBeerQ3]\$**

ASK OR CODE: How many large cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

**IF NbeerM = Bottles THEN**

**[nberqbt]\$**

ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

**[NBottle]\***

ASK OR CODE: What make of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER do you usually drink from bottles?

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHAT MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF NORMAL STRENGTH BEER, LAGER, STOUT OR CIDER,

PROBE: What make have you drunk most frequently or most recently?

Text: Maximum 21 characters

**[NCodeEq]**

EDIT ONLY:

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

---

<sup>16</sup> No equivalent in self-completion questionnaire

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

[SBeer]<sup>\$</sup>

SHOW CARD J1

Now I'd like to ask you about **strong** beer or cider which has 6% or more alcohol (e.g. Tennant's Super, Special Brew, White Lightening). How often have you had a drink of **strong BEER, LAGER, STOUT** or CIDER during the last 12 months? (STRONG=6% and over Alcohol by volume)

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS STRONG OR NORMAL, INCLUDE AS NORMAL STRENGTH AT NBeer ABOVE.

**IF (SBeer =Almost every day...Once or twice a year) THEN**

[SBeerM]\*

How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- |   |            |                         |
|---|------------|-------------------------|
| 1 | Half pints | [SBeerM1]\$             |
| 2 | Small cans | [SBeerM2]\$             |
| 3 | Large cans | [SBeerM3]\$             |
| 4 | Bottles    | [SBeerM4] <sup>17</sup> |

**IF SbeerM = Half pints THEN**

[SBeerQ1]\$

ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

**IF SbeerM = Small cans THEN**

[SBeerQ2]\$

ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

**IF SbeerM = Large cans THEN**

[SBeerQ3]\$

ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

**IF SbeerM = Bottles THEN**

[sberqbt]

ASK OR CODE: How many bottles of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

---

<sup>17</sup> No equivalent in self-completion questionnaire

**[SBottle]\***

ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER do you usually drink from bottles?

INTERVIEWER: IF RESPONDENT DOES KNOW MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF STRONG BEER, LAGER, STOUT OR CIDER.

PROBE: What make have you drunk most frequently or most recently?

Text: Maximum 21 characters

**[SCodeEq]**

EDIT ONLY:

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

**[Spirits]\$**

SHOW CARD J1

How often have you had a drink of spirits or liqueurs, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?

**IF (Spirits =Almost every day...Once or twice a year) THEN**

**[SpiritsQ]\$**

How much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) have you usually drunk on any one day?

CODE THE NUMBER OF **SINGLES** - COUNT DOUBLES AS TWO SINGLES.

Range: 1..97

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

**[Sherry]<sup>18</sup>\$**

SHOW CARD J1

How often have you had a drink of sherry or martini including port, vermouth, Cinzano, Dubonnet or Buckfast during the last 12 months?

**IF (Sherry =Almost every day...Once or twice a year) THEN**

**[SherryQ]<sup>19</sup>\$**

How much sherry or martini, including port, vermouth, Cinzano, Dubonnet or Buckfast have you usually drunk on any one day?

CODE THE NUMBER OF **GLASSES**

Range: 1..97

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

**[Wine]\$**

SHOW CARD J1

How often have you had a drink of wine, including Babycham and champagne, during the last 12 months?

---

<sup>18</sup> Buckfast was added to this question in 2008

<sup>19</sup> Buckfast was added to this question in 2008

**IF (Wine=Almost every day...Once or twice a year) THEN**

**WineQ<sup>20</sup>**

How much wine, including Babycham and champagne, have you usually drunk on any one day?

INTERVIEWER: Code the measure the respondent used.

Please note that respondent may give answer in bottles and glasses.

Code **small** bottles (eg. 250ml, 175ml) as glasses, not bottles.

Please code the relevant option.

- 1 Bottle or parts of bottle
- 2 Glasses
- 3 Both bottles or parts of bottle, and glasses

**IF WineQ = Bottle or parts of bottle OR Both bottles and glasses**

**WQBt (NEW)**

INTERVIEWER: Code the number of 125ml glasses usually drunk **from the bottle** by the respondent.

E.g. If they usually drank half a bottle, code 3 glasses.

Press <F9> for more information.

Range: 1.0..97.9

**IF WineQ = Glasses OR Both bottles and glasses**

**WQGI (NEW)**

INTERVIEWER: Code the number of glasses (**drunk as glasses**).

Range: 1.0..97.9

**WQGlz (NEW)**

Do you usually drink from a large, standard, or small glass?

INTERVIEWER: If respondent drinks from two or three different size glasses, please code all that apply.

Please note that if respondent usually drinks in a pub or wine bar and had a small glass, this would usually be 175ml.

- 1 Large glass (250ml)
- 2 Standard glass (175ml)
- 3 Small glass (125ml)

**IF WQGlz = large THEN**

**Q250Glz \$ (NEW)**

How many large glasses (250ml) have you usually drunk?

Range: 1.0..97.9

**IF WQGlz = standard THEN**

**Q175Glz \$ (NEW)**

How many standard glasses (175ml) have you usually drunk?

Range: 1.0..97.9

**IF WQGlz = small THEN**

**Q125Glz \$ (NEW)**

How many small glasses (125ml) have you usually drunk?

Range: 1.0..97.9

---

<sup>20</sup> Question wording was revised in 2008.

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

[Pops03]<sup>\$</sup>

SHOW CARD J1

How often have you had a drink of alcoholic soft drink ('alcopop'), or a pre-mixed alcoholic drink such as WKD, Smirnoff Ice, Bacardi Breezer etc, in the last 12 months?

**IF (Pops03=Almost every day...Once or twice a year) THEN**

[PopsM03]<sup>21\*</sup>

How much alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?

INTERVIEWER CODE THE MEASURE(S) THAT YOU ARE GOING TO USE.

- |   |                          |            |
|---|--------------------------|------------|
| 1 | Small cans               | [PopsM031] |
| 2 | Standard Bottles (275ml) | [PopsM032] |
| 3 | Large Bottles (700ml)    | [PopsM033] |

**IF PopsM03 = Small cans THEN**

[PopsQ031]<sup>\$</sup>

ASK OR CODE: How many small cans of alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?

Range: 1..97

**IF PopsM03 = Standard Bottles THEN**

[PopsQ032]<sup>\$</sup>

ASK OR CODE: How many standard bottles of alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?

Range: 1..97

**IF PopsM03 = Large Bottles THEN**

[PopsQ033]<sup>\$</sup>

ASK OR CODE: How many large bottles of alcoholic soft drink ('alcopop') or pre-mixed alcoholic drink have you usually drunk on any one day?

Range: 1..97

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

[AlcotA]<sup>\*</sup>

Have you drunk any other types of alcoholic drink in the last 12 months?

- 1 Yes
- 2 No

**IF AlcotA = Yes THEN**

[OthDrnkA]<sup>\*</sup>

What other type of alcoholic drink have you drunk in the last 12 months?

CODE FIRST MENTIONED ONLY.

Text: Maximun 30 characters

[FreqA]<sup>\*</sup>

SHOW CARD J1

How often have you had a drink of (*name of 'other' alcoholic drink*) in the last 12 months?

---

<sup>21</sup> Prior to 2008 the alcopops measures were small cans or bottles. In 2008 the measures were changed to small cans, standard bottles (275ml) or large bottles (700ml).

**IF FreqA IN [Almost every day...Once or twice a year] THEN**  
**[OthQMA]\***

How much (*name of 'other' alcoholic drink*) have you usually drunk on any one day?  
INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Bottles
- 5 Other

**IF OthQMA = Other THEN**

**[OthQOA]\***

WHAT OTHER MEASURE?

Text: Maximum 12 characters

**[OthQA]\***

ASK OR CODE: How many (*half pints/singles/glasses/bottles/'other' measures*) of (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

Range: 0..97

*Note: All drinks recorded under OthDrnkA backcoded into Nbeer-Pops03*

**[AlcotB]\***

Have you drunk any other types of alcoholic drink in the last 12 months?

- 1 Yes
- 2 No

**IF AlcotB = Yes THEN**

**[OthDrnkB]\***

What other type of alcoholic drink have you drunk in the last 12 months?

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

**[FreqB]\***

SHOW CARD J1

How often have you had a drink of (*name of 'other' alcoholic drink*) in the last 12 months?

**IF FreqB IN [Almost every day...Once or twice a year] THEN**

**[OthQMB]\***

How much (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Bottles
- 5 Other

**IF OthQMB = Other THEN**

**[OthQOB]\***

WHAT OTHER MEASURE?

Text: Maximum 12 characters

[OthQB]\*

ASK OR CODE: How many (*half pints/singles/glasses/bottles/'other' measure*) of (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

Range: 0..97

**Note: All drinks recorded under OthDrnkB backcoded into Nbeer- Pops03**

[AlcotC]\*

Have you drunk any other types of alcoholic drink in the last 12 months?

- 1 Yes
- 2 No

**IF AlcotC = Yes THEN**

[OthDrnkC]\*

What other type of alcoholic drink have you drunk in the last 12 months?

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

[FreqC]\*

SHOW CARD S

How often have you had a drink of (*name of 'other' alcoholic drink*) in the last 12 months?

**IF FreqC IN [Almost every day...Once or twice a year] THEN**

[OthQMC]\*

How much (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Bottles
- 5 Other

**IF OthQMC = Other THEN**

[OthQOC]\*

WHAT OTHER MEASURE?

Text: Maximum 12 characters

[OthQC]\*

ASK OR CODE: How many (*half pints/singles/glasses/bottles/'other' measures*) of (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

Range: 0..97

**Note: All drinks recorded under OthDrnkC backcoded into Nbeer- Pops03**

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

[DrinkOft]<sup>\$</sup>

SHOW CARD J1

Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

**ASK ALL 18/20+ WHO DRANK ALCOHOL IN THE PAST YEAR (IF DrinkOf <> NotYr)**

**[DrinkL7]<sup>\$</sup>**

You have told me what you have drunk over the last 12 months, but we know that what people drink can vary a lot from week to week, so I'd like to ask you a few questions about last week. Did you have an alcoholic drink in the seven days ending yesterday?

- 1 Yes
- 2 No

**IF DrinkL7=Yes THEN**

**[DrnkDay]<sup>\$</sup>**

On how many days out of the last seven did you have an alcoholic drink?

Range: 1..7

**IF DrnkDay = 2 to7 days THEN**

**[DrnkSame]**

Did you drink more on one of the days (*some days than others*), or did you drink about the same on both (*each of those*) days?

- 1 Drank more on one/some day(s) than other(s)
- 2 Same each day

**[WhichDay]**

Which day (*last week*) did you (*last have an alcoholic drink/ have the **most** to drink*)?

- 1 Sunday
- 2 Monday
- 3 Tuesday
- 4 Wednesday
- 5 Thursday
- 6 Friday
- 7 Saturday

**[DrnkType]<sup>22\*</sup><sup>\$</sup>**

SHOW CARD J2

Thinking about last (*answer to WhichDay*), what types of drink did you have that day?

CODE ALL THAT APPLY.

- |   |   |            |
|---|---|------------|
| 1 | Normal strength beer/lager/cider/shandy | [DrkTy103] |
| 2 | Strong beer/lager/cider                 | [DrkTy203] |
| 3 | Spirits or liqueurs                     | [DrkTy303] |
| 4 | Sherry, martini or buckfast             | [DrkTy403] |
| 5 | Wine                                    | [DrkTy503] |
| 6 | Alcopops/Pre-mixed alcoholic drinks     | [DrkTy603] |
| 7 | Other alcoholic drinks                  | [DrkTy703] |
| 8 | Low alcohol drinks                      | [DrkTy803] |

**IF DrnkType=Normal strength beer/lager/cider/shandy THEN**

**[NBrL7]\***

Still thinking about last (*answer to WhichDay*), how much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- |   |            |          |
|---|------------|----------|
| 1 | Half pints | [NBrL71] |
| 2 | Small cans | [NBrL72] |

---

<sup>22</sup> Buckfast added to DrkTy403 in 2008

3 Large cans [NBrL73]  
4 Bottles [NBrL74]

**IF NBrL7=Half pints THEN**

[NBrL7Q1]<sup>\$</sup>

ASK OR CODE: How many half pints of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day?

Range: 1..97

**IF NBrL7=Small cans THEN**

[NBrL7Q2]<sup>\$</sup>

ASK OR CODE: How many small cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

Range: 1..97

**IF NBrL7=Large cans THEN**

[NBrL7Q3]<sup>\$</sup>

ASK OR CODE: How many large cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

Range: 1..97

**IF NBrL7=Bottles THEN**

[nberqbt7]<sup>23</sup>

ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

Range: 1..97

[NBotl7]\*

ASK OR CODE: What make of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink from bottles on that day?

INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.

Text: Maximum 21 characters

[L7NcodEq]

EDIT ONLY:

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)  
VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

**IF DrnkType=Strong beer/lager/cider THEN**

[SBrL7]\*

Still thinking about last (*answer to WhichDay*), how much STRONG BEER, LAGER, STOUT or CIDER did you drink that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

1 Half pints [SBrL71]  
2 Small cans [SBrL72]  
3 Large cans [SBrL73]  
4 Bottles [SBrL74]

**IF SBrL7=Half pints THEN**

---

<sup>23</sup> No equivalent in self-completion questionnaire

**[SBrL7Q1]** \$

ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

**IF SBrL7=Small cans THEN**

**[SBrL7Q2]** \$

ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

**IF SBrL7=Large cans THEN**

**[SBrL7Q3]** \$

ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

**IF SBrL7=Bottles THEN**

**[sberqbt7]** <sup>24</sup>

ASK OR CODE: How many bottles of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

**[SBotl7]**\*

ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER did you drink from bottles on that day?

INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.

Text: Maximum 21 characters

**[L7SCodEq]**

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

**IF DrnkType=Spirits THEN**

**[SpirL7]** \$

Still thinking about last (*answer to WhichDay*), how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day?

CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES.

Range: 1..97

**IF DrnkType=Sherry THEN**

**[ShryL7]** <sup>25</sup> \$

Still thinking about last (*answer to WhichDay*), how much sherry or martini, including port, vermouth, Cinzano, Dubonnet or Buckfast did you drink on that day?

CODE THE NUMBER OF GLASSES.

Range: 1..97

---

<sup>24</sup> No equivalent in self-completion questionnaire

<sup>25</sup> Buckfast added in 2008

**IF DrnkType=Wine THEN**

**[WineL7]**

Still thinking about last (*name of day*) how much wine, including Babycham and champagne, did you drink on that day?

INTERVIEWER: Code the measure the respondent used.

Please note that respondent may give answer in bottles and glasses.

Code **small** bottles (eg. 250ml, 175ml) as glasses, not bottles.

Please code the relevant option.

- 1 Bottle or parts of bottle
- 2 Glasses
- 3 Both bottles or parts of bottle, and glasses

**IF WineL7 = Bottle or parts of bottle OR Both bottles and glasses**

**[WL7Bt] (NEW)**

INTERVIEWER: Code the number of 125ml glasses drunk **from the bottle** by the respondent.

E.g. If they drank half a bottle, code 3 glasses.

Press <F9> for more information.

**IF WineL7 = Glasses OR Both bottles and glasses**

**[WL7Gt] (NEW)**

INTERVIEWER: Code the number of glasses (**drunk as glasses**).

Range: 1.0..97.9

**[WL7Glz] (NEW)**

Were you drinking from a large, standard, or small glass?

INTERVIEWER: If respondent drank from two or three different size glasses, please code all that apply.

Please note that if respondent was drinking in a pub or wine bar and had a small glass, this would usually be 175ml.

- 1 Large glass (250ml)
- 2 Standard glass (175ml)
- 3 Small glass (125ml)

**IF WL7Glz=large THEN**

**[ml250Glz] \$ (NEW)**

How many large glasses (250ml) did you drink?

Range: 1.0..97.9

**IF WL7Glz=standard THEN**

**[ml175Glz] \$ (NEW)**

How many standard glasses (175ml) did you drink?

Range: 1.0..97.9

**IF WL7Glz=small THEN**

**[ml125Glz] \$ (NEW)**

How many small glasses (125ml) did you drink?

Range: 1.0..97.9

**IF DrnkType=Alcoholic lemondades/colas THEN**

[PopsL7]<sup>26\*</sup>

Still thinking about last (*answer to Which Day*), how much ALCOPOPS or PRE-MIXED ALCOHOLIC DRINK such as WKD, Smirnoff Ice, Bacardi Breezer etc. did you drink on that day?  
INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- |   |                          |           |
|---|--------------------------|-----------|
| 1 | Small cans               | [PopsL71] |
| 2 | Standard bottles (275ml) | [PopsL72] |
| 2 | Large bottles (700ml)    | [PopsL73] |

**IF PopsL703=Small cans THEN**

[PopsL7Q1]<sup>\$</sup>

ASK OR CODE: How many small cans of ALCOPOP or PRE-MIXED ALCOHOLIC DRINK did you drink on that day?  
Range: 1..97

**IF PopsL703=Standard Bottles THEN**

[PopsL7Q2]<sup>\$</sup>

ASK OR CODE: How many standard bottles of ALCOPOP or PRE-MIXED ALCOHOLIC DRINK did you drink on that day?  
Range: 1..97

**IF PopsL703=Large Bottles THEN**

[PopsL7Q3]<sup>\$</sup>

ASK OR CODE: How many large bottles of ALCOPOP or PRE-MIXED ALCOHOLIC DRINK did you drink on that day?  
Range: 1..97

**IF DrnkType=Other THEN**

[OthL7TA]\*

Still thinking about last (*answer to WhichDay*), what other type of alcoholic drink did you drink on that day?

CODE FIRST MENTIONED ONLY

Text: Maximum 30 characters

[OthL7QA]\*

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

[OthL7B]\*

Did you drink any other type of alcoholic drink on that day?

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

**IF OthL7B=Yes THEN**

[OthL7TB]\*

Still thinking about last (*answer to WhichDay*), what other type of alcoholic drink did you drink on that day?

---

<sup>26</sup> Prior to 2008 the alcopops measures were small cans or bottles. In 2008 the measures were changed to small cans, standard bottles (275ml) or large bottles (700ml).

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

**[OthL7QB]\***

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/  
BOTTLES.

Text: Maximum 30 characters

**[OthL7C]\***

Did you drink any other type of alcoholic drink on that day?

- 1 Yes
- 2 No

**IF OthL7C=Yes THEN**

**[OthL7TC]\***

Still thinking about last (*answer to WhichDay*), what other type of alcoholic drink did you drink on that day?

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

**[OthL7QC]\***

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/  
BOTTLES.

Text: Maximum 30 characters

**Note: All drinks recorded under OthL7A- OthL7C backcoded into NBrL7- PopsL703**

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

**[DrAmount]**

Compared to five years ago, would you say that on the whole you drink more, about the same or less nowadays?

- 1 More nowadays
- 2 About the same
- 3 Less nowadays

**[DrWher1]<sup>27</sup> \$ (Revised wording)**

SHOW CARD J3

In which of these places on this card would you say you drink the **most** alcohol?

CODE ONE ONLY.

- 1 In a pub or bar
- 2 In a restaurant
- 3 In a club or disco
- 4 At a party with friends
- 5 At my home
- 6 At someone else's home
- 7 Out on the street, in a park or other outdoor area
- 8 Somewhere else (WRITE IN)

---

<sup>27</sup> In 2008 the question was revised to only allow for the place where most alcohol was drunk, with a follow-up question for the next place.

9 (No further place)

**IF DrWher1=Somewhere else**

[DrWher1E]\*

In which place do you drink the **most** alcohol?

ENTER PLACE

**ASK ALL REGULAR DRINKERS**

[DRWher2] \$ (Revised wording)

SHOW CARD J3 AGAIN

And which next?

CODE ONE ONLY

- 1 In a pub or bar
- 2 In a restaurant
- 3 In a club or disco
- 4 At a party with friends
- 5 At my home
- 6 At someone else's home
- 7 Out on the street, in a park or other outdoor area
- 8 Somewhere else (WRITE IN)
- 9 (No further place)

**IF DrWher2=Somewhere else**

[DrWher2E]\*

What is the next place where you drink the **most** alcohol?

ENTER NAME

**ASK ALL REGULAR DRINKERS**

[DrWith1] <sup>28</sup>\$

SHOW CARD J4

Who are you usually with when you drink the **most** alcohol?

CODE ONE ONLY.

- 1 My husband or wife/girlfriend or boyfriend/partner
- 2 Male friends
- 3 Female friends
- 4 Male and female friends together
- 5 Work colleagues
- 6 Members of my family / relatives
- 7 Someone else (WRITE IN)
- 8 On my own

**ASK ALL REGULAR DRINKERS**

[DrWith2] \$

SHOW CARD J4 AGAIN

And who next?

CODE ONE ONLY

- 1 My husband or wife/boyfriend or girlfriend/partner
- 2 Male friends
- 3 Female friends
- 4 Male and female friends together

---

<sup>28</sup> Prior to 2008 participants were asked who they usually drink with when they drink alcohol. In 2008 the wording was revised and participants were asked who they are usually with when they drink the most alcohol and who next.

- 5 Work colleagues
- 6 Members of my family / relatives
- 7 Someone else (WRITE IN)
- 8 On my own
- 9 (No one else)

**ASK ALL 18/20+ WHO NEVER DRINK ALCOHOL (IF DrinkAny = Never)**

**[AlwaysTT]**<sup>\$</sup>

Have you always been a non-drinker or did you stop drinking for some reason?

- 1 Always a non-drinker
- 2 Used to drink but stopped

## Dental Health (16+)<sup>29</sup> (Main and Health Board Boost Sample – versions A and B)

---

ASK ALL AGED 16+

**[NatTeeth]**

SHOW CARD K1

Adults can have up to 32 natural teeth but over time people lose some of them. How many natural teeth, including crowns have you got?

- 1 No natural teeth
- 2 Fewer than 10 natural teeth
- 3 Between 10 and 19 natural teeth
- 4 20 or more natural teeth

**IF NatTeeth = 'Fewer than 10' ... '20 or more' THEN**

**[TthApp]**

SHOW CARD K2

How happy or unhappy are you with the appearance of your teeth at present?

- 1 Very happy
- 2 Fairly happy
- 3 Fairly unhappy
- 4 Very unhappy

**[TthPain]**

Have you had any toothache or pain in your mouth within the last month, or are you having any at present?

- 1 Yes
- 2 No

**[TthProb]**

SHOW CARD K3

Do you have any problems or difficulties biting or chewing food? IF ASKED: include problems with biting or chewing food because of sensitive teeth.

- 1 Yes, often
- 2 Yes, occasionally
- 3 No, never

**[GumBld]**

SHOW CARD K3 AGAIN

Do your gums bleed when you eat, brush your teeth or floss?

- 1 Yes, often
- 2 Yes, occasionally
- 3 No, never

**[DenTreat]**

If you went to the dentist tomorrow, do you think you would need treatment?

- 1 Yes
- 2 No

---

<sup>29</sup> The questions in this module were introduced to SHes in 2008.

**[Denture]**

Have you ever had any kind of denture? (False teeth which you can take out)

- 1 Yes
- 2 No

**IF DENTURE=Yes THEN**

**[DenType]**

SHOW CARD K4

What kind of denture do you have?

CODE ALL THAT APPLY

- 1 Full upper denture
- 2 Full lower denture
- 3 Partial upper denture
- 4 Partial lower denture

**[DenWear]**

Do you wear your denture?

- 1 Yes
- 2 No

## **Economic Activity module (All Versions) (16+)**

---

**IF RESPONDENT IS AGED 16+ AND NOT HOUSEHOLD REFERENCE PERSON or IF RESPONDENT IS HOUSEHOLD REFERENCE PERSON BUT DID NOT ANSWER OCCUPATION QUESTIONS IN HOUSEHOLD QUESTIONNAIRE (IF (Age of Respondent is >=16) AND NOT (PerNum=PHRPNo AND PHRPOcc=Yes))**

[NActiv]

SHOW CARD P1

Which of these descriptions applies to what you were doing last week, that is in the seven days ending (*date last Sunday*)?

CODE FIRST TO APPLY

- 1 Going to school or college full-time (including on vacation)
- 2 In paid employment or self-employment (or temporarily away)
- 3 On a Government scheme for employment training
- 4 Doing unpaid work for a business that you own, or that a relative owns
- 5 Waiting to take up paid work already obtained
- 6 Looking for paid work or a Government training scheme
- 7 Intending to look for work but prevented by temporary sickness or injury (CHECK 28 DAYS OR LESS)
- 8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
- 9 Retired from paid work
- 10 Looking after the home or family
- 11 Doing something else (SPECIFY)

**IF NActiv=Doing something else THEN**

[NActivO]\*

OTHER: PLEASE SPECIFY

Text: Maximum 60 characters

**ASK ALL IN FULL TIME EDUCATION (IF NActiv=School)**

[StWork]

Did you do any paid work in the seven days ending (*date last Sunday*), either as an employee or self-employed?

- 1 Yes
- 2 No

**ASK ALL MEN AGED 16-64 AND WOMEN AGED 16-59 INTENDING TO LOOK FOR WORK, RETIRED FROM WORK, LOOKING AFTER HOME, OR DOING SOMETHING ELSE (AT NActiv); AND STUDENTS IN FULL TIME EDUCATION WHO DID NOT WORK IN PAST WEEK (StWork=No)**

[IWk4Look]

Thinking now of the four weeks ending (*date last Sunday*). Were you looking for any paid work or Government training scheme at any time in those four weeks?

- 1 Yes
- 2 No

**ASK ALL LOOKING FOR PAID WORK IN THE LAST WEEK (AT Activ) OR LOOKING FOR PAID WORK IN THE LAST MONTH (WkLook=Yes)**

**[IWk2Strt]**

If a job or a place on a Government training scheme had been available in the (*7 days/four weeks*) ending (*date last Sunday*), would you have been able to start within two weeks?

- 1 Yes
- 2 No

**IF (NActiv = [Looking for paid work or a Government training scheme...Doing something else] OR StWork=No) THEN**

**[EverJob]**

Have you ever been in paid employment or self-employed?

- 1 Yes
- 2 No

**IF (NActiv=Waiting to take up paid work already obtained) THEN**

**[OthPaid]**

Apart from the job you are waiting to take up, have you ever been in paid employment or self-employed?

- 1 Yes
- 2 No

**IF (Everjob=Yes) THEN**

**[PayLast]**

Which year did you leave your last paid job?

WRITE IN.

Range: 1920..2001

**IF Last paid job less than or equal to 8 years ago (from PayLast) THEN**

**[PayMon]**

Which month in that year did you leave?

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December
- 98 Can't remember

**[PayAge]**

**Computed: Age when last had a paid job.**

**ASK ALL WHO HAVE EVER WORKED (AT EverJob), OR CURRENTLY IN PAID WORK / SELF-EMPLOYED / ON A GOVERNMENT SCHEME / WORKING UNPAID IN OWN OR RELATIVE'S BUSINESS / WAITING TO TAKE UP PAID WORK ALREADY OBTAINED (At NActiv), OR WORKED IN PAST WEEK (AT StWork)**

**[JobTitle]\***

I'd like to ask you some details about *your most recent job/the main job you had/the job you are waiting to take up*. What is (*was/will be*) the name or title of the job?

Text: Maximum 60 characters

**[FtPTime]**

Are you (*were you/will you be*) working full-time or part-time?

(FULL-TIME = MORE THAN 30 HOURS, PART-TIME = 30 HOURS OR LESS)

- 1 Full-time
- 2 Part-time

**[WtWork]\***

What kind of work do (*did/will*) you do most of the time?

Text: Maximum 50 characters

**[MatUsed]\***

IF RELEVANT: What materials or machinery do (*did/will*) you use?

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

**[SkilNee]\***

What skills or qualifications are (*were*) needed for the job?

Text: Maximum 120 characters

**[Employe]**

Are you (*were you/will you be*) ...READ OUT...

- 1 an employee,
- 2 or, self-employed

IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

**IF Employe = Self-employed THEN**

**[Dirctr]**

Can I just check, in this job are you (*were you/will you be*) a Director of a limited company?

- 1 Yes
- 2 No

**IF Employe=an employee OR Dirctr=Yes THEN**

**[EmpStat]**

Are you (*were you/will you be*) a ...READ OUT...

- 1 manager,
- 2 foreman or supervisor,
- 3 or other employee?

**[NEmplee]**

Including yourself, about how many people are (*were*) employed at the place where you usually work (*usually worked/will work*)?

- 1 1 or 2
- 2 3-24
- 3 25-499
- 4 500+

**IF Employe = Self-employed AND Dirctr=No THEN**

**[SNEmplee]**

Do (*did/will*) you have any employees?

- 1 None
- 2 1-24
- 3 25-499
- 4 500+

**IF Employe=Employee THEN**

**[Ind]\***

What does (*did*) your employer make or do at the place where you (*usually worked/will work*)?

Text: Maximum 100 characters

**IF Employe=Self-employed THEN**

**[SifWtMad]\***

What (*did/will*) you make or do in your business?

Text: Maximum 100 characters

**STRAND A ONLY**

**IF Activ = In paid employment or self-employment (or away temporarily) THEN**

**[MainSit2]**

When you're at work are you mainly sitting down, standing up or walking about?

CODE ONE ONLY

- 1 Sitting down
- 2 Standing up
- 3 Walking about
- 4 Equal time spent doing 2 or more of these

**[MovFlor2]**

Does your work involve you moving between floors?

- 1 Yes
- 2 No

**IF MovFlor2 <> No THEN**

**[LftCli2]**

Do you mainly take the lift or climb the stairs?

- 1 Lift
- 2 Stairs
- 3 Lift up/stairs down

**IF NActiv = In paid employment or self-employment (or away temporarily) THEN**

**[Climb2]**

Do you do any (other) climbing in the course of your work (ladders, scaffolding etc.)?

- 1 Yes
- 2 No

**[LiftWrk2]**

Do you usually have to lift or carry things at work which you find heavy?

IF YES, PROMPT: Is that just lifting or lifting and carrying?

- 1 Lift heavy loads
- 2 Lift *and* carry heavy loads
- 3 No

**[Demand2]**

So overall, would you say that in terms of physical effort your work is...READ OUT...

- 1 ...very demanding,
- 2 fairly demanding,
- 3 or, not very demanding?

*(The following variables are derived from the questions in the employment module: SOC2000, ES2000, NSSEC, SEG, SC, SOC90, SIC92)*

## Education module (All Versions) (16+)

---

### ASK ALL AGED 16+

#### [EducEnd]

At what age did you finish your continuous full-time education at school or college?

- 1 Not yet finished
- 2 Never went to school
- 3 14 or under
- 4 15
- 5 16
- 6 17
- 7 18
- 8 19 or over

#### [TopQua]<sup>30\*</sup>

SHOW CARD Q1

Please look at this card and tell me which, if any, of the following educational qualifications you have.  
CODE ALL THAT APPLY.

**None of these qualifications = Code 12**

- |    |   |            |
|----|---|------------|
| 1  | School Leaving Certificate, NQ Unit   | [TopQua1]  |
| 2  | O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification<br>Access 3 Cluster, Intermediate 1 or 2, Senior Certificate or equivalent  | [TopQua2]  |
| 3  | GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2,<br>SCOTVEC/National Certificate Module, City and Guilds Craft, RSA Diploma or<br>equivalent | [TopQua3]  |
| 4  | Higher grade, Advanced Higher, CSYS, A level, AS Level, Advanced Senior<br>Certificate or equivalent  | [TopQua4]  |
| 5  | GNVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma,<br>City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent          | [TopQua5]  |
| 6  | HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent   | [TopQua6]  |
| 7  | First Degree, Higher degree, SVQ Level 5 or equivalent  | [TopQua7]  |
| 8  | Professional qualifications e.g. teaching, accountancy  | [TopQua8]  |
| 9  | Other school examinations not already mentioned   | [TopQua9]  |
| 10 | Other post-school but pre Higher education examinations not already mentioned   | [TopQua10] |
| 11 | Other Higher education qualifications not already mentioned   | [TopQua11] |
| 12 | No qualifications   | [TopQua12] |

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<sup>30</sup> Qualification categories were revised in 2008

## **Ethnic background and religion module (All Versions)**

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### **ASK ALL AGED 0+**

**[EthnicI]**

SHOW CARD Q2

Can I check, to which of the groups on this card do you consider you belong?

CODE ONE ONLY

- 1 White: Scottish
- 2 White: Other British
- 3 White: Irish
- 4 White: Any other white background (WRITE IN)
- 5 Mixed: Any mixed background
- 6 Asian, Asian Scottish or Asian British: Indian
- 7 Asian, Asian Scottish or Asian British: Pakistani
- 8 Asian, Asian Scottish or Asian British: Bangladeshi
- 9 Asian, Asian Scottish or Asian British: Chinese
- 10 Asian, Asian Scottish or Asian British: Any other Asian background (WRITE IN)
- 11 Black, Black Scottish or Black British: Caribbean
- 12 Black, Black Scottish or Black British: African
- 13 Black, Black Scottish or Black British: Any other black background (WRITE IN)
- 14 Any other ethnic group (WRITE IN)

### **IF EthnicI=Other white background**

**[WhiteOth]\***

How would you describe your ethnic group?

INTERVIEWER: Write in.

Text: Maximum 60 characters

### **IF EthnicI=Other Asian background**

**[AsianOth]\***

How would you describe your ethnic group?

INTERVIEWER: Write in.

Text: Maximum 60 characters

### **IF EthnicI=Other Black background**

**[BlackOth]\***

How would you describe your ethnic group?

INTERVIEWER: Write in.

Text: Maximum 60 characters

### **IF EthnicI=Other**

**[EthOther]\***

How would you describe your ethnic group?

INTERVIEWER: Write in.

Text: Maximum 60 characters

*Note: All other ethnic group answers recorded under WhiteOth-EthOther backcoded into EthnicI*

**ASK ALL AGED 16+**

**[ReligioS]**

Do you regard yourself as belonging to any particular religion?

IF YES: Which?

DO NOT PROMPT

- 0 No religion
- 1 Christian - no denomination
- 2 Roman Catholic
- 3 Church of England/ Anglican/ Episcopal/ Church in Wales
- 4 Presbyterian - Church of Scotland
- 5 Presbyterian - Welsh Calvinistic Methodists
- 6 Free Presbyterian
- 7 Methodist - including Wesleyan
- 8 Baptist
- 9 United Reformed Church/ Congregational
- 10 Brethern
- 11 Other Protestant (WRITE IN)
- 12 Other Christian (WRITE IN)
- 13 Jewish
- 14 Hindu
- 15 Islam/Muslim
- 16 Sikh
- 17 Buddhist
- 18 Other non-Christian (WRITE IN)
- 97 Refused

**IF ReligioS=Other Protestant**

**[OthProt]\***

How would you describe you religion?

INTERVIEWER: Write in.

Text: Maximum 60 characters

**IF Religion=Other Christian**

**[OthXian]\***

How would you describe you religion?

INTERVIEWER: Write in

Text: Maximum 60 characters

**IF Religion=Other non-Christian**

**[OthNXian]\***

How would you describe you religion?

INTERVIEWER: Write in

Text: Maximum 60 characters

*Note: All other religion answers recorded under OthProt-OthNXian backcoded into ReligioS*

# Parental History

---

## ASK ALL AGED 25+ OR ALL AGED 16-24 NOT LIVING WITH THEIR MOTHER AND FATHER

### [PaIntro]\*

There has been a lot of talk about health and people's family background.

If you wouldn't mind, I would now like to ask some more general questions about what your parents did when you were a child. If you were not living with, and had no contact with one or both of your parents at that time, please tell me about the people who did care for you. But if you did have even occasional contact with your parents, please tell me about them. Press '1' and Enter to continue.

### [FathOcc]

What was the name or title of the job your father did, when you were about 14 years old?

This would have been in the year (*year respondent was 14*).

INTERVIEWER CODE 1 IF FATHER'S JOB TITLE IS KNOWN.

- 1 FATHER'S JOB TITLE KNOWN
- 2 Did not know father / no contact with father at the time
- 3 Father was dead
- 4 Caring for home / not working
- 5 Don't know

## IF FathOcc = Job title known THEN

### [FathTitl]\*

PROBE FULLY AND WRITE IN FATHER'S JOB TITLE.

Text: Maximum 60 characters

### [FathSup]

CARD Q3

And which of the descriptions on this card best describes the responsibility he had for staff at that time?

CODE ONE ONLY

- 1 Self-employed, with a business with 25 or more employees
- 2 Self-employed, with a business with fewer than 25 employees
- 3 Self-employed, in a business with no employees
- 4 A manager of 25 or more staff
- 5 A manager of fewer than 25 staff
- 6 Foreman/supervisor
- 7 An employee, not manager

## ASK ALL AGED 25+ OR ALL AGED 16-24 NOT LIVING WITH THEIR MOTHER AND FATHER

### [MothOcc]

What was the name or title of the job your mother did, when you were about 14 years old?

This would have been in the year (*year respondent was 14*).

INTERVIEWER CODE 1 IF MOTHER'S JOB TITLE IS KNOWN.

- 1 MOTHER'S JOB TITLE KNOWN
- 2 Did not know mother / no contact with mother at the time
- 3 Mother was dead
- 4 Caring for home / not working
- 5 Don't know

**IF MothOcc = Job title known THEN**

**[MothTitl]\***

PROBE FULLY AND WRITE IN MOTHER'S JOB TITLE.

Text: Maximum 60 characters

**[MothSup]**

CARD Q3

And which of the descriptions on this card best describes the responsibility she had for staff at that time?

CODE ONE ONLY

- 1 Self-employed, with a business with 25 or more employees
- 2 Self-employed, with a business with fewer than 25 employees
- 3 Self-employed, in a business with no employees
- 4 A manager of 25 or more staff
- 5 A manager of fewer than 25 staff
- 6 Foreman/supervisor
- 7 An employee, not manager

**ASK ALL AGED 16+**

**[LiveMaB]**

(*Can I just check*), is your natural mother still alive?

- 1 Yes
- 2 No

**IF (LiveMaB = Yes) THEN**

**[AgeMA]**

How old is your natural mother?

Range: 1..120

**IF (LiveMaB = No) THEN**

**[ConsMaB]**

SHOW CARD Q4

Did your mother die from any of the conditions on the card?

CODE ONE ONLY

- 1 High blood pressure (sometimes called hypertension)
- 2 Angina
- 3 Heart attack (including myocardial infarction and coronary thrombosis)
- 4 Stroke
- 5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)
- 6 Diabetes
- 7 None of the above conditions

**[AgeMaB]**

How old was your mother when she died?

Range: 10..120

**ASK ALL AGED 16+**

**[LivePaB]**

Is your natural father still alive?

- 1 Yes
- 2 No

**IF (LivePaB=Yes) THEN**

**[AgePa]**

How old is your natural father?

Range: 10..120

**IF (LivePaB=No) THEN**

**[ConsPaB]**

SHOW CARD Q4

Did your father die from any of the conditions on the card?

CODE ONE ONLY

- 1 High blood pressure (sometimes called hypertension)
- 2 Angina
- 3 Heart attack (including myocardial infarction and coronary thrombosis)
- 4 Stroke
- 5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)
- 6 Diabetes
- 7 None of the above conditions

**[AgePaB]**

How old was your father when he died?

Range: 1..120

## Self-completion booklets (All Versions) (13+ & Parents of 4-12 yr olds)

---

**IF Age of Respondent is 13 years or over THEN**

[SCIntro]\*

PREPARE (*PINK/BLUE/LILAC*) SELF-COMPLETION BOOKLET BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

**IF Age of Respondent is 18 to 120 years AND IF (DrinkAny = Never) OR (DrinkOf=Once or twice a year OR Not at all in the last twelve months) (From Drinking module)**

[PagEx]\*

INTERVIEWER NOTE: **This respondent does not drink (or drinks once or twice a year or less). Cross out the Drinking Experiences questions before handing over the self-completion booklet.**

**IF Age of Respondent is 13 years or over THEN**

[SComp2]\*

I would now like you to answer some questions by completing this booklet on your own. The questions cover (*smoking, (and) drinking (and some about your) general health*).

EXPLAIN HOW TO COMPLETE BOOKLET. REMEMBER TO USE A BLACK PEN:

**IF Age of any respondent in household = 4-12 years**

[ParSDQ]

INTERVIEWER: Ask parent to complete mint green booklet for parents of children 4-12.

This child's parent(s) are: (*Names of parents*)

Code person number of the parent who is completing the booklet, or enter code:

95 = Parent not present at time of interview

96 = Booklet refused

[PrepSDQ]\*

INTERVIEWER: Prepare booklet for parents of children 4-12 by entering serial numbers. Check you have the correct person number.

Explain how to complete the booklet.

Press <1> and <Enter> to continue.

**IF Age of respondent is 13 years or over THEN**

[SCCheck]\*

INTERVIEWER: WAIT UNTIL RESPONDENT(S) HAVE FINISHED AND THEN CHECK EACH BOOKLET COMPLETED. IF NOT, ASK IF QUESTIONS MISSED IN ERROR. IF IN ERROR, ASK RESPONDENT TO COMPLETE.

INTERVIEWER: Now would be a good time to set up your heights and weights equipment

[SComp3]

INTERVIEWER CHECK: WAS THE (*PINK/LILIC/BLUE*) BOOKLET (*13-15/for young adults/for adults*) COMPLETED?

- 1 Fully completed
- 2 Partially completed
- 3 Not completed

**IF SComp3=Partially completed OR Not completed THEN**

**[SComp6]\***

INTERVIEWER: RECORD WHY BOOKLET NOT COMPLETED / PARTIALLY COMPLETED.

CODE ALL THAT APPLY

- |   |   |           |
|---|---|-----------|
| 1 | Eyesight problems                                   | [SComp61] |
| 2 | Language problems                                   | [SComp62] |
| 3 | Reading/writing/comprehension problems              | [SComp63] |
| 4 | Respondent bored/fed up/tired                       | [SComp64] |
| 5 | Questions too sensitive/invasion of privacy         | [SComp65] |
| 6 | Too long/too busy/taken long enough already         | [SComp66] |
| 7 | Refused to complete booklet (no other reason given) | [SComp67] |
| 8 | Other (SPECIFY)                                     | [SComp68] |

**IF SComp6=Other THEN**

**[SComp6O]\***

PLEASE SPECIFY OTHER REASON:

Text: Maximum 60 characters

**IF Age of any respondent in household = 4-12 years**

**[SDQChk]**

INTERVIEWER: Was the mint green booklet for parents completed?

- |   |                     |
|---|---------------------|
| 1 | Fully completed     |
| 2 | Partially completed |
| 3 | Not completed       |

**[SDQComp]\***

INTERVIEWER: Record why booklet not completed / partially completed.

CODE ALL THAT APPLY

- |   |   |          |
|---|---|----------|
| 0 | Child away from home during fieldwork period        | [SDQCo1] |
| 1 | Eyesight problems                                   | [SDQCo2] |
| 2 | Language problems                                   | [SDQCo3] |
| 3 | Reading/writing/comprehension problems              | [SDQCo4] |
| 4 | Respondent bored/fed up/tired                       | [SDQCo5] |
| 5 | Questions too sensitive/invasion of privacy         | [SDQCo6] |
| 6 | Too long/too busy/taken long enough already         | [SDQCo7] |
| 7 | Refused to complete booklet (no other reason given) | [SDQCo8] |
| 8 | Other (SPECIFY)                                     | [SDQCo9] |

## Measurements module (All Versions) (Height 2+ & Weight 0+)

---

### ASK ALL AGED 0+

#### [Intro]\*

PREAMBLE: I would now like to measure height and weight. There is interest in how people's weight, given their height, is associated with their health.

INTERVIEWER: Select appropriate information leaflet and fill in

Adults in **nurse sample**: yellow stage 1 leaflet

All other adults: lilac stage 1 leaflet

Children (0-15): mint green stage 1 leaflet

Press <1> to continue

### ASK ALL AGED 2+

#### [RespHts]

Measure height and code. Include 'disguised' refusals such as 'it will take too long', 'I have to go out' etc. At code 2: height refused.

- 1 Height measured
- 2 Height refused
- 3 Height attempted, not obtained
- 4 Height not attempted

### IF RespHts = Height measured THEN

#### [Height]

ENTER HEIGHT.

Range: 60.0..244.0

#### [RelHite]

INTERVIEWER CODE ONE ONLY

- 1 No problems experienced reliable height measurement obtained  
Problems experienced - measurement likely to be:
- 2 Reliable
- 3 Unreliable

### IF RelHite = Unreliable THEN

#### [HiNRel]

WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

- 1 Hairstyle or wig
- 2 Turban or other religious headgear
- 3 Respondent stooped
- 4 Child respondent refused stretching
- 5 Respondent would not stand still
- 6 Respondent wore shoes
- 7 Other, please specify
- 8 Difficulty standing

### IF HiNRel = Other THEN

#### [OHiNRel]\*

PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 49 characters

[MBookHt]\*

INTERVIEWER: CHECK HEIGHT RECORDED ON THE (YELLOW STAGE 1 NURSE VISIT LEAFLET / LILAC STAGE 1 LEAFLET / MINT GREEN STAGE 1 LEAFLET).

HEIGHT: (x) cm OR (x) feet (x) inches.

**IF RespHts = Height refused THEN**

[ResNHi]

GIVE REASONS FOR REFUSAL.

- 1 Cannot see point/Height already known/Doctor has measurement
- 2 Too busy/Taken too long already/ No time
- 3 Respondent too ill/frail/tired
- 4 Considered intrusive information
- 5 Respondent too anxious/nervous/ shy/embarrassed
- 6 Refused (no other reason given)
- 7 Other

**IF RespHts = Height attempted, not obtained OR Height not attempted THEN**

[NoHitM]\*

CODE REASON FOR NOT OBTAINING HEIGHT. CODE ALL THAT APPLY.

- |   |   |           |
|---|---|-----------|
| 1 | Child: away from home during fieldwork period (specify in a Note) | [NoHitM1] |
| 2 | Respondent is unsteady on feet                                    | [NoHitM2] |
| 3 | Respondent cannot stand upright/too stooped                       | [NoHitM3] |
| 4 | Respondent is chairbound  | [NoHitM4] |
| 5 | Child: subject would not stand still                              | [NoHitM5] |
| 6 | Ill or in pain  | [NoHitM6] |
| 7 | Stadiometer faulty or not available                               | [NoHitM7] |
| 8 | Other – specify   | [NoHitM8] |

**IF (NoHitM = Other) THEN**

[NoHitMO]\*

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

**IF RespHts=Height refused, Height attempted, not obtained OR Height not attempted THEN**

[EHtCh]

INTERVIEWER: ASK (*respondent*) FOR AN ESTIMATED HEIGHT. WILL IT BE GIVEN IN METRES OR IN FEET AND INCHES?

- 1 Metres
- 2 Feet and inches

**IF EHtCh = Metres THEN**

[EHtm]

PLEASE RECORD ESTIMATED HEIGHT IN METRES.

Range: 0.01..2.44

**IF EHtCh = Feet and inches THEN**

[EHtFt]

PLEASE RECORD ESTIMATED HEIGHT. ENTER FEET.

Range: 0..7

[EHtIn]

PLEASE RECORD ESTIMATED HEIGHT. ENTER INCHES.

Range: 0..11

*[EMHeight] Final measured or estimated height (cm).*

**IF (Sex = Female) AND (Age of Respondent is 16 to 49) THEN**

**[PregNowB]**

May I check, are you pregnant now?

- 1 Yes
- 2 No

**ASK ALL AGED 0+ UNLESS AGED 16-49 AND PREGNANT**

**[RespWts]**

MEASURE WEIGHT AND CODE. (INTERVIEWER: IF RESPONDENT WEIGHS MORE THAN 130KG (20 ½ STONES) DO NOT WEIGH. CODE AS 'WEIGHT NOT ATTEMPTED') INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: WEIGHT REFUSED.

- 0 *If Age 0-5 years: Weight obtained (child held by adult)/If Age over 5 years: DO NOT USE THIS CODE*
- 1 Weight obtained
- 2 Weight refused
- 3 Weight attempted, not obtained
- 4 Weight not attempted

**IF RespWts=Weight obtained (subject on own)**

**[Weight]**

RECORD WEIGHT.

Range: 10.0..130.0

**IF RespWts = Weight obtained (child held by adult) THEN**

**[WtAdult]**

ENTER WEIGHT OF ADULT ON HIS/HER OWN.

Range: 15.0..130.0

**[WtChAd]**

ENTER WEIGHT OF ADULT HOLDING CHILD.

Range: 15.0..130.0

*[FWeight] Measured weight, either Weight or WtChAd-WtAdult*

*Range: 0.0..140.0*

**IF RespWts=Weight obtained (subject on own) OR Weight obtained (child held by adult)**

**[FloorM]\***

INTERVIEWER: Were the scales placed on..."

- 1 ...uneven floor, [FloorM1]
- 2 carpet, [FloorM2]
- 3 or neither? [FloorM3]

**[RelWaitB]**

INTERVIEWER CODE ONE ONLY.

- 1 No problems experienced, reliable weight measurement obtained  
Problems experienced - measurement likely to be:
- 2 Reliable
- 3 Unreliable

**[MBookWt]\***

INTERVIEWER: CHECK WEIGHT RECORDED ON (*YELLOW STAGE 1 NURSE VISIT LEAFLET / LILAC STAGE 1 LEAFLET / MINT GREEN STAGE 1 LEAFLET*)..

WEIGHT: (x) kg OR (x) stones (x) pounds. IF WEIGHT LOOKS WRONG, GO BACK TO 'Weight' AND REWEIGH.

**IF RespWts = Weight refused THEN**

**[ResNWt]**

GIVE REASONS FOR REFUSAL.

- 1 Cannot see point/Weight already known/Doctor has measurement
- 2 Too busy/Taken long enough already/No time
- 3 Respondent too ill/frail/tired
- 4 Considered intrusive information
- 5 Respondent too anxious/nervous/shy/embarrassed
- 6 Child refused to be held by parent
- 7 Parent refused to hold child
- 8 Refused (no other reason given)
- 9 Other

**IF RespWts = Weight attempted, not obtained OR Weight not attempted THEN**

**[NoWaitM]\***

CODE REASON FOR NOT OBTAINING WEIGHT. CODE ALL THAT APPLY.

- 1 Child: away from home during fieldwork period (specify in a Note) [NoWtbc01]
- 2 Respondent is unsteady on feet [NoWtbc02]
- 3 Respondent cannot stand upright [NoWtbc03]
- 4 Respondent is chairbound [NoWtbc04]
- 5 Respondent weighs more than 130 kg [NoWtbc07]
- 6 Ill or in pain [NoWtbc08]
- 7 Scales not working [NoWtbc09]
- 8 Parent unable to hold child [NoWtbc10]
- 9 Other – specify [NoWtbc95]

**IF NoWaitM = Other THEN**

**[NoWaitMO]\***

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

**IF RespWts = Weight refused OR Weight attempted, not obtained OR Weight not attempted THEN**

**[EWtCh]**

INTERVIEWER: ASK (*respondent*) FOR AN ESTIMATED WEIGHT. WILL IT BE GIVEN IN KILOGRAMS OR IN STONES AND POUNDS?

- 1 Kilograms
- 2 Stones and pounds

**IF EWtCh = Kilograms THEN**

**[EWtkg]**

PLEASE RECORD ESTIMATED WEIGHT IN KILOGRAMS.

Range: 1.0..210.0

**IF EWtCh = Stones and pounds THEN**

**[EWtSt]**

PLEASE RECORD ESTIMATED WEIGHT. ENTER STONES.

Range: 1..32

**[EWtL]**

PLEASE RECORD ESTIMATED WEIGHT. ENTER POUNDS.

Range: 0..13

*[EMWeight] Final measured or estimated weight (kg), computed*

## Consents (All Versions)

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### ASK ALL AGED 16+ IN CORE NURSE SAMPLE

[Nurse]

There are two parts to this survey. You have just helped us with the first part. We hope you will also help us with the second part, which is a visit by a qualified nurse to collect more medical information and carry out some measurements.

I would like to make an appointment for the nurse to come round and explain some more about what is required. May I suggest some dates and times and see when you are free?

IF ASKED FOR DETAILS: for example, to make some general measurements, take your blood pressure and measure your lung capacity.

- 1 Agreed nurse could contact
- 2 Refused nurse contact

### IF Nurse = Refused nurse contact THEN

[NurseRef]\*

RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT G1 ON A.R.F

- 0 Own doctor already has information [NurseRe1]
- 1 Given enough time already to this survey/expecting too much [NurseRe2]
- 2 Too busy, cannot spare the time (if Code 1 does not apply) [NurseRe3]
- 3 Had enough of medical tests/medical profession at present time [NurseRe4]
- 4 Worried about what nurse may find out/'might tempt fate' [NurseRe5]
- 5 Scared/of medical profession/ particular medical procedures (eg blood sample) [NurseRe6]
- 6 Not interested/Can't be bothered/No particular reason [NurseRe7]
- 7 Other reason (specify) [NurseRe8]

### IF NurseRef=Other reason THEN

[NrsRefO]\*

PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT G1 ON A.R.F.

Text: Maximum 60 characters

### IF Nurse=Agreed nurse contact THEN

[AptRec]\*

INTERVIEWER: Record details of the nurse appointment on the on the inside back page of the **Stage 1 Nurse visit leaflet**. For your info when booking appointments: A nurse visit for a person of this age will take about 60 mins.

Enter the nurse's name, appointment date and time.

### ASK ALL AGED 16 +

[NHSCanA]\*

We would like your consent for us to send your name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with their health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality. Please note that we are **not** asking to look at your medical records, such as those held by your GP.

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the respondent(s) the **pale green** consent form (Scottish Health Records) and allow them time to read the information.

### ASK ALL AGED 13-15

**[NHSCanY]\***

We would like your consent for us to send your name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with their health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality. Please note that we are **not** asking to look at your medical records, such as those held by your GP.

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the *child/children* the **lemon** consent form (Scottish Health Records) and allow them time to read the information.

**ASK ALL AGED 0-13**

**[NHSCanY]\***

We would like your consent for us to send (*child/children's name(s)*) name, address and date of birth to the Information Services Division of NHS Scotland so they can link it with their health records. These records hold data on you about medical diagnoses and in-patient and out-patient visits to hospital. They are linked with other information about cancer registration, GP registration and mortality. Please note that we are **not** asking to look at your medical records, such as those held by your GP.

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the *parent/guardian* the **lemon** consent form (Scottish Health Records) and allow them time to read the information.

**[NHSCon]**

INTERVIEWER: Did *respondent* give consent (*on behalf of child's name/children's names*)?

- 1 Consent given
- 2 Consent not given

**IF NHSCon = Consent given THEN**

**[NHSSig]**

Before I can pass on (*your /name of child's*) details, I have to obtain written consent from you.

INTERVIEWER: Enter the respondents serial number on the top of both copies of the consent form.

Ask the (*respondent/parent/guardian*) to sign and date the form. Give the (*respondent/parent/guardian*) the top copy of the form to keep, you keep the white copy. Code whether signed consents obtained.

- 1 Scottish Health records consent signed
- 2 No signed consents

### ASK ALL AGED 16+

#### [ReInterA]\*(New in 2008)

In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services. Please be assured that any information you provide for this purpose will only be released for bona fide social research carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given.

Would you be willing to have your name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the respondent the **pale blue** consent form (Scottish Government follow up research) and allow them time to read the information.

### ASK ALL AGED 13-15

#### [ReInterY]\* (New in 2008)

(In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve health or health services. Please be assured that any information you provide for this purpose will only be released for bona fide social research carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given).

Would you be willing to have your name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the child/children the **pink** consent form (Scottish Government follow up research) and allow them time to read the information.

### ASK ALL AGED 0-13

#### [ReInterC]\*(New in 2008)

And would you be willing to have (*child's name*)'s name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

Please read this form, it explains more about what is involved.

INTERVIEWER: Give the parent/guardian the **pink** consent form (Scottish Government follow up research) and allow them time to read the information.

#### [ReIntCon] (New in 2008)

INTERVIEWER: Did *respondent* give consent (*on behalf of child's name/children's names*)?

- 1 Consent given
- 2 Consent not given

**IF ReIntCon = Consent given THEN**

**[ReIntSig] (New in 2008)**

Before I can pass on (*your /name of child's/children's*) details, I have to obtain written consent from you.

INTERVIEWER: Enter the respondent's serial number on the top of the consent form.

Ask (*respondent / parent / guardian*) to sign and date the form.

Give the respondent the dark blue consent forms. You keep the white copy. Code whether signed consents obtained.

- 1 Signed consents obtained
- 3 No signed consents

**ASK ALL AGED 0+ IN VERSION A**

**[TPhone]\***

Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.

INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER ON FRONT OF ARF.

- 1 Number given
- 2 Number refused
- 3 No telephone
- 4 Number unknown

**[Thank]\***

That is the end of the interview. Thank you for your help.

**IF HEIGHT OR WEIGHT MEASURED IN INTERVIEW THEN**

**[StadNo]**

INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF STADIOMETER USED FOR THIS INTERVIEW

Range: 0....997

**[SclNo]**

INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF SCALES USED FOR THIS INTERVIEW.

Range: 0....997

## **Attitudes to Health (Version B only, 1 adult per H'Hold) (16+)**

### **ASK ALL AGED 0+ IN VERSION B**

[ThankC]\*

That is the end of the interview for (*names of rest of household*). Thank you for your help.

You are now free to leave.

INTERVIEWER: Press <1> and <Enter> to continue with (*name of adult selected for Attitudes to Health module*)

### **ASK SELECTED ADULT 16 + IN VERSION B**

[AttIntr]\*

As I mentioned earlier, I'm now going to ask you a few extra questions about your own health and lifestyle.

This is an important part of the study and it won't take very long.

IF ASKED: We are only asking one person in each household to answer these questions and I can't ask anyone else to take part in this section.

- 1 Respondent agrees to continue now
- 2 Respondent agrees to answer these at another time
- 3 Respondent does not want to continue

### **IF AtIntr = continue THEN**

[AttEnt]\*

INTERVIEWER: Now enter the attitudes module and interview (*name of adult selected for Attitudes to Health module*)

Press <1> and <Enter> to go into the module for this person."

[Intro]\*

I'd like to ask you a few general questions about your own health and lifestyle.

(Continue)

[Qghin]

SHOW CARD S1

How much influence do you think you have on your own health, by the way you choose to live your life?

- 1 A great deal
- 2 Quite a lot
- 3 A little
- 4 None at all

[Qghbe]

SHOW CARD S2

Which of the following best describes the life you lead?

- 1 Very healthy
- 2 Fairly healthy
- 3 Fairly unhealthy
- 4 Very unhealthy

**[Qghan]**

Do you feel there is anything you can do to make your own life healthier?

- 1 Yes
- 2 No

**IF Qghan = No THEN**

**[Qghcant]**

SHOW CARD S3

Which of the following statements best describes why you don't feel there is anything you can do to make your own life healthier?

- 1 I already lead a healthy life
- 2 I don't want to make any changes to my life
- 3 It's just too difficult for me to do anything to make my life healthier

**IF Qghcant = too difficult THEN**

**[Qghcantr]\***

Please tell me why you feel it's too difficult for you to do anything to make your life healthier.

INTERVIEWER PROBE: What else?

ENTER REASON

- Health reasons [QghcntE1]
- Mobility reasons [QghcntE2]
- Old age [QghcntE3]
- Lack of time due to work/family commitments [QghcntE4]
- Lack of money [QghcntE5]
- Lack of will [QghcntE6]
- Don't feel able to change [QghcntE7]
- Living environment (home or neighbourhood) [QghcntE8]
- Other people [QghcntE9]
- Bereavement [Qghcnt10]
- Other [Qghcnt11]

**IF Qghan = Yes or DK THEN**

**[Qghfe]\***

SHOW CARD S4

Which, if any, of the things on this card do you feel you can do to make your life healthier?

You can choose up to three answers.

CODE UP TO THREE ANSWERS

- 1 Cut down smoking [Qghfe\_1]
- 2 Stop smoking [Qghfe\_2]
- 3 Cut down the amount of alcohol I drink [Qghfe\_3]
- 4 Stop drinking alcohol [Qghfe\_4]
- 5 Be more physically active [Qghfe\_5]
- 6 Control weight [Qghfe\_6]
- 7 Eat more healthily [Qghfe\_7]
- 8 Reduce the amount of stress in my life [Qghfe\_8]
- 9 *None of these* [Qghfe\_9]

**ASK IF PARENT/GUARDIAN OF CHILD 15 or under**

[Qghan2]

Do you feel there is anything you can do to make your child's life / children's lives healthier?

- 1 Yes
- 2 No

**IF Qghan2 = NO THEN**

[Qghcant2]

SHOW CARD S5

Which of the statements on this card best describes why you **don't** feel there is anything you can do to make your child's life / children's lives healthier?

- 1 They already lead a healthy life/lives
- 2 I don't want to make any changes to their life/lives
- 3 It's just too difficult for me to do anything to make their life/lives healthier

**IF Qghcant2 = too difficult THEN**

[Qghcant2r]\*

Please tell me why you feel it's too difficult for you to do anything to make your child's life/ children's lives healthier.

INTERVIEWER PROBE: What else?

ENTER REASON

- Health reasons [Qghcnt21]
- Mobility reasons [Qghcnt22]
- Old age [Qghcnt23]
- Lack of time due to work/family commitments [Qghcnt24]
- Lack of money [Qghcnt25]
- Lack of will [Qghcnt26]
- Don't feel able to change [Qghcnt27]
- Living environment (home or neighbourhood) [Qghcnt28]
- Other people [Qghcnt29]
- Bereavement [Qghcnt12]
- Other [Qghcnt13]

**IF Qghan2 = Yes or DK THEN**

[Qghfe2]\*

SHOW CARD S6

Which, if any, of the things on this card do you feel you can do to make your child's life / children's lives healthier? You can choose up to three answers.

CODE UP TO THREE ANSWERS

- 1 Cut down or stop my smoking [Qghfe21]
- 2 Discourage them from smoking [Qghfe22]
- 3 Help them to develop a sensible attitude to drinking [Qghfe23]
- 4 Help them to be more physically active [Qghfe24]
- 5 Watch their weight [Qghfe25]
- 6 Help them to eat more healthily [Qghfe26]
- 7 Make sure they get lots of praise and encouragement [Qghfe27]
- 8 None of these [Qghfe28]
- 9 Other

**IF QGHFE2 = Other THEN**

[Qghfe2o]\*

INTERVIEWER: Enter other answer

[Qghpa1]\*

SHOW CARD S7

Thinking back over the past year, that is since (*date one year ago*), have you **tried** to make any of the following changes in your lifestyle to improve your health, even if only for a short time?

- |   |  |           |
|---|--|-----------|
| 1 | Cut down smoking                       | [Qghpa11] |
| 2 | Stop smoking                           | [Qghpa12] |
| 3 | Cut down the amount of alcohol I drink | [Qghpa13] |
| 4 | Stop drinking alcohol                  | [Qghpa14] |
| 5 | Be more physically active              | [Qghpa15] |
| 6 | Control weight                         | [Qghpa16] |
| 7 | Eat more healthily                     | [Qghpa17] |
| 8 | Reduce the amount of stress in my life | [Qghpa18] |
| 9 | None of these                          | [Qghpa19] |

[Qghpa1Q]

Count of codes 1-8 at **Qghpa1**

Range: 0..8

**IF Qghpa1 = Codes 1 – 8 THEN**

[Qghma1]\*

SHOW CARD S7 AGAIN

And which, if any, have you managed to maintain?

- |   |  |           |
|---|--|-----------|
| 1 | Cut down smoking                       | [Qghma11] |
| 2 | Stop smoking                           | [Qghma12] |
| 3 | Cut down the amount of alcohol I drink | [Qghma13] |
| 4 | Stop drinking alcohol                  | [Qghma14] |
| 5 | Be more physically active              | [Qghma15] |
| 6 | Control weight                         | [Qghma16] |
| 7 | Eat more healthily                     | [Qghma17] |
| 8 | Reduce the amount of stress in my life | [Qghma18] |
| 9 | None of these                          | [Qghma19] |

**ASK ALL**

**[Qghli1]\***

SHOW CARD S7 AGAIN

Which of these changes, if any, would you like to make?

- |   |  |           |
|---|--|-----------|
| 1 | Cut down smoking                       | [Qghhi11] |
| 2 | Stop smoking                           | [Qghhi12] |
| 3 | Cut down the amount of alcohol I drink | [Qghhi13] |
| 4 | Stop drinking alcohol                  | [Qghhi14] |
| 5 | Be more physically active              | [Qghhi15] |
| 6 | Control weight                         | [Qghhi16] |
| 7 | Eat more healthily                     | [Qghhi17] |
| 8 | Reduce the amount of stress in my life | [Qghhi18] |
| 9 | None of these                          | [Qghhi19] |

**[Qghli1Q]**

Count of codes 1-8 at **Qghli1**

Range: 0..8

**IF Qghli1 = Codes 1 – 8 THEN**

**[Qghth1]\***

SHOW CARD S7 AGAIN

Of the changes you would LIKE to make which are you thinking of making in the next six months?

- |   |  |           |
|---|--|-----------|
| 1 | Cut down smoking                       | [Qghth11] |
| 2 | Stop smoking                           | [Qghth12] |
| 3 | Cut down the amount of alcohol I drink | [Qghth13] |
| 4 | Stop drinking alcohol                  | [Qghth14] |
| 5 | Be more physically active              | [Qghth15] |
| 6 | Control weight                         | [Qghth16] |
| 7 | Eat more healthily                     | [Qghth17] |
| 8 | Reduce the amount of stress in my life | [Qghth18] |
| 9 | None of these                          | [Qghth19] |

**[Intro]\***

The following statements are things some people have said about healthy living.

How much do you agree or disagree with each one?

(Continue)

**[Qhge]**

SHOW CARD S8

It's easy to get information these days about how to live a healthier life

- |   |                   |
|---|-------------------|
| 1 | Strongly agree    |
| 2 | Tend to agree     |
| 3 | Tend to disagree  |
| 4 | Strongly disagree |

**[Qathlim]**

SHOW CARD S9

Which of these is the most important source of information for you about how to live a healthier life?

CODE ONE ANSWER ONLY.

- 2 Media such as radio, television or newspapers
- 3 Books/Magazines
- 4 GPs or other health professionals
- 5 Friends or family
- 6 Leaflets/Booklets
- 7 The internet
- 8 Telephone advice lines
- 9 DVDs
- 10 Education or training at work
- 11 None of these
- 12 Other

**IF Qathlim = Other THEN**

**[Qathlimo]\***

INTERVIEWER: Enter other answer

**[Intro]\***

Now I'd like to ask you some questions about food and nutrition.

(Continue)

**IF Qghpa1 OR Qghli1 OR Qghth1 = Control weight OR Eat more healthily THEN**

**[Qhereas]**

SHOW CARD S10

Which of these reasons, if any, was the **main** reason you decided to eat more healthily or control your weight?

CODE ONE ANSWER ONLY.

- 1 To feel better / fitter
- 2 To lose weight
- 3 To improve my general appearance
- 4 To improve my overall health
- 5 To help reduce the risk of a particular illness or disease
- 6 To save money
- 7 To make meals more tasty and enjoyable
- 8 Suggested by doctor / health professional
- 9 *None of these*
- 10 Other

**IF Qhereas = Other THEN**

**[Qhereaso]\***

INTERVIEWER: Enter other answer

**[Qnuhe]**

**SHOW CARD S11**

Thinking overall about the things you eat, which of these best describes the kind of food you eat nowadays.

- 1 Very healthy
- 2 Fairly healthy
- 3 Fairly unhealthy
- 4 Very unhealthy

**[Qnubar]\***

**SHOW CARD S12**

Here are some reasons why people find it difficult to eat more healthily. Which, if any, prevent you from eating more healthily? You can choose up to three answers.

**CODE UP TO THREE ANSWERS**

- 1 Family discouraging or unsupportive [Qnubar1]
- 2 Friends discouraging or unsupportive [Qnubar2]
- 3 People at work discouraging or unsupportive [Qnubar3]
- 4 Not knowing what changes to make [Qnubar4]
- 5 Not knowing how to cook more healthy foods [Qnubar5]
- 6 Lack of choice of healthy foods in canteens and restaurants [Qnubar6]
- 7 Lack of choice of healthy foods in places where you do your main shop [Qnubar7]
- 8 Healthy foods are too expensive [Qnubar8]
- 9 Healthy foods take too long to prepare [Qnubar9]
- 10 Healthy foods too boring [Qnubar10]
- 11 Lack of willpower [Qnubar11]
- 12 Don't like the taste/ don't enjoy healthy foods [Qnubar12]
- 13 None of these - nothing prevents me from eating more healthily [Qnubar13]
- 14 Other [Qnubar14]

**IF Qnubar = Other THEN**

**[QnubarO]\***

INTERVIEWER: Enter other answer

**[Qnuto]**

The government advises people to eat a certain number of portions of fruit, vegetables and salad every day as part of a healthy diet. At least how many portions do you think people are advised to eat **EVERY DAY?**

IF LESS THAN ONE A DAY, BUT MORE THAN NONE, THEN PLEASE ENTER AS 1

IF RANGE GIVEN, CODE MAXIMUM

Range: 0..97

**[QbrIntro]\***

Now I would like to ask you some questions about your views on breastfeeding  
(Continue)

**[Qbrf1]**

SHOW CARD S13

The following statements are things some people have said about breastfeeding. How much do you agree or disagree with each one?

Women should be made to feel comfortable breastfeeding their babies in public?

- 1 Strongly agree
- 2 Tend to agree
- 3 Tend to disagree
- 4 Strongly disagree

**[Qbrf2]**

SHOW CARD S13 AGAIN

Women should only breastfeed their babies at home or in private. (How much do you agree or disagree with this statement?)

- 1 Strongly agree
- 2 Tend to agree
- 3 Tend to disagree
- 4 Strongly disagree

**[Qbrf3]**

SHOW CARD S13 AGAIN

I would feel embarrassed seeing a woman breastfeeding her baby. How much do you agree or disagree with this statement?

- 1 Strongly agree
- 2 Tend to agree
- 3 Tend to disagree
- 4 Strongly disagree

**[Intro]\***

Now I'd like to ask you some questions about physical activity.  
(Continue)

**[Qpamo]**

The government advises people to spend a certain amount of time doing **moderate physical activity** to help them stay healthy. This includes brisk walking, heavy gardening or any other activity that makes you breathe slightly faster than usual.

How much **time per day** do you think people are advised to spend doing this?

ENTER TIME IN MINUTES

1 HOUR = 60 MINS, 2 HOURS = 120 MINS, 3 HOURS = 180 MINS, 4 HOURS = 240 MINS, 5 HOURS = 300 MINS, 6 HOURS = 360 MINS

Range : 0..360

**ASK unless DK or Refused at Qpamo**

**[Qpamoti]**

How many **days a week** do you think people are advised to spend doing (*number*) of minutes of moderate physical activity to help them stay healthy?

(By **moderate physical activity** I mean walking briskly, doing heavy gardening or any other activity that makes you breath slightly faster than usual.)

IF RESPONDENT SAYS MOST DAYS, ASK THEM TO GIVE A NUMBER

Range: 1..7

**[Qpahe]**

For your age, do you think you do enough physical activity to stay healthy?

- 1 Yes
- 2 No
- 3 Not mobile

**IF Qghpa1 OR Qghli1 OR Qghth1 = 5 (Be more physically active) THEN**

**[Qpareas]**

SHOW CARD S14

Which of these reasons, if any, was the **main** reason for you to decide to be more physically active?

CODE ONE ANSWER ONLY.

- 1 To reduce stress
- 2 To feel better generally
- 3 To lose weight
- 4 To prevent disease or ill health
- 5 To feel healthier and fitter
- 6 To look better/improve shape
- 7 To enjoy myself
- 8 Advised to do so
- 9 None of these
- 10 Other

**IF Qpareas = other THEN**

**[QpareasO]\***

INTERVIEWER: Enter other answer

**[Qpabarr]**

SHOW CARD S15

Here are a number of reasons why people find it difficult to do more physical activity. Which, if any, prevent you from being more physically active? You can choose up to three answers.

CODE UP TO THREE ANSWERS

- 1 Lack of time due to other commitments [Qpbarr1]
- 2 Prefer to do other things [Qpbarr2]
- 3 Ill health, injury or disability [Qpbarr3]
- 4 I feel too fat/overweight [Qpbarr4]
- 5 I do not enjoy exercise [Qpbarr5]
- 6 Lack of suitable local facilities [Qpbarr6]
- 7 I am too old [Qpbarr7]
- 8 Lack of money [Qpbarr8]
- 9 Lack of transport [Qpbarr9]
- 10 I have nobody to go with [Qpbarr10]
- 11 Traffic, road safety or the environment puts me off [Qpbarr11]
- 12 The weather puts me off [Qpbarr12]
- 13 I don't have the skills or confidence to do it [Qpbarr13]
- 14 None of these - nothing prevents me from being more active [Qpbarr14]
- 15 Other (Please say what) [Qpbarr15]

**IF Qpabarr = Other THEN**

**[QpabarrO]**

INTERVIEWER: Enter other answer

[Qpaheal]\*

SHOW CARD S16

Here is a list of health conditions. Which do you think a person is **less likely** to get if they are regularly physically active?

- |    |                              |            |
|----|------------------------------|------------|
| 1  | Heart disease                | [Qpaheal1] |
| 2  | Some cancers                 | [Qpaheal2] |
| 3  | Diabetes                     | [Qpaheal3] |
| 4  | High blood pressure          | [Qpaheal4] |
| 5  | Overweight and obesity       | [Qpaheal5] |
| 6  | Mental health problems       | [Qpaheal6] |
| 7  | Brittle bones (osteoporosis) | [Qpaheal7] |
| 8  | Injuries and accidents       | [Qpaheal8] |
| 9  | Stomach ulcer                | [Qpaheal9] |
| 10 | (All of these)               | [Qpahea10] |
| 11 | (None of these)              | [Qpahea11] |
| 12 | Other (Please say what)      | [Qpahea12] |

**IF Qpaheal = Other THEN**

[QpahealO]\*

INTERVIEWER: Enter other answer

[Qoasso]

SHOW CARD S17

Which of these words best describes your weight at the moment? I don't have the answers written in front of me so please just tell me the letter beside the word that applies to you.

- |   |   |                   |
|---|---|-------------------|
| 1 | B | (Underweight)     |
| 2 | L | (About right)     |
| 3 | J | (Overweight)      |
| 4 | H | (Very overweight) |

**ASK FOR EACH CHILD SELECTED TO TAKE PART IN THE MAIN SHES INTERVIEW (UP TO 2)**

[Qoassc]

SHOW CARD 17 AGAIN

Which of these words best describes (*name of child*)'s weight at the moment? Again, just tell me the letter beside the word that applies to *him/her*.

- |   |   |                   |
|---|---|-------------------|
| 1 | B | (Underweight)     |
| 2 | L | (About right)     |
| 3 | J | (Overweight)      |
| 4 | H | (Very overweight) |

[QoassNo1, QoassNo2]

Child person number

**[Qorisk]**

**SHOW CARD S18**

Here is a list of health conditions. Which do you think a person is **more likely** to get if they're very overweight.

- |    |   |            |
|----|---|------------|
| 1  | Heart disease                             | [Qorisk1]  |
| 2  | Some cancers                              | [Qorisk2]  |
| 3  | Diabetes                                  | [Qorisk3]  |
| 4  | High blood pressure                       | [Qorisk4]  |
| 5  | Stroke                                    | [Qorisk5]  |
| 6  | Gallbladder disease                       | [Qorisk6]  |
| 7  | Arthritis (pain / swelling in the joints) | [Qorisk7]  |
| 8  | Gout                                      | [[Qorisk8] |
| 9  | Stomach ulcer                             | [Qorisk9]  |
| 10 | <i>(All of these)</i>                     | [Qorisk10] |
| 11 | <i>(None of these)</i>                    | [Qorisk11] |
| 12 | Other                                     | [Qorisk12] |

**IF Qorisk = Other THEN**

**[QoriskO]\***

INTERVIEWER: Enter other answer

**[Intro]\***

Now I would like to ask you some questions about drinking alcohol.

**[Qalal]**

As you might know, some drinks contain more alcohol than others. The amount is sometimes measured in terms of 'units of alcohol'.

Have you heard about measuring alcohol in units?

- 1 Yes
- 2 No

**IF Qalal = Yes THEN**

**[Qalcr]**

The government advises people not to regularly drink more than a certain number of units of alcohol a day.

Have you heard of this advice?

- 1 Yes
- 2 No

**IF Qalcr = Yes THEN**

**[Qalmd]**

What do you think is the current recommended maximum number of units PER DAY for **MEN**?

INTERVIEWER: IF GIVEN A RANGE PROBE FOR MAXIMUM

Range: 1..97

**[Qalwd]**

And for **WOMEN**? (What do you think the current recommended maximum number of units PER DAY is for them?)

INTERVIEWER: IF GIVEN A RANGE PROBE FOR MAXIMUM

Range: 1..97

**IF Qalal = Yes THEN**

**[Qalbd]**

Experts advise people not to drink more than a certain number of units in a **single session**, for example over one lunchtime or in an evening. Have you heard of this advice?

- 1 Yes
- 2 No

**IF Qalbd = Yes THEN**

**[Qalmbd]**

What do you think is the current recommended **maximum number of UNITS** in a **SINGLE SESSION** for **MEN**?

INTERVIEWER: IF GIVEN A RANGE PROBE FOR MAXIMUM

Range: 1..97

**[Qalwbd]**

And for **WOMEN**? (What do you think the current recommended **maximum number of UNITS** in a **SINGLE SESSION** is for them?)

INTERVIEWER: IF GIVEN A RANGE PROBE FOR MAXIMUM

Range: 1..97

**[Qalfd]**

The government advises people to have a certain number of alcohol-free days each week. Have you heard of this advice?

- 1 Yes
- 2 No

**IF Qalfd = Yes THEN**

**[Qalfdn]**

SHOW CARD S19

How many alcohol-free days do you think adults are advised to have each week? (Choose your answer from the card)

- 1 0-1 days
- 2 1-2 days
- 3 2-3 days
- 4 3-4 days
- 5 4-5 days
- 6 5-6 days
- 7 6-7 days

**[Qalvl]**

SHOW CARD S20

Which of the phrases on this card best describes the amount of alcohol you drink now?

Just tell me the letter beside the phrase that applies to you.

- 1 Q (A very light or occasional drinker)
- 2 T (A light but regular drinker)
- 3 K (A moderate drinker)
- 4 O (Quite a heavy drinker)
- 5 G (A very heavy drinker)
- 6 (Do not drink alcohol nowadays)

**IF SMOKING OR SMOKENOW = YES THEN**

**[Qspadul]**

If you are in a room with adults who don't smoke, do you...READ OUT...

- 1 Smoke the same number of cigarettes as usual
- 2 smoke fewer cigarettes,
- 3 stay in the room and not smoke at all,
- 4 or, leave the room to smoke?
- 5 Other

**IF Qspadul = Other THEN**

**[QspadulO]\***

INTERVIEWER: Enter other answer

**[Qapchil]**

And if you are in a room with children, do you... READ OUT..."

- 1 Smoke the same number of cigarettes as usual
- 2 smoke fewer cigarettes,
- 3 stay in the room and not smoke at all,
- 4 or, leave the room to smoke?
- 5 Other

**IF Qapchil = Other THEN**

**[QapchilO]\***

INTERVIEWER: Enter other answer

**[Intro]\***

Now I would like to ask you some questions about cancer

**[Qcan]**

SHOW CARD S21

Some kinds of cancer can be caused by a virus. Which, if any, of the following do you think is mainly caused by a virus?

CODE ONE ANSWER ONLY.

- 1 Skin cancer
- 2 Bowel cancer
- 3 Breast cancer
- 4 Cervical cancer
- 5 *(All of these)*
- 6 *(None of these)*
- 7 Other

**IF Qcan = Other THEN**

**[QcanO]\***

INTERVIEWER: Enter other answer

[Qcan2]

SHOW CARD S22

What are the main ways a woman can protect herself against cervical cancer?

CODE UP TO TWO ANSWERS ONLY.

- |   |                          |          |
|---|--------------------------|----------|
| 1 | Vaccination              | [Qcan21] |
| 2 | Screening (a smear test) | [Qcan22] |
| 3 | Taking more exercise     | [Qcan23] |
| 4 | Losing weight            | [Qcan24] |
| 5 | <i>(None of these)</i>   | [Qcan25] |
| 6 | Other                    | [Qcan26] |

**IF Qcan2 = Other THEN**

[Qcan2O]\*

INTERVIEWER: Enter other answer

# Attitudes to Health – CASI Self completion

---

## ASK SELECTED ADULT 16 + IN VERSION B

[CASIInt]

I now have some questions for you to answer yourself, on the computer. The questions cover topics to do with sexual health.

When you have finished the computer will lock away your answers and no one else will be able to see them, including me.

Instructions about which keys to press will be shown on the computer screen. If you press the wrong key I can tell you how to change the answer.

When you get to the end, please tell me and we will complete the rest of the interview with me asking you questions again.

**INTERVIEWER:** Only where necessary, ask respondent if they would like you to read the questions out to them.

Please code whether the self-completion is accepted or not.

[CASIInt]

- 1 Self-completion accepted by respondent
- 2 Self-completion to be read out by interviewer
- 3 Self-completion refused

## IF CASIInt = Refused THEN

[SCompNH]\*

INTERVIEWER: Record why the computer self-completion was not completed.

CODE ALL THAT APPLY.

- |   |   |            |
|---|---|------------|
| 1 | Eyesight problems   | [ScompNH1] |
| 2 | Language problems   | [ScompNH2] |
| 3 | Reading/writing/comprehension problems                      | [ScompNH3] |
| 4 | Doesn't like computers                                      | [ScompNH4] |
| 5 | Questions too sensitive/invasion of privacy                 | [ScompNH5] |
| 6 | Too long/too busy/taken long enough already                 | [ScompNH6] |
| 7 | Refused to complete self-completion (no other reason given) | [ScompNH7] |
| 8 | Other (SPECIFY)   | [ScompNH8] |

## IF CASIInt <> Refused THEN

[CASIInst]\*

INTERVIEWER: If the respondent is happy to do the self-completion themselves - hand over the computer now.

Otherwise keep interviewing.

(Continue)

[SIntro]\*

The next questions are for you to answer yourself. They all ask you to choose an answer from those listed on the screen.

Please choose your answer by pressing the number next to the answer you want to give and then press the large key with the **red** sticker (the enter key). You don't have to answer every question - if you want to skip one the interviewer will tell you how to do this.

Please ask the interviewer if you want any help. Now press 1 and then the key with the **red** sticker to continue.

**[Know1]**

PLEASE READ THIS CAREFULLY:

The next questions are about sexual health. Do you feel you know enough or have enough information about the following topics, or would you like to know more?

Firstly, where a woman should go if she needed an abortion?

- 1 Know enough about this topic
- 2 Want more information
- 3 Do **not** want to know about this topic
- 4 Don't know

**[Know2]**

How to use a condom?

Do you feel you know enough or have enough information about this, or would you like to know more?

- 1 Know enough about this topic
- 2 Want more information
- 3 Do **not** want to know about this topic
- 4 Don't know

**[Know3]**

Safer sex - including vaginal, oral and anal sex - to protect yourself against sexually transmitted infections (STIs)?

- 1 Know enough about this topic
- 2 Want more information
- 3 Do **not** want to know about this topic
- 4 Don't know

**[Atts1]**

PLEASE READ THIS CAREFULLY:

The following are a number of things people have said about **condoms**. Please indicate how much you agree or disagree with each one.

Firstly, if I wanted to have sexual intercourse with a new partner, I would ask if we could use a condom.

- 1 Agree strongly
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Disagree strongly
- 6 Don't know
- 7 Does not apply to me

**[Atts2]**

If I wanted to have sexual intercourse with a new partner, I would stop if we had no condoms. (Please indicate how much you agree or disagree with this).

- 1 Agree strongly
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Disagree strongly
- 6 Don't know
- 7 Does not apply to me

**[Atts3]**

It is necessary to use a condom with a new partner to help protect against sexually transmitted infections (STIs), including HIV, even if you are using some other method of contraception. (Please indicate how much you agree or disagree with this).

- 1 Agree strongly
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Disagree strongly
- 6 Don't know
- 7 Does not apply to me

**[Atts4]**

Once a new sexual partner has become a regular partner, we would both get tested for STIs before stopping using condoms. (Please indicate how much you agree or disagree with this).

- 1 Agree strongly
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Disagree strongly
- 6 Don't know
- 7 Does not apply to me

**[Atts5]**

A woman who is known to be carrying condoms would not have a good image. (Please indicate how much you agree or disagree with this).

- 1 Agree strongly
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Disagree strongly
- 6 Don't know
- 7 Does not apply to me

**[Atts6]**

In a relationship between a man and a woman, it is the man's responsibility to carry condoms. (Please indicate how much you agree or disagree with this)."

- 1 Agree strongly
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Disagree strongly
- 6 Don't know
- 7 Does not apply to me

**[MornP]\***

Sometimes people need to get emergency contraception, also known as the 'morning after' pill. Please have a look at the following list and pick out any that **you** think would provide the 'morning after' pill.

Please type the numbers of **all** the places you think provide this.

If you want to pick more than one, please press the space bar (the long button) between each number and then press enter when you are ready to move to the next question.

- |   |  |          |
|---|--|----------|
| 1 | GP   | [MornP1] |
| 2 | Pharmacist / chemist                                 | [MornP2] |
| 3 | Accident and emergency department                    | [MornP3] |
| 4 | Sexual Health / GUM (Genito-Urinary Medicine) clinic | [MornP4] |
| 5 | Family Planning Clinic                               | [MornP5] |
| 6 | Young people's drop in centre                        | [MornP6] |
| 7 | <b>All of these</b>                                  | [MornP7] |
| 8 | None of these  | [MornP8] |
| 9 | Don't know   | [MornP9] |

**[Chlam]\***

Chlamydia (klam-id-ia) is one of the most common sexually transmitted infections. There are often no symptoms and this is a problem as it can cause infertility, ectopic pregnancy and other infections. Please have a look at the following list and pick out the places where **you** think people can be tested for chlamydia.

Please type the numbers of **all** the places you think provide this.

If you want to pick more than one please press the space bar (the long button) between each number and then press enter when you are ready to move to the next question.

- |   |  |          |
|---|--|----------|
| 1 | GP   | [Chlam1] |
| 2 | Accident and emergency department                    | [Chlam2] |
| 3 | Sexual Health / GUM (Genito-Urinary Medicine) clinic | [Chlam3] |
| 4 | Family Planning Clinic                               | [Chlam4] |
| 5 | Young people's drop in centre                        | [Chlam5] |
| 6 | <b>All of these</b>                                  | [Chlam6] |
| 7 | None of these  | [Chlam7] |
| 8 | Don't know   | [Chlam8] |

**ASK MEN ONLY**

**[Vas1]**

Have **you** had a vasectomy (male sterilisation)?

If your vasectomy has been reversed please code 'yes'.

- |   |               |
|---|---------------|
| 1 | Yes           |
| 2 | No            |
| 3 | Don't know    |
| 4 | Refuse to say |

**IF Vas1 <>Yes**

**[Vas2]**

Would you consider having a vasectomy (male sterilisation) if you didn't want to have additional children, or any children?

- |   |  |
|---|--|
| 1 | Definitely would                         |
| 2 | Probably would                           |
| 3 | Probably would not                       |
| 4 | Definitely would not                     |
| 5 | Don't know / would need more information |
| 6 | Does not apply to me                     |

**ASK WOMEN AGED 16-55 ONLY**

**[Long1]**

The next questions are about long-acting reversible methods of contraception.

Has your GP ever suggested you consider using long-acting reversible methods of contraception?  
For example:

- contraceptive injection (Depo-Provera)
- contraceptive implant (Implanon)
- intrauterine device (the coil)
- intrauterine system (Mirena)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refuse to say

**IF Long1=YES, SKIP IF DK/REF THEN**

**[Long2]**

Are you currently using one of these methods?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refuse to say

**IF Long1=No, SKIP IF DK/REF THEN**

**[Long3]**

Would you consider using one of these methods of contraception?

For example:

- contraceptive injection (Depo-Provera)
- contraceptive implant (Implanon)
- intrauterine device (the coil)
- intrauterine system (Mirena)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refuse to say

**ASK ALL COMPETING CASI**

**[EndCASIX]\***

Thank you very much for answering these questions.

Type in '1' and press 'enter' to continue.

(Continue)

**[EndCASIY]\***

**Type in '1' and press 'enter' again to lock up your answers.**

(Continue)

**[EndCASIZ]\***

Please hand the computer back to the interviewer.

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

(Continue)

**[TPhone]\***

Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.

INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER ON FRONT OF ARF.

- 1 Number given
- 2 Number refused
- 3 No telephone
- 4 Number unknown

**[Thank]\***

That is the end of the interview. Thank you for your help.

# Scottish Health Survey 2008 – Nurse Interview

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## Household grid

---

PERSON to interview at stage 2 are usually transmitted directly from the interview data to the nurse CAPI program. There is also a facility for nurses to key this information directly from the Nurse Record Form, for example if the nurse visit follows too quickly from the interview to allow the automatic transmission to take place.

*[Person]\**

*Person number of person who was interviewed*

*Range 01..12*

*[Name]\**

*Name of person who was interviewed*

*[Sex]\**

*Sex of person who was interviewed*

*1 Male*

*2 Female*

*[Age]\**

*Age of person who was interviewed*

*Range 2..120*

*[OC]\**

*Interview outcome of person who was interviewed*

*1 Agreed Nurse Visit*

*2 Refused Nurse Visit*

*[AdrField]\**

PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS TAKEN FROM N.R.F. ADDRESS LABEL.

MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED:

Text: Maximum 10 characters

*[HHDDate]\**

NURSE: ENTER THE DATE OF THE ORIGINAL HOUSEHOLD INTERVIEW FROM Q2 ON THE NRF (OR INTERIM APPOINTMENT RECORD).

*[OpenDisp]\**

HERE ARE THE PEOPLE AT THIS HOUSEHOLD WHO HAVE BEEN SEEN BY THE INTERVIEWER (NB. N/Y UNDER Nurse MEANS 'Not yet interviewed', N/E MEANS 'Not eligible for nurse visit')

No Name Sex Age Nurse

PRESS 1 AND <Enter> TO SEE WHICH NURSE SCHEDULE TO SELECT FOR EACH PERSON.

**[SchDisp]\***

TO INTERVIEW EACH PERSON, PRESS <Ctrl+Enter> AND SELECT THE CORRESPONDING NURSE SCHEDULE AS LISTED BELOW.

No Name Sex Age Nurse Nurse Schedule

PRESS <Ctrl+Enter> TO SELECT A NURSE SCHEDULE FOR THE PERSON YOU WANT TO INTERVIEW, OR TO QUIT THIS FORM.

NURSE: Please point out to respondents that there are a few questions that some people might find sensitive. You will be pointing this out again to respondents at the beginning of the section but give people the option to complete the whole session in private if they wish.

## Introduction

---

**IF OC = 1 'Agreed nurse visit' THEN**

**[Info]\***

You are in the Nurse Schedule for...

Person Number:

Name:

Age:

Sex:

Can you interview this person? TO LEAVE THIS SCHEDULE FOR NOW, PRESS <Ctrl Enter>

- 1 Yes, I will do the interview now
- 2 No, I will not be able to do this interview

**IF OC=2 'Refused nurse visit' THEN**

**[RefInfo]**

NURSE: (Name of respondent) IS RECORDED AS HAVING REFUSED A NURSE VISIT. PLEASE CHECK IF (he/she)HAS CHANGED (his/her) MIND.

- 1 Yes, (now/this person) agrees nurse visit
- 2 No, (still refuses/this person will not have a) nurse visit

**ASK ALL WITH A NURSE VISIT (Info = Yes OR RefInfo = Yes, agrees nurse visit)**

**[StrtNur]\***

ENTER THE START TIME OF THE INTERVIEW IN HOURS AND MINUTES USING THE 24-HOUR CLOCK (E.G. 17:30)

**[DateOK]\***

NURSE: TODAY'S DATE ACCORDING TO THE LAPTOP IS (DATE)  
IS THIS THE CORRECT DATE?

**[Intro]\***

I am going to be asking some questions and taking some measurements during my visit which some people may find sensitive, or might prefer to be carried out in private.

NURSE: You do not need to insist that the visit takes place in private but where practical it is better for the respondent to see you on *(his/her)* own.

Press <1> and <Enter> to continue.

**[NDoBD]\***

Can I just check your date of birth?

NURSE: ENTER DAY, MONTH AND YEAR OF RESPONDENT'S DATE OF BIRTH

SEPERATELY

ENTER THE DAY HERE

**[NDoB]\***

NURSE: ENTER THE CODE FOR THE MONTH OF RESPONDENT'S DATE OF BIRTH

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

**[NDoBD]\***

NURSE: ENTER THE YEAR OF RESPONDENT'S DATE OF BIRTH.

**[HHage]\***

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

*Range: 0..120*

**[DispAge]\***

CHECK WITH RESPONDENT: So your age is (computed age)?

- 1 Yes
- 2 No

**IF (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN**

**[PregNTJ]**

Can I check, are you pregnant at the moment?

- 1 Yes
- 2 No

**IF (PregNTJ = Yes) THEN**

**[PregMes]**

RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE. ENTER '1' TO CONTINUE.

- 1 Continue

## Prescribed Medicines and Drug Coding

---

### ASK ALL WITH A NURSE VISIT

[MedCNJD]

Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor or a nurse?

- 1 Yes
- 2 No

### IF (MedCNJD = Yes) THEN

[MedIntro]\*

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor?

NURSE: Include the contraceptive pill

- 1 Continue

### *Questions MedBI-MedBIC repeated for up to 22 drugs*

### IF (MedCNJD = Yes) OR (MedBIC = Yes) THEN

[MedBI]\*

NURSE: Enter name of drug number (*number*).

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

If Aspirin, record dosage as well as name.

Text: maximum 50 characters

[MedBIA]\* (Variable names: Medbia1-Medbia18)

Have you taken or used (name of drug) in the last 7 days?

- 1 Yes
- 2 No

[MedBIC]\*

NURSE CHECK: Any more drugs to enter?

- 1 Yes
- 2 No

### IF MedCNJD = Yes THEN

[DrCod1]\*

NURSE: To do the drug coding now, press <Ctrl + Enter>, select DrugCode[schedule no] with the highlight bar and press <Enter>.

Else, enter '1' to continue.

- 1 Continue

**Drug coding block**

**[DIntro]\***

NURSE: PLEASE COMPLETE DRUG CODING FOR

Person (*person no.*) (*person name*).

PRESS 1 AND <Enter> TO CONTINUE.

- 1 Continue

**Repeat for up to 22 drugs coded, variable names DrCd – DrCd18**

**[DrC1]\***

NURSE: ENTER CODE FOR (*name of drug*) ENTER 999999 IF UNABLE TO CODE

Text: Maximum 6 characters

**IF Drug code begins 02 THEN**

**[YTake1]\***

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

- 1 Heart problem [YTake011-YTake181]
- 2 High blood pressure [YTake012-YTake182]
- 3 Other reason [YTake013-YTake183]

**IF YTake1 = Other THEN**

**[TakeOth1]\***

NURSE: GIVE FULL DETAILS OF REASON(S) FOR TAKING (*name of drug*):

Text: Maximum 255 characters

# Vitamin supplements

---

## ASK ALL WITH A NURSE VISIT

### [VitTake]

At present, are you taking any vitamins, fish oils, iron supplements, calcium, other minerals or anything else to supplement your diet or improve your health, other than those prescribed by your doctor?

NURSE: ONLY INCLUDE SUPPLEMENTS WHICH ARE TAKEN OVER A LONG PERIOD OF TIME. DO NOT INCLUDE ANYTHING TAKEN ON A MORE TEMPORARY BASIS. E.G. TO CURE A COLD.

- 1 Yes
- 2 No

## IF VitTake=Yes THEN

### [Vitamin]

What are you taking?

NURSE: CODE ALL THAT APPLY.

- 1 Vitamins
- 2 Fish oils
- 3 Iron supplements
- 4 Calcium
- 5 Other minerals
- 6 Other supplements

## IF AGE 18-49 AND SEX= female THEN

### [Folic]

At present, are you taking any folic acid supplements such as Solgar folic acid, Prenacare tablets, Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?

- 1 Yes
- 2 No

## IF PreNTJ = Yes AND Folic = Yes THEN

### [FolPreg]

Did you start taking folic acid supplements before becoming pregnant?

- 1 Yes
- 2 No

## IF FolPreg = Yes THEN

### [FolPrg12]

Have you been taking folic acid supplements for the first 12 weeks of your pregnancy?

- 1 Yes
- 2 No

## IF PreNTJ = No AND Folic = Yes THEN

### [FolHelp]

People can take folic acid for various health reasons.

Are you taking folic acid supplements because you hope to become pregnant?

- 1 Yes
- 2 No

# Nicotine Replacements

---

## ASK ALL WITH A NURSE VISIT

[Smoke]

Can I ask, do you smoke cigarettes, cigars or a pipe at all these days?

CODE ALL THAT APPLY.

IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO'.

- 1 Yes, cigarettes
- 2 Yes, cigars
- 3 Yes, pipe
- 4 No

## IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe) THEN

[LastSmok]

How long is it since you last smoked a (cigarette, (and/or a) cigar, (and/or a) pipe)?

- 1 Within the last 30 minutes
- 2 Within the last 31-60 minutes
- 3 Over an hour ago, but within the last 2 hours
- 4 Over two hours ago, but within the last 24 hours
- 5 More than 24 hours ago

## IF (Smoke = No) THEN

[SmokeYr]

Have you smoked in the last 12 months?

- 1 Yes
- 2 No

## ASK ALL CURRENT CIGARETTE/CIGAR/PIPE SMOKERS AND EX-SMOKERS WHO HAVE SMOKED IN PAST 12 MONTHS

[UseNRT]

SHOWCARD A

We are also interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum or patches. First, in the last seven days have you used any of the following nicotine replacement products?

CODE ALL THAT APPLY

- 1 Yes, nicotine gum
- 2 Yes, nicotine patches that you stick on your skin
- 3 Yes, nasal spray/ nicotine inhaler
- 4 Yes, other
- 5 No

## IF UseNRT = Yes, Other THEN

[NRTOth]

What other nicotine product did you use?

**IF UseNRT = Yes, gum, patches, nasal spray or other THEN**

**[NRTSupp]**

Was this accompanied by smoking cessation support?

NURSE: IF YES: From Whom?

- 1 Yes, pharmacy
- 2 Yes, GP practice nurse
- 3 Yes, other
- 4 No

**IF NRTSupp = Yes, other THEN**

**[SuppOth]**

What other type of support did you receive?

# Blood Pressure

---

## ALL WITH NURSE VISIT

### IF (PregNTJ = Yes) THEN

[NoCodeB]\*

NURSE: NO MEASUREMENTS REQUIRING CONSENTS TO BE TAKEN

CIRCLE CODES 02, 04, 06, 08, 10, 12, 14 AND 16 ON THE FRONT OF THE CONSENT BOOKLET.

- 1 Continue

## ALL WITH NURSE VISIT (EXCEPT PREGNANT WOMEN)

[BPMod]

NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE. ENTER '1' TO CONTINUE:

- 1 Continue

[BPIntro]

(As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.

ENTER '1' TO CONTINUE

- 1 Continue

[BPConst]

NURSE: Does the respondent agree to blood pressure measurement?

- 1 Yes, agrees
- 2 No, refuses
- 3 Unable to measure BP for reason other than refusal

### IF BPConst = Yes, agrees THEN

[ConSubX]

May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?

CODE ALL THAT APPLY.

- 1 Eaten
- 2 Smoked
- 3 Drunk alcohol
- 4 Done vigorous exercise
- 5 (None of these)

[DINNo]

NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:

Range:001..999

[CufSize]

SELECT CUFF AND ATTACH TO THE RESPONDENT'S RIGHT ARM. ASK THE RESPONDENT TO SIT STILL FOR FIVE MINUTES.

RECORD CUFF SIZE CHOSEN.

- 1 Small adult (17-25 cm)
- 2 Adult (22-32 cm)
- 3 Large adult (32-42 cm)

**[AirTemp]**

ENTER AMBIENT AIR TEMPERATURE IN CELSIUS.

Range: 00.0..40.0

**[BPClear]**

NURSE: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.

PRESS M AND START ON THE OMRON AT THE SAME TIME TO CLEAR THE MEMORY

1 Continue

***Sys to BPWait repeated for up to 3 blood pressure measurements***

**[Sys]**

NURSE: Take three measurements from right arm.

ENTER (FIRST/SECOND/THIRD) SYSTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL, ENTER 996

Range:001..999

**[Dias]**

ENTER (FIRST/SECOND/THIRD) DIASTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

Range:001..999

**[Pulse]**

ENTER (FIRST/SECOND/THIRD) PULSE READING (bpm).

IF READING NOT OBTAINED, ENTER 999.

Range:001..999

**[BPWait]**

NURSE: Wait for 1 minute then take the next reading.

Press enter to continue.

**IF NO FULL MEASUREMENT OBTAINED (at least one '999' reading in all 3 sets of 3 readings)  
THEN**

**[YNoBP]**

ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

- 1 Blood pressure measurement attempted but not obtained
- 2 Blood pressure measurement not attempted
- 3 Blood pressure measurement refused

**IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED THEN**

[NattBPD]

RECORD WHY (ONLY TWO READINGS OBTAINED/ONLY ONE READING OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING REFUSED/UNABLE TO TAKE READING).

CODE ALL THAT APPLY.

- 0 Problems with PC
- 1 Respondent upset/anxious/nervous
- 2 Error reading
- 5 Other reason(s) (specify at next question)
- 6 Problems with cuff fitting/painful
- 7 Problems with equipment (not error reading)

**IF NattBP = Other THEN**

[OthNBP]\*

ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:

Text: Maximum 140 characters

[Code023]\*

NURSE: Circle consent code 02 on the front of the Consent Booklet

- 1 Continue

**IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN**

[DifBPC]

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.

- 1 No problems taking blood pressure
- 2 Reading taken on left arm because right arm not suitable
- 3 Respondent was upset/anxious/nervous
- 4 Other problems (SPECIFY AT NEXT QUESTION)
- 5 Problems with cuff fitting/painful
- 6 Problems with equipment (not error reading)
- 7 Error reading

**IF DifBP=Other THEN**

[OthDifBP]\*

NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.

Text: Maximum 140 characters

[BPOffer]

NURSE OFFER BLOOD PRESSURE RESULTS TO RESPONDENT

- |      | Systolic                  | Diastolic                  | Pulse                  |
|------|---------------------------|----------------------------|------------------------|
| i)   | (First Systolic reading)  | (First Diastolic reading)  | (First Pulse reading)  |
| ii)  | (Second Systolic reading) | (Second Diastolic reading) | (Second Pulse reading) |
| iii) | (Third Systolic reading)  | (Third Diastolic reading)  | (Third Pulse reading)  |

ENTER THESE ON RESPONDENT'S MEASUREMENT RECORD CARD (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING:

**IF Systolic reading >179 OR Diastolic reading >114 THEN:**

TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.

NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.

**IF Systolic reading 160-179 OR Diastolic reading 100-114 THEN:**

TICK THE RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.

**IF Systolic reading 140-159 OR Diastolic reading 85-99 THEN:**

TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not.

**IF Systolic reading <140 AND Diastolic reading <85 THEN:**

TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

**IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN**

**[GPRegB]**

Are you registered with a GP?

- 1 Yes
- 2 No

**IF GPRegB = Yes THEN**

**[GPSend]**

May we send your blood pressure readings to your GP?

- 1 Yes
- 2 No

**IF GPSEND = No THEN**

**[GPREFM]**

SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO GP.  
CODE ALL THAT APPLY.

- 1 Hardly/Never sees GP
- 2 GP knows respondent's BP level
- 3 Does not want to bother GP
- 4 Other (SPECIFY AT NEXT QUESTION)

**IF GPREFM = Other THEN**

**[OthRefM]\***

NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL

Text: Maximum 140 characters

**IF (GPREGB = No) OR (GPSEND = No) THEN**

**[Code022]\***

CIRCLE CONSENT CODE 02 ON THE FRONT OF THE CONSENT BOOKLET.

ENTER '1' TO CONTINUE

- 1 Continue

**IF GPSEND = Yes THEN**

**[ConsFrm1]\***

a) COMPLETE 'BLOOD PRESSURE TO GP CONSENT FORM (FORM BP (A))

b) ASK RESPONDENT TO READ, SIGN AND DATE IT.

c) CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON CONSENT FORM.

d) CHECK NAME BY WHICH GP KNOWS RESPONDENT.

e) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.

ENTER '1' TO CONTINUE.

- 1 Continue

# Depression

---

## ASK ALL WITH NURSE VISIT

[AnxInt]\*

I'm now going to ask you some questions about how you've been feeling lately and if you've been feeling depressed, worried or anxious.

NURSE: This is the start of the anxiety, depression and self-harm questions. Some people might be uncomfortable answering some of the questions or might find them difficult.

If the respondent is uncomfortable answering any question or appears distressed at any point you might need to give them some time to compose themselves before carrying on with the rest of the visit.

If you need to skip a question just press <Ctrl R>. If they don't wish to answer any further questions in this section press <Ctrl R> at each question until you get to the next set of questions.

Press <1> and <Enter> to continue.

[G1]

Almost everyone becomes sad, miserable or depressed at times.

Have you had a spell of feeling sad, miserable or depressed in the past month?

- 1 Yes
- 2 No

[G2]

During the past month, have you been able to enjoy or take an interest in things as much as you usually do?

- 1 Yes
- 2 No/no enjoyment or interest

**IF G1 = Yes THEN**

[G4]

NURSE: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

In the past week have you had a spell of feeling sad, miserable or depressed?

- 1 Yes
- 2 No

**IF G2 = No THEN**

[G5]

NURSE: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

In the past week have you been able to enjoy or take an interest in things as much as usual?

- 1 Yes
- 2 No/no enjoyment or interest

**IF (G4 = Yes) OR IF (G5 = No/no enjoyment or interest) THEN**

[G6]

Since last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] on how many days have you felt [depressed or unable to take an interest in things / sad, miserable or depressed / unable to enjoy or take an interest in things]?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

**IF (G4 = Yes) OR IF (G5 = No/no enjoyment or interest) THEN**

**[G7]**

Have you felt [depressed or unable to take an interest in things / sad, miserable or depressed /unable to enjoy or take an interest in things] for more than 3 hours in total (on any day in the past week)?

- 1 Yes
- 2 No

**IF (G4 = Yes) OR IF (G5 = No/no enjoyment) THEN**

**[G9]**

In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?

- 1 Yes, at least once
- 2 No

**IF (G4 = Yes) OR IF (G5 = No/no enjoyment) THEN**

**[G10]**

SHOW CARD B

How long have you been feeling sad, miserable or depressed/unable to enjoy or take an interest in things as you have described?

- 1 less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years but less than 5 years
- 6 5 years but less than 10 years
- 7 10 years or more

# Anxiety

---

## ASK ALL WITH NURSE VISIT

[J1]

Have you been feeling anxious or nervous in the past month?

- 1 Yes, anxious or nervous
- 2 No

## IF J1 = No THEN

[J2]

In the past month, did you ever find your muscles felt tense or that you couldn't relax?

- 1 Yes
- 2 No

## ASK ALL

[J3]

Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance they may get extremely anxious when in confined spaces, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders.

In the past month have you felt anxious, nervous or tense about any specific things when there was no real danger?

- 1 Yes
- 2 No

## IF RESPONDENT HAS EXPERIENCED ANXIETY AND PHOBIA THEN

[J5]

In the past month, when you felt anxious/nervous/tense, was this always brought on by the phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?

- 1 Always brought on by phobia
- 2 Sometimes generally anxious

## IF RESPONDENT HAS EXPERIENCED ANXIETY AND PHOBIA AND IF J5 = Sometimes generally anxious THEN

[J6]

The next questions are concerned with general anxiety/nervousness/tension only.

I will ask you about the anxiety which is brought on by the phobia about specific things or situations later.

On how many of the past seven days have you felt generally anxious/nervous/tense?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

## IF RESPONDENT HAS EXPERIENCED GENERAL ANXIETY ONLY THEN

[J7]

On how many of the past seven days have you felt generally anxious/nervous/tense?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

**IF RESPONDENT HAS EXPERIENCED ANXIETY FOR AT LEAST 1 DAY (AT J6 OR J7) THEN**

**[J8]**

In the past week, has your anxiety/nervousness/tension been:

RUNNING PROMPT

- 1 ...very unpleasant
- 2 ...a little unpleasant
- 3 ...or not unpleasant?

**[J9]**

SHOW CARD C

In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown on this card?

- 1 Yes
- 2 No

**IF RESPONDENT HAS EXPERIENCED ANY OF THE SYMPTOMS LISTED ON SHOWCARD C**

**[J9A]**

SHOW CARD C

Which of these symptoms did you have when you felt anxious/nervous/tense?

CODE ALL THAT APPLY

- 1 Heart racing or pounding
- 2 Hands sweating or shaking
- 3 Feeling dizzy
- 4 Difficulty getting your breath
- 5 Butterflies in stomach
- 6 Dry mouth
- 7 Nausea or feeling as though you wanted to vomit

**IF RESPONDENT HAS EXPERIENCED ANXIETY FOR AT LEAST 1 DAY (AT J6 OR J7) THEN**

**[J10]**

Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?

- 1 Yes
- 2 No

**[J11]**

How long have you had these feelings of general anxiety/nervousness/tension as you described?

SHOW CARD B AGAIN

- 1 less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

# Self Harm

---

## ASK ALL WITH NURSE VISIT

### [DSHIntro]\*

There may be times in everyone's life when they become very miserable and depressed and may feel like taking drastic action because of these feelings

- 1 Continue

### [DSH4]

Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?

- 1 Yes
- 2 No

## IF DSH4 = Yes THEN

### [DSH4a]

Was this...

CODE FIRST THAT APPLIES

- 1 ...in the last week?
- 2 in the last year?
- 3 or at some other time?

## ASK ALL WITH NURSE VISIT

### [DSH5]

Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?

- 1 Yes
- 2 No

## IF DSH5 = Yes THEN

### [DSH6]

Did you ...

READ OUT AND CODE ALL THAT APPLY

- 1 ...cut yourself
- 2 or burn yourself
- 3 or swallow any objects
- 4 or harm yourself some other way?

### [DSH9]

Have you received medical attention for deliberately harming yourself in any of these ways?

NURSE : MEDICAL ATTENTION MEANS HELP FOR PHYSICAL INJURY, NOT SEEKING PSYCHOLOGICAL HELP

- 1 Yes
- 2 No

### [DSH10]

Have you seen a psychiatrist, psychologist or counsellor because you had harmed yourself?

- 1 Yes
- 2 No

**ASK IF DSH4a = 'in the last week' OR 'in the last year' THEN  
[DSHExit]\***

The sorts of thoughts and feelings we have talked about here are very serious and it is important that you talk to someone, for example a doctor or The Samaritans, if you find yourself thinking them.

# Food Poisoning

---

## ASK ALL WITH A NURSE VISIT

### [BFInt]\*

Now for a change of topic, I'd like to ask you some questions about food poisoning

### [DIArr]

In the past six months, have you suffered from any illness involving diarrhoea which you believe may have been due to food poisoning?

DIARRHOEA = 3+ LOOSE BOWEL MOVEMENTS IN 24 HOURS

- 1 Yes
- 2 No
- 3 Can't remember

### [Vomit]

In the past six months, have you suffered from any illness involving vomiting which you believe may have been due to food poisoning?

VOMITING = 3+ TIMES IN 24 HOURS

- 1 Yes
- 2 No
- 3 Can't remember

## IF Diarr=Yes OR Vomit=Yes THEN

### [NoDiaVom]

How many times did you have such an illness in the last six months? Was it ...READ OUT...

- 1 Once
- 2 Twice
- 3 3 Times
- 4 or more than 3 times?

### [YDiaVom]

How long did the (diarrhoea/diarrhoea and vomiting) last?

READ OUT...

MOST RECENT ILLNESS IF MORE THAN ONE

- 1 ...Less than one week
- 2 1 - 2 weeks
- 3 More than two weeks?
- 4 (Can't remember)

### [ConsGP]

Did you consult your GP or another doctor about this illness, either by phone or by visiting the surgery or hospital?

- 1 Yes, did consult GP/doctor
- 2 No, GP/doctor not consulted

**IF ConsGP=Yes THEN**

[GPDiag]

Did your GP/doctor diagnose this illness as food poisoning, gastroenteritis, or some other illness?

CODE ONE ONLY

- 1 Food poisoning
- 2 Gastroenteritis
- 3 Other (SPECIFY)
- 4 Respondent not given diagnosis
- 5 Can't remember/Don't know

**IF GPDiag =Other THEN**

[OthDiag]

What was the diagnosis?

INTERVIEWER: ENTER DIAGNOSIS

Text: Maximum 40 characters

[Stool]

Did the doctor ask you to supply a stool for testing?

- 1 Yes
- 2 No

**IF Stool=Yes THEN**

[StoolTst]

And did you give the doctor a stool sample for testing?

- 1 Yes
- 2 No

**IF StoolTst=Yes THEN**

[GermB]

Were you told what type of germ or bacteria was causing the illness?

- 1 Yes
- 2 No
- 3 Told but can't remember
- 4 Can't remember if told

**IF Diarr=Yes OR Vomit=Yes THEN**

[IIDay]

What effect did this illness have on your daily routine. Were you ...

READ OUT

- 1 ...admitted to hospital,
- 2 at home but took time off paid work,
- 3 not off work/school,
- 4 or not working at this time?

# Waist and Hip Circumference

---

**ASK ALL WITH NURSE VISIT (EXCEPT PREGNANT WOMEN)**

**[WHMod]\***

NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.

ENTER '1' TO CONTINUE

1 Continue

**[WHIntro]**

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

NURSE CODE:

- 1 Respondent agrees to have waist/hip ratio measured
- 2 Respondent refuses to have waist/hip ratio measured
- 3 Unable to measure waist/hip ratio for reason other than refusal

**IF (WHIntro=Agree) THEN**

**Repeat for up to three waist-hip measurements.**

**Third measurement taken only if difference between first two measurements is greater than 3cm.**

**FOR Loop:= 1 TO 3 DO**

**IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2].Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3)) THEN**

**[Waist]**

NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.

ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 45.0..1000.0

**IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Hip <> 999.9) AND (Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3)) THEN**

**[Hip]**

NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.

ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN CENTIMETRES (Remember to include the decimal point).

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 75.0..1000.0

**IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9) THEN**

**[YNoWH]**

**ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS**

- 1 Both measurements refused
- 2 Attempted but not obtained
- 3 Measurement not attempted

(computed from WHIntro, Waist and Hip)

[RespWH]

RESPONSE TO WAIST-HIP MEASUREMENT

- 1 Both measurements obtained
- 2 One measurement obtained
- 3 Refused
- 4 Not attempted

**IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR Only one waist/hip measurement obtained) THEN**

[WHPNABM]

GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED).CODE ALL THAT APPLY.

- 1 Respondent is chairbound
- 2 Other (SPECIFY AT NEXT QUESTION)

**IF WHPNABM = Other THEN**

[OthWH]\*

GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP MEASUREMENT:

Text: Maximum 140 characters

**IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN**

[WJRel]

RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:

- 1 No problems experienced, RELIABLE waist measurement
- 2 Problems experienced - waist measurement likely to be RELIABLE
- 3 Problems experienced - waist measurement likely to be SLIGHTLY UNRELIABLE
- 4 Problems experienced - waist measurement likely to be UNRELIABLE

**IF WJRel = Problems experienced THEN**

[ProbWJ]

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

- 1 Increases measurement
- 2 Decreases measurement

**IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN**

[HJRel]

RECORD ANY PROBLEMS WITH HIP MEASUREMENT:

- 1 No problems experienced, RELIABLE hip measurement
- 2 Problems experienced - hip measurement likely to be RELIABLE
- 3 Problems experienced - hip measurement likely to be SLIGHTLY UNRELIABLE
- 4 Problems experienced - hip measurement likely to be UNRELIABLE

**IF HJRel = Problems experienced THEN**

**[ProbHJ]**

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE HIP MEASUREMENT.

- 1 Increases measurement
- 2 Decreases measurement

**IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN**

**[WHRes]**

OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist: (Write in waist measurements 1 and 2)

Hip: (Write in hip measurements 1 and 2)

- 1 Continue

## Demi-span (65+)

---

### ASK ALL AGED 65 AND OVER

[SpanIntro]\*

NURSE: NOW FOLLOWS THE MEASUREMENT OF DEMISPAN. ENTER '1' TO CONTINUE.

- 1 Continue

[SpanInt]

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

NURSE CODE:

- 1 Respondent agrees to have demi-span measured
- 2 Respondent refuses to have demi-span measured
- 3 Unable to measure demi-span for reason other than refusal

**Repeat for up to three demispan measurements.**

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

**IF SpanInt=Agrees THEN**

**FOR Loop:= 1 TO 3 DO**

**IF (Loop IN [1..2]) OR ((Loop = 3) AND (Span1 <> 999.9) AND (Span2 <> 999.9) AND (ABS(Span1 - Span2) > 3)) THEN**

[Span]

ENTER THE (FIRST/SECOND/THIRD) MEASUREMENT IN CENTIMETRES.

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 45.0..1000.0

**IF Span <> 999.9 THEN**

[SpanRel]

Is the (First/Second/Third) measurement reliable?

- 1 Yes
- 2 No

**IF (Span1 = 999.9) AND (Span2 = 999.9) THEN**

[YNoSpan]

NURSE: GIVE REASON FOR NOT OBTAINING AT LEAST ONE DEMISPAN MEASUREMENT.

- 1 Both measurements refused
- 2 Attempted but not obtained
- 3 Measurement not attempted

*(computed from YnoSpan, Span and Spanel)*

[RespDS]

RESPONSE TO DEMISPAN MEASUREMENT

Both measurements obtained

One measurement obtained

Refused

Attempted not obtained

Not attempted

**IF NO MEASUREMENT OBTAINED (SpanInt=Refuse OR SpanInt=Unable OR (Span1=999.9 AND Span2=999.9) THEN**

**[NotAttM]**

NURSE: GIVE REASON FOR (REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED).

- 1 Cannot straighten arms
- 2 Respondent confined to bed
- 3 Respondent too stooped
- 4 Respondent did not understand the procedure
- 5 Other

**IF NotAttM = Other THEN**

**[OthAttM]\***

NURSE: GIVE FULL DETAILS OF OTHER REASON FOR (REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED)

Text: Maximum 140 characters

**IF AT LEAST ONE MEASUREMENT OBTAINED THEN**

**[SpnM]**

NURSE CHECK: Demispan was measured with the respondent: CODE ALL THAT APPLY.

- 1 Standing against the wall
- 2 Standing not against the wall
- 3 Sitting
- 4 Lying down
- 5 Demi-span measured on left arm due to unsuitable right arm

**[DSCard]\***

WRITE RESULTS OF DEMISPAN MEASUREMENT ON RESPONDENT'S MEASUREMENT RECORD CARD. Demispan : (Measurement 1 and 2 displayed)

ENTER '1' TO CONTINUE.

- 1 Continue

# Lung Function

---

## ASK ALL WITH A NURSE VISIT (EXCEPT PREGNANT WOMEN)

[BlInt]\*

Now follows the lung function module

[HaSurg]

Can I check, have you had abdominal or chest surgery in the past three weeks?

- 1 Yes
- 2 No

### IF HaSurg=No THEN

[HaEySurg]

Can I check, have you had eye surgery in the past four weeks?

- 1 Yes
- 2 No

### IF HaEySurg=No THEN

[HaStro]

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

- 1 Yes
- 2 No

### IF HaStro =No THEN

[ChestInf]

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

- 1 Yes
- 2 No

[Inhaler]

(Can I just check), have you used an inhaler, puffer or any medication for your breathing in the last 24 hours?

- 1 Yes
- 2 No

### IF Inhaler=Yes THEN

[InHalHrs]

How many hours ago did you use it?

INTERVIEWER, ENTER NUMBER OF HOURS. IF LESS THAN ONE HOUR, CODE 0

Range:0..24

### IF (HaSurg OR HaEySurg OR HaStro) =No THEN

[LFIntro1]\*

(As I mentioned earlier). We would like to measure your lung function which will help us to find out more about the health of the population.

ENTER '1' TO CONTINUE"

- 1 Continue

**IF (HaSurg OR HaEySurg OR HaStro) = YES THEN**

**[LFCODE2]\***

NO LUNG FUNCTION TEST TO BE DONE

CIRCLE CONSENT CODE 04 ON FRONT OF CONSENT BOOKLET.

1 Continue

**IF (HaSurg OR HaEySurg OR HaStro) =No THEN**

**[LFWill]**

Would you be willing to have your Lung Function measured?

1 Yes, agrees

2 No, refuses

3 Unable to take lung function measurement for reason other than refusal

**IF LFWill=Yes THEN**

**[SpirNo]**

ENTER THE THREE-DIGIT SPIROMETER SERIAL NUMBER

Range: 1..999

**[LFTemp]**

NURSE: RECORD THE AMBIENT AIR TEMPERATURE

ENTER THE TEMPERATURE IN CENTIGRADES TO ONE DECIMAL PLACE.

Range:0..40

**[LFRec]**

NURSE: EXPLAIN THE PROCEDURE AND DEMONSTRATE THE TEST

RECORD THE RESULTS OF FIVE BLOWS BY THE RESPONDENT IN THE BOXES BELOW.  
RECORD EACH BLOW AS IT IS CARRIED OUT.

FOR EACH BLOW, ENTER ALL THREE MEASURES AND CODE WHETHER TECHNIQUE  
WAS SATISFACTORY.

1 Continue

**(FVC to Technique) repeated for up to 5 blows.**

**[FVC]**

ENTER FVC READING

IF NO READING OBTAINED ENTER '0'

IF YOU ARE NOT GOING TO OBTAIN ANY READINGS AT ALL ENTER '9.95'

Range:0..10

**[FEV]**

ENTER FEV READING

IF NO READING OBTAINED ENTER '0'

Range:0..10

**[PF]**

ENTER PF READING

IF NO READING OBTAINED ENTER '0'

Range:0..995

**[CL]**

NURSE: NOW PRESS THE CLEAR BUTTON ON THE SPIROMETER

1 Continue

**[TECHNIQUE]**

WAS THE TECHNIQUE SATISFACTORY ?

- 1 Yes
- 2 No

**[HTFVC]**

COMPUTES HIGHEST TECHNICALLY SATISFACTORY VALUE FOR FVC

Range:0..10

**[HTFEV]**

COMPUTES HIGHEST TECHNICALLY SATISFACTORY VALUE FOR FEV

Range:0..10

**[HTPF]**

COMPUTES HIGHEST TECHNICALLY SATISFACTORY VALUE FOR PF

Range:0..996

**[LFStand]**

NURSE: WERE THE MEASUREMENTS TAKEN WHILE RESPONDENT WAS STANDING OR SITTING?

- 1 Standing
- 2 Sitting

**[LFResp]**

NURSE CHECK: CODE ONE ONLY

- 1 All 5 technically satisfactory blows obtained
- 2 Some blows, but less than 5 technically satisfactory blows obtained
- 3 Attempted, but no technically satisfactory blows obtained
- 4 All blows refused
- 5 None attempted

**IF LFResp = 'Some blows, but less than 5 technically satisfactory blows obtained' THEN**

**[ProbLF]**

NURSE: GIVE REASONS WHY LESS THAN 5 BLOWS OBTAINED. CODE ALL THAT APPLY.

- 1 Refused to continue
- 2 Breathlessness
- 3 Coughing fit
- 4 Equipment failure
- 5 Other (SPECIFY AT NEXT QUESTION)

**IF ProbLF=Other THEN**

**[OthProb]\***

NURSE: GIVE DETAILS OF WHY LESS THAN 5 BLOWS OBTAINED.

Text:Maximum 40 characters

**IF (LFWill = No) OR (LFResp = Refused) OR (LFResp = None Attempted) THEN**

**[NoAttLF]**

GIVE REASON WHY LUNG FUNCTION MEASUREMENTS WERE REFUSED, OR NOT ATTEMPTED, OR NOT OBTAINED

CODE ONE ONLY

- 1 Temperature of house too cold
- 2 Temperature of house too hot
- 3 Equipment failure
- 4 Breathlessness
- 5 Unwell
- 6 Other reason why measurements not attempted/refused (SPECIFY AT NEXT QUESTION)

**IF NoAttLF = Other THEN**

**[OthNoAt]\***

NURSE: GIVE DETAILS OF WHY LUNG FUNCTION MEASUREMENTS WERE NOT ATTEMPTED/REFUSED.

Text: Maximum 40 characters

**IF (LFWill = No) OR (LFResp = Refused) OR (LFResp = None Attempted) THEN**

**[LFCode5]\***

NURSE: CIRCLE CONSENT CODE 04 ON FRONT OF THE CONSENT BOOKLET

**IF LFResp=None THEN**

**[LFCode3]\***

NURSE: CIRCLE CONSENT CODE 04 ON FRONT OF THE CONSENT BOOKLET

- 1 Continue

**IF BPCConst=Refused OR BPCConst=Unable THEN**

**[LFSam]**

NURSE: IF NOT ALREADY ASKED

(Can I just check) are you registered with a GP?

- 1 Respondent registered with GP
- 2 Respondent not registered with GP

**IF Registered with a Doctor AND at least one technically satisfactory blow THEN**

**[GPSendLF]**

May we send your lung function test results to your GP?

- 1 Yes
- 2 No

**IF GPSendLF=No THEN**

**[LFCode4]\***

NURSE: CIRCLE CONSENT CODE 04 ON FRONT OF CONSENT BOOKLET

ENTER '1' TO CONTINUE

- 1 Continue

**[GPRLFM]**

SPECIFY REASON(S) FOR REFUSAL TO ALLOW LF READINGS TO BE SENT TO GP.  
CODE ALL THAT APPLY.

- 1 Hardly/Never sees GP
- 2 GP knows respondent's LF level
- 3 Does not want to bother GP
- 4 Other (SPECIFY AT NEXT QUESTION)

**IF GPRLFM = Other THEN**

**[OthRefM]\***

NURSE GIVE FULL DETAILS OF REASON FOR REFUSAL:

Range: 0...140

**IF GPSENDLF=Yes THEN**

**[NCIns1]\***

NURSE: COMPLETE LUNG FUNCTION TO GP CONSENT FORM LF(A)

ASK RESPONDENT TO SIGN AND DATE IT.

CHECK GP NAME, ADDRESS AND PHONE NUMBER ARE RECORDED ON FRONT OF  
CONSENT BOOKLET.

CHECK NAME BY WHICH GP KNOWS RESPONDENT

CIRCLE CONSENT CODE 03 ON FRONT OF CONSENT BOOKLET.

- 1 Continue

**IF LFResp=All OR LFResp-Some THEN**

**[NCIns2]\***

LUNG FUNCTION MEASURED

OFFER LUNG FUNCTION RESULTS TO RESPONDENT

ENTER THEIR HIGHEST FVC AND HIGHEST FEV AND HIGHEST PF READINGS ON MRC.

(COMPLETE NEW RECORD CARD IF REQUIRED).

HIGHEST READINGS LISTED BELOW

HIGHEST FVC: HTFVC

HIGHEST FEV: HTFEV

HIGHEST PF: HTPF

- 1 Continue

# Blood sample

---

## ASK ALL WITH A NURSE VISIT (EXCEPT PREGNANT WOMEN)

[BlIntro]\*

NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE. ENTER '1' TO CONTINUE.

1 Continue

[ClotB]

EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.

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

(NB ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE.)

1 Yes

2 No

## IF ClotB = No THEN

[Fit]

May I just check, have you ever had a fit (including epileptic fit, convulsion, convulsion associated with high fever)?

1 Yes

2 No

## IF (Fit = No) THEN

[AMETOP]

Explain that there is the option of using AMETOP cream, but that a sample can be given without AMETOP. Give respondent the AMETOP information sheet and allow them time to read it. ENTER TO CONTINUE.

[BSWill]

Would you be willing to have a blood sample taken?

1 Yes

2 No

## IF BSWill = Yes THEN

[AMEUse]

Do you want AMETOP cream to be used?

1 Yes

2 No

## IF AMETOPuse = Yes THEN

[Allergy]

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

1 Yes

2 No

**IF Allergy = Yes THEN**

**[NoAME]**

NURSE: AMETOP CREAM CANNOT BE USED. IS RESPONDENT WILLING TO GIVE BLOOD SAMPLE WITHOUT AMETOP CREAM?

Code 1 if Yes, willing to give blood sample without AMETOP cream.

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

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

**IF Allergy = No THEN**

**[AMENow]**

NURSE CODE: ARE YOU GOING TO APPLY AMETOP DURING THE FIRST VISIT, OR RETURN FOR A SECOND VISIT?

- 1 During the first visit
- 2 Return for a second visit.

**IF AMENow = 2 THEN**

**[aLater]**

NURSE: BLOOD SAMPLE WITH AMETOP CREAM.

CODE 1 TO CONTINUE WITH REST OF SCHEDULE ON THE FIRST VISIT.

CODE 2 IF THIS IS THE RETURN VISIT.

- 1 Finish rest of schedule now (ONLY APPLIES TO FIRST VISIT)
- 2 This is the return visit and ready to take blood sample

**IF (BSWill = No) THEN**

**[RefBS]**

RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.

- 1 Previous difficulties with venepuncture
- 2 Dislike/fear of needles
- 3 Respondent recently had blood test/health check
- 4 Refused because of current illness
- 5 Worried about HIV or AIDS
- 6 Other

**IF RefBS = Other THEN**

**[OthRefBSC]\***

GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.

Text: Maximum 135 characters

**IF BSWill = No THEN**

**[NoCodes]\***

NURSE: NO BLOOD TO BE TAKEN

CIRCLE CONSENT CODES 06, 08, 10 AND 12 ON THE FRONT OF THE CONSENT BOOKLET

- 1 Continue

**IF (BSWill = Yes) OR (NoAME <> No) THEN**

**[BSCons]\***

FILL IN RESPONDENT'S NAME AND YOUR NAME IN BOTH THE CONSENT BOOKLET AND THE RESPONDENT COPY

ASK RESPONDENT TO READ, SIGN AND DATE THE FORM IN BOTH THE CONSENT BOOKLET AND THE RESPONDENT COPY

CIRCLE CONSENT CODE 05 ON THE FRONT OF THE CONSENT BOOKLET.

ENTER '1' TO CONTINUE.

1 Continue

**IF (BSWill = Yes) AND (B.Press RespBPS = [Tried..Refused]) THEN**

**[GPSam]**

NURSE CHECK:

1 Respondent registered with GP

2 Respondent not registered with GP

**IF (B.Press GPRegB = Yes OR GPSam = GP) THEN**

**[SendSam]**

May we send the results of your blood sample analysis to your GP?

1 Yes

2 No

**IF SendSam = Yes THEN**

**[BSSign]\***

OBTAIN SIGNATURES IN BOTH THE CONSENT BOOKLET AND RESPONDENT COPY. CHECK NAME BY WHICH GP KNOWS RESPONDENT.

CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON FRONT OF CONSENT BOOKLET.

CIRCLE CONSENT CODE 07 ON FRONT OF CONSENT BOOKLET.

ENTER '1' TO CONTINUE.

1 Continue

**IF SendSam = No THEN**

**[SenSam]**

Why do you not want your blood sample results sent to your GP?

1 Hardly/never sees GP

2 GP recently took blood sample

3 Does not want to bother GP

4 Other

**IF SenSam = Other THEN**

**[OthSam]\***

GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.

Text: Maximum 140 characters

**IF (GPSam = NoGP OR SendSam = No) THEN**

**[Code08]\***

CIRCLE CONSENT CODE 08 ON FRONT OF CONSENT BOOKLET.

ENTER '1' TO CONTINUE

1 Continue

**[ConStorB]**

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

- 1 Yes, Storage consent given
- 2 No, Consent refused

**IF ConStorB = Yes THEN**

**[Code09]\***

OBTAIN SIGNATURE IN BOTH THE CONSENT BOOKLET AND THE RESPONDENT COPY.  
CIRCLE CONSENT CODE 09 ON FRONT OF CONSENT BOOKLET.

- 1 Continue

**IF ConStorB = No THEN**

**[Code10]\***

CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET.  
ENTER '1' TO CONTINUE.

- 1 Continue

**IF AMENow = 1 THEN**

**[bDoAme]\***

NURSE: Blood sample with AMETOP cream  
Check you have all applicable signatures.  
Apply AMETOP cream following instructions.  
Wait at least 30 minutes before attempting blood sample.  
Enter '1' to complete rest of schedule or other schedules while waiting.  
Enter '2' when the half-hour has passed to take blood sample.

- 1 Complete rest of schedule
- 2 30 minutes have passed, ready to take blood sample

**[TakeSam]\***

CHECK YOU HAVE ALL APPLICABLE SIGNATURES.  
TAKE BLOOD SAMPLES: FILL 1 Plain (red) tube, 1 EDTA (purple) tube, 1 citrate (blue) tube.  
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE BLUE LABEL USING A BLUE BIRO (ONE LABEL PER TUBE).  
Serial number: (displays serial number)  
Date of birth: (displays date of birth)  
CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT.  
STICK THE BLUE LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.  
ENTER '1' TO CONTINUE.

- 1 Continue

**[SampF1]**

CODE IF PLAIN RED TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):

- 1 Yes
- 2 No

**[SampF2]**

CODE IF EDTA PURPLE TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):

- 1 Yes
- 2 No

**[SampF3]**

CODE IF CITRATE BLUE TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):

- 1 Yes
- 2 No

**[SampTak]**

Computed: Blood sample outcome.

- 1 Blood sample obtained
- 2 No blood sample obtained

**IF SampTak = Yes THEN**

**[SampArm]**

RECORD FROM WHICH ARM THE BLOOD WAS TAKEN:

- 1 Right
- 2 Left
- 3 (Don't use this code)

**[SamDif]**

RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE.

CODE ALL THAT APPLY.

- 1 No problem
- 2 Incomplete sample
- 3 Collapsing/poor veins
- 4 Second attempt necessary
- 5 Some blood obtained, but respondent felt faint/fainted
- 6 Unable to use tourniquet
- 7 Other (SPECIFY AT NEXT QUESTION)

**IF SamDif = Other THEN**

**[OthBDif]\***

GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.

Text: Maximum 140 characters

**[SnDrSam]**

Would you like to be sent the results of your blood sample analysis?

- 1 Yes
- 2 No

**IF SnDrSam = Yes THEN**

**[Code11]\***

CIRCLE CONSENT CODE 11 ON FRONT OF CONSENT BOOKLET.

ENTER '1' TO CONTINUE.

- 1 Continue

**IF SnDrSam = No THEN**

**[Code122]\***

CIRCLE CONSENT CODE 12 ON FRONT OF CONSENT BOOKLET.

ENTER '1' TO CONTINUE.

- 1 Continue

**IF SampTak = No THEN**

**[NoBSM]**

CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.

- 1 No suitable or no palpable vein/collapsed veins
- 2 Respondent was too anxious/nervous
- 3 Respondent felt faint/fainted
- 4 Other

**IF NoBSM = Other THEN**

**[OthNoBSM]\***

GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.

Text: Maximum 140 characters

**IF SampTak = No THEN**

**[Code12]\***

NURSE: Cross out consent **codes 05, 07, 09 and 11** if already circled on the front of the Consent Booklet.

Replace with consent **codes 06, 08, 10 and 12** on the front of the Consent Booklet.

Press <1> and <Enter> to continue.

- 1 Continue

## Venepuncture checklist

---

IF BLOOD SAMPLE TAKE (SampTake = Yes) THEN

**[VpSys]**

NURSE: Which system did you use to take blood?

- 1 Vacutainer needle
- 2 Butterfly needle

**[VpHand]**

NURSE: Was the respondent left handed or right handed?

- 1 Left handed
- 2 Right handed

**[VpSkin]**

NURSE: Code the skin condition of the arm used.

- 1 Skin intact
- 2 Skin not intact

**[VpAlco]**

NURSE: Did you use an alcohol wipe?

- 1 Yes
- 2 No

**[VpSam]**

NURSE: Code the number of attempts made to take blood.

- 1 Sample taken on first attempt
- 2 Sample taken on second attempt
- 3 Both attempts failed

**[VPPress]**

NURSE: Code who applied pressure to the puncture site.

- 1 Nurse
- 2 Respondent,
- 3 Partner or spouse

**[VpSens]**

NURSE: Was the respondent sensitive to the tape or plaster?

- 1 Sensitive to tape/plaster
- 2 Not sensitive to tape/plaster
- 3 (Did not check)

**[VpProb]**

NURSE: Was there any abnormality noted after 5 minutes?

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

- 1 Sensory deficit
- 2 Haematoma
- 3 Swelling
- 95 Other (describe at next question)
- 96 None

**IF VpProb=OTHER THEN**

**[VpOther]**

NURSE: Record the details of the other abnormality fully.

**IF VpProb = NOT none THEN**

**[VpDetail]\***

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

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

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

Press <1> and <Enter> to continue.

1 Continue

**IF SampTake = Yes THEN**

**[VpCheck]**

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

1 Yes, site was re-checked

2 No, site was not re-checked

## Saliva sample

---

### ASK ALL WITH A NURSE VISIT (EXCEPT PREGNANT WOMEN)

[SalInt1]\*

NURSE: NOW FOLLOWS THE SALIVA SAMPLE.

- 1 Continue

[SalIntr1]

NURSE: ASK RESPONDENT FOR A SALIVA SAMPLE.

READ OUT: I would like to take a sample of saliva (spit). This simply involves dribbling saliva down a straw into a tube. The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking

- 1 Respondent agrees to give saliva sample
- 2 Respondent refuses to give saliva sample
- 3 Unable to obtain saliva sample for reason other than refusal

### IF SalIntr1=Agree THEN

[SalWrit]\*

OBTAIN SIGNATURE IN BOTH THE OFFICE AND PERSONAL CONSENT BOOKLETS  
CIRCLE CODE 13 ON FRONT OF THE CONSENT BOOKLET

- 1 Continue

[SalInst]\*

ASK RESPONDENT TO DRIBBLE THROUGH STRAW INTO TUBE (OR USE THE DENTAL ROLL)

WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON THE BLUE LABEL USING A BLUE BIRO

SERIAL NO (Displays serial number)

DATE OF BIRTH (Displays date of birth)

- 1 Continue

[SalObt1]

NURSE CHECK

- 1 Saliva sample obtained
- 2 Saliva sample refused
- 3 Saliva sample not attempted
- 4 Attempted but not obtained

### IF SalObt1 = Obtained THEN

[SalHow]

NURSE: Code the method used to obtain the saliva sample.

- 1 Dribbled into tube
- 2 Dental Roll

### IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable) THEN

[SalNObt]

RECORD WHY SALIVA SAMPLE NOT OBTAINED. CODE ALL THAT APPLY.

- 3 Respondent not able to produce any saliva
- 4 Other (SPECIFY AT NEXT QUESTION)

**IF SalNObt = Other THEN**

**[OthNObt]\***

GIVE FULL DETAILS OF REASON(S) WHY SALIVA SAMPLE NOT OBTAINED.

Text: Maximum 140 characters

**IF SalIntr1=Refused THEN**

**[SalCode]\***

NURSE: Circle code 14 on front of the Consent Booklet

1 Continue

# Urine Sample

---

## ASK ALL WITH A NURSE VISIT (EXCEPT PREGNANT WOMEN)

[UriDisp]\*

NURSE: NOW FOLLOWS THE URINE SAMPLE.

- 1 Continue

[UriIntro]

NURSE READ OUT: I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people's diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population.

- 1 Respondent agrees to give urine sample
- 2 Respondent refuses to give urine sample
- 3 Unable to obtain urine sample for reason other than refusal

### IF UriIntr1=Agree THEN

[SalWrit]\*

OBTAIN SIGNATURE IN BOTH THE OFFICE AND PERSONAL CONSENT BOOKLETS  
CIRCLE CODE 15 ON FRONT OF THE CONSENT BOOKLET

- 1 Continue

[UriSamp]\*

ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE URINE SAMPLE.

WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A BLOOD LABEL USING A BLUE BIRO.

WHEN THE URINE SAMPLE HAS BEEN PROVIDED, ATTACH LABEL TO URINE SAMPLE TUBE OVER THE GREEN LABEL.

SERIAL NO: (Displays serial no)

DATE OF BIRTH: (Displays date of birth)

- 1 Continue

[UriObt1]

NURSE CHECK

- 1 Urine sample obtained
- 2 Urine sample refused
- 3 Urine sample not attempted
- 4 Attempted but not obtained

### IF (UriObt1=Refused or Not attempted or Attempted, not obtained) OR (UriIntr1=Unable) THEN

[UriNObt]

RECORD WHY URINE SAMPLE NOT OBTAINED. CODE ALL THAT APPLY.

- 1 Respondent not able to produce any urine
- 2 Other (SPECIFY AT NEXT QUESTION)

### IF UriNObt = Other THEN

[OthNObt]\*

GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED.

Text: Maximum 140 characters

### IF UriIntr1=Refused THEN

[UriCode]\*

NURSE: CIRCLE CODE 16 ON FRONT OF THE CONSENT BOOKLET

- 1 Continue

# Final

---

**[AllCheck]\***

Check before leaving the respondent:

# That all respondents have a Consent Booklet.

# That full GP details are entered on front of the Consent Booklet.

# The name by which GP knows respondent.

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

# That all necessary signatures have been collected.

# That there are eight appropriate consent codes ringed on front of the Consent Booklet.

Press <1> and <Enter> to continue.

1 Continue

**[LeafChk]\***

NURSE: Check before leaving respondent:

That you have left behind a helpful contacts leaflet.

Please stress to respondents that this is given to all respondents who take part in the nurse visit.

Press <1> and <Enter> to continue.

1 Continue

**[EndReach]\***

NURSE: End of questionnaire reached.

Press <1> and <Enter> to continue.

1 Continue

**[Thank]\***

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

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

1 Continue

**P7032**

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| Point<br><input type="text"/> <input type="text"/> <input type="text"/><br><small>1-3</small> | Address<br><input type="text"/> <input type="text"/><br><small>4-5</small> | HHL D<br><input type="text"/><br><small>6</small> | CKL<br><input type="text"/><br><small>7-8</small> | Child no<br><input type="text"/> <input type="text"/><br><small>7-8</small> | First name<br>of <b>child</b> : <input style="width: 200px;" type="text"/> |
|---|--|---|---|---|--|

|   |   |
|---|---|
| Person no of parent<br><input type="text"/> <input type="text"/><br><small>9-11</small> | First name of <b>parent</b><br>completing booklet: <input style="width: 200px;" type="text"/> |
|---|---|

|  |  |              |
|--|--|--------------|
| Card<br><input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="4"/><br><small>12-14</small> | Batch<br><input type="text" value="15"/> <input type="text" value="20"/><br><small>15-20</small> | Survey month |
|--|--|--------------|

**Scottish Health Survey**

**Booklet for parents of 4-12 year olds**

In Confidence

**How to fill in this questionnaire**

The questions in this booklet can be answered by simply circling the number below the answer that applies. You do not have to answer every question.

**Example:**

|                             |                      |                                    |                          |                      |
|-----------------------------|----------------------|------------------------------------|--------------------------|----------------------|
|                             | Tick one box         |                                    |                          |                      |
|                             | Very healthy<br>life | Fairly healthy<br>life             | Not very<br>healthy life | An unhealthy<br>life |
| Do you feel that you lead a | 1                    | <input checked="" type="radio"/> 2 | 3                        | 4                    |

## Strengths and Difficulties Questionnaire

We'd like you to tell us something about your child's behaviour over the **last 6 months**.

For each item, please circle the number for Not true, Somewhat true, or Certainly true to show how true the item is of your child.

Spare 21-300

(CIRCLE **ONE** NUMBER ON EACH LINE)

|   | <b>Not<br/>true</b> | <b>Somewhat<br/>true</b> | <b>Certainly<br/>true</b> |     |
|---|---------------------|--------------------------|---------------------------|-----|
| <b>1.</b> Considerate of other people's feelings                          | 1                   | 2                        | 3                         | 301 |
| <b>2.</b> Restless, overactive, cannot stay still for long                | 1                   | 2                        | 3                         | 302 |
| <b>3.</b> Often complains of headaches, stomach-aches or sickness         | 1                   | 2                        | 3                         | 303 |
| <b>4.</b> Shares readily with other children (treats, toys, pencils etc.) | 1                   | 2                        | 3                         | 304 |
| <b>5.</b> Often has temper tantrums or hot tempers                        | 1                   | 2                        | 3                         | 305 |
| <b>6.</b> Rather solitary, tends to play alone                            | 1                   | 2                        | 3                         | 306 |
| <b>7.</b> Generally obedient, usually does what adults request            | 1                   | 2                        | 3                         | 307 |
| <b>8.</b> Many worries, often seems worried                               | 1                   | 2                        | 3                         | 308 |
| <b>9.</b> Helpful if someone is hurt, upset or feeling ill                | 1                   | 2                        | 3                         | 309 |
| <b>10.</b> Constantly fidgeting or squirming                              | 1                   | 2                        | 3                         | 310 |
| <b>11.</b> Has at least one good friend                                   | 1                   | 2                        | 3                         | 311 |
| <b>12.</b> Often fights with other children or bullies them               | 1                   | 2                        | 3                         | 312 |
| <b>13.</b> Often unhappy, down-hearted or tearful                         | 1                   | 2                        | 3                         | 313 |
| <b>14.</b> Generally liked by other children                              | 1                   | 2                        | 3                         | 314 |
| <b>15.</b> Easily distracted, concentration wanders                       | 1                   | 2                        | 3                         | 315 |
| <b>16.</b> Nervous or clingy in new situations, easily loses confidence   | 1                   | 2                        | 3                         | 316 |
| <b>17.</b> Kind to younger children                                       | 1                   | 2                        | 3                         | 317 |
| <b>18.</b> Often lies or cheats   | 1                   | 2                        | 3                         | 318 |
| <b>19.</b> Picked on or bullied by other children                         | 1                   | 2                        | 3                         | 319 |

(CIRCLE **ONE** NUMBER ON EACH LINE)

|  | <b>Not<br/>true</b> | <b>Somewhat<br/>true</b> | <b>Certainly<br/>true</b> |     |
|--|---------------------|--------------------------|---------------------------|-----|
| <b>20.</b> Often volunteers to help others (parents, teachers, other children) | 1                   | 2                        | 3                         | 320 |
| <b>21.</b> Thinks things out before acting                                     | 1                   | 2                        | 3                         | 321 |
| <b>22.</b> Steals from home, school or elsewhere                               | 1                   | 2                        | 3                         | 322 |
| <b>23.</b> Gets on better with adults than with other children                 | 1                   | 2                        | 3                         | 323 |
| <b>24.</b> Many fears, easily scared   | 1                   | 2                        | 3                         | 324 |
| <b>25.</b> Sees tasks through to the end, good attention span                  | 1                   | 2                        | 3                         | 325 |

Spare 326 onwards

**Thank you for answering these questions.  
Please give the booklet back to the interviewer**

P7032

|  |   |                      |                      |   |
|--|---|----------------------|----------------------|---|
| Point  | Address                                   | HHL D                | CKL                  | Person no                                 |
| <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |
| 1-3  | 4-5                                       | 6                    |                      | 7-8                                       |

First name:

|                      |  |                      |
|----------------------|--|----------------------|
| Spare                | Card   | Batch                |
| <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> |
| 9-11                 | 12-14  | 15-20                |

Survey  
month

## Scottish Health Survey

### Booklet for 13-15 year olds

In Confidence

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell anyone what your answers are.
- You do not have to answer all the questions. If you want to miss a question, please just leave it out and move to the next one.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

**Thank you for taking part in this survey**

## How to answer these questions

- Please read each question carefully
- All of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

Yes

No

## General health over the last few weeks

**Please read this carefully:**

We should like to know how your health has been in general over **the past few weeks**. Please answer ALL the questions by ticking the box under the answer which you think most applies to you.

**HAVE YOU RECENTLY:**

21-205 spare

**Tick ONE box**  
206

|   | Better than usual  | Same as usual  | Less than usual  | Much less than usual   |
|---|--|--|--|--|
| <b>Q1.</b> Been able to concentrate on whatever you're doing? | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>1</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>2</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>3</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>4</small> |

**Tick ONE box**  
207

|  | Not at all   | No more than usual   | Rather more than usual   | Much more than usual   |
|--|--|--|--|--|
| <b>Q2.</b> Lost much sleep over worry? | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>1</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>2</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>3</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>4</small> |

**Tick ONE box**  
208

|   | More so than usual   | Same as usual  | Less useful than usual   | Much less useful   |
|---|--|--|--|--|
| <b>Q3.</b> Felt you were playing a useful part in things? | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>1</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>2</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>3</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>4</small> |

**Tick ONE box**  
209

|   | More so than usual   | Same as usual  | Less so than usual   | Much less capable  |
|---|--|--|--|--|
| <b>Q4.</b> Felt capable of making decisions about things? | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>1</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>2</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>3</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>4</small> |

**Tick ONE box**  
210

|  | Not at all   | No more than usual   | Rather more than usual   | Much more than usual   |
|--|--|--|--|--|
| <b>Q5.</b> Felt constantly under strain? | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>1</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>2</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>3</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>4</small> |

**Tick ONE box**  
211

|  | Not at all   | No more than usual   | Rather more than usual   | Much more than usual   |
|--|--|--|--|--|
| <b>Q6.</b> Felt you couldn't overcome your difficulties? | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>1</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>2</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>3</small> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/><br><small>4</small> |

**HAVE YOU RECENTLY:**

**Tick ONE box**  
212

|  |   |   |   |   |
|--|---|---|---|---|
|  | <b>More so<br/>than usual</b>   | <b>Same as<br/>usual</b>  | <b>Less so<br/>than usual</b>   | <b>Much less<br/>than usual</b>   |
| <b>Q7.</b> Been able to enjoy your normal day-to-day activities? | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>1</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>2</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>3</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>4</small> |

**Tick ONE box**  
213

|   |   |   |   |   |
|---|---|---|---|---|
|   | <b>More so<br/>than usual</b>   | <b>Same as<br/>usual</b>  | <b>Less able<br/>than usual</b>   | <b>Much less<br/>able</b>   |
| <b>Q8.</b> Been able to face up to your problems? | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>1</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>2</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>3</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>4</small> |

**Tick ONE box**  
214

|  |   |   |   |   |
|--|---|---|---|---|
|  | <b>Not at<br/>all</b>   | <b>No more<br/>than usual</b>   | <b>Rather more<br/>than usual</b>   | <b>Much more<br/>than usual</b>   |
| <b>Q9.</b> Been feeling unhappy and depressed? | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>1</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>2</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>3</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>4</small> |

**Tick ONE box**  
215

|   |   |   |   |   |
|---|---|---|---|---|
|   | <b>Not at<br/>all</b>   | <b>No more<br/>than usual</b>   | <b>Rather more<br/>than usual</b>   | <b>Much more<br/>than usual</b>   |
| <b>Q10.</b> Been losing confidence in yourself? | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>1</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>2</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>3</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>4</small> |

**Tick ONE box**  
216

|  |   |   |   |   |
|--|---|---|---|---|
|  | <b>Not at<br/>all</b>   | <b>No more<br/>than usual</b>   | <b>Rather more<br/>than usual</b>   | <b>Much more<br/>than usual</b>   |
| <b>Q11.</b> Been thinking of yourself as a worthless person? | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>1</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>2</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>3</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>4</small> |

**Tick ONE box**  
217

|   |   |   |   |   |
|---|---|---|---|---|
|   | <b>More so<br/>than usual</b>   | <b>About same<br/>as usual</b>  | <b>Less so than<br/>usual</b>   | <b>Much less<br/>than usual</b>   |
| <b>Q12.</b> Been feeling reasonably happy, all things considered? | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>1</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>2</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>3</small> | <input style="width: 40px; height: 30px; text-align: center; vertical-align: middle;" type="checkbox"/><br><small>4</small> |

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218-300 spare  
326 onwards spare

**Thank you for answering these questions.**

**Please give the booklet back to the interviewer.**