

Welsh Health Survey 2015

Technical Report

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1 Introduction.

1.1 The Welsh Health Survey

The Welsh Health Survey 2015 was commissioned by the Welsh Government (WG) and carried out by NatCen Social Research (NatCen).

The main aims of the survey are to:

- provide national estimates of health and health-related lifestyle
- examine differences between population sub-groups (e.g. age, sex, social class) and local areas (heath boards and local authorities)
- provide evidence to inform and monitor targets, indicators and policies for promoting better health, such as Our Healthy Future and Together for Health.
- provide local authority level information for development of joint local health, social care and wellbeing strategies.

Fieldwork was issued in twelve monthly waves between January and December 2015.

1.2 The development of the Welsh Health Survey

The current Welsh Health Survey (WHS) replaced two previous health surveys in Wales: the Welsh Health Survey (old WHS), carried out in 1995 and 1998, and the Health in Wales Survey (HWS) carried out in 1985, 1988, 1990, 1993 and 1996. In 2002, the Welsh Government commissioned NatCen to undertake a study to explore the feasibility of merging these surveys, using a design that would encompass their policy requirements and also be compatible in methodology and outputs to the old WHS and HWS. Alternative methodological approaches were recommended in that report, including the mixed-mode method adopted for the new WHS, which was launched in October 2003.¹

The first two years of WHS fieldwork were carried out by a consortium of NatCen Social Research (NatCen), formerly known as the National Centre for Social Research, Beaufort Research and the Department of Epidemiology and Public Health at UCL. From 2005, the survey has been carried out by NatCen Social Research.

¹ Nicolaas G, Pickering K, Tipping S (2003) *Feasibility of combining the Welsh Health Survey and the Health in Wales Survey*, National Centre for Social Research, available at http://www.natcen.ac.uk/natcen/pages/publications/combining_welsh.pdf.

1.3 Overview of methodology

The WHS sample comprises addresses randomly selected from the small users' Postcode Address File; the target sample for WHS 2015 was 15,000 adults.

The survey data were collected through a combination of methods. Household data were collected in a face-to-face interview. Individual level data were collected using paper questionnaires. Each adult aged 16 or over in the household was given a questionnaire to complete on their own behalf. In addition, up to two children aged 0 to 15 were randomly selected from each household to participate in the survey.

In WHS 2015, two versions of the adult questionnaire were used to administer different sets of physical activity questions. (See section 2.5 for details and Appendix A for copies of the adult questionnaires).

One of three age-specific questionnaires was used for children selected to participate in the survey. Two questionnaires were designed for parents to complete on behalf of selected children aged 0 to 3, and selected children aged 4 to 12; a third questionnaire was given to selected children aged 13 to 15 to complete on their own behalf.

The survey documents comprised the advance letter, the household questionnaire (administered by an interviewer), a set of showcards, the paper self-completion booklets for adults (23 pages) and children (11 or 12 pages, depending on the version), and the data linkage consent form for adults. All survey documents were available in English and Welsh, and bilingual interviewers were used where required. Interviewers were fully briefed by researchers about survey procedures and materials. Copies of the survey documents for WHS 2015 are shown at Appendix A.

The advance letter was sent to all selected addresses to assist recruitment. Interviewers conducted doorstep recruitment with householders and completed the household questionnaires. The self-completion questionnaires were left with the household members and collected by the interviewers at an agreed time (see Chapter 3).

The household questionnaires were manually keyed. Data from the individual questionnaires were entered into electronic format by scanning. All data were cleaned and edited before tables and other outputs were produced (see Chapter 5).

From 2007 onwards more detailed information was collected in the child elements of WHS.² Child height and weight was measured between 2007 and 2012 in WHS.³

² Welsh Assembly Government. *Welsh Health Survey 2007*. September 2008.

³ Child height and weight is now measured in the Child Measurement Programme for Wales. Ref: <http://www.wales.nhs.uk/sitesplus/888/page/67795>

2 Sampling.

2.1 Overview

The sample for the WHS 2015 was selected from the small user version of the Post Office's Postcode Address File (PAF). The PAF covers more than 99% of private households in Wales. As well as the small number of private households not included, the PAF does not include addresses for institutions. We note that this may exclude a group of people likely to have worse levels of health than people in the general population.

For the 12 month period from January to December 2015, 14,775 addresses were randomly sampled. The sample was stratified by Unitary Authority (UA) to allow for analysis of survey data at this level. An unclustered sample was selected within each UA.

The aim was to achieve interviews with at least 600 adults in each Unitary Authority. In order to achieve this, a minimum of 550 addresses were issued in each UA. The distribution of the sample was adjusted relative to earlier survey years to take account of differing response rates at UA level. Table 2.1 shows the number of addresses that were issued in each UA, along with their selection weights (see Section 6.2.1).

Since the third year of the Welsh Health Survey (2005/6) addresses sampled for the survey have been added to a Historical Database held by the sampling agency, and excluded from future samples for the Welsh Health Survey for at least two years. Addresses sampled for WHS 2013, for example, were not re-sampled in WHS 2014 or 2015.

| Unitary Authority | Total number of addresses in UA | Number of addresses selected | Selection weight |
|----------------------|---------------------------------|------------------------------|------------------|
| Isle of Anglesey | 35,699 | 650 | 54.9 |
| Gwynedd | 63,089 | 675 | 93.5 |
| Conwy | 57,944 | 625 | 92.7 |
| Denbighshire | 45,875 | 600 | 76.5 |
| Flintshire | 69,143 | 625 | 110.6 |
| Wrexham | 61,386 | 650 | 94.4 |
| Powys | 66,850 | 600 | 111.4 |
| Ceredigion | 35,938 | 550 | 65.3 |
| Pembrokeshire | 62,646 | 700 | 89.5 |
| Carmarthenshire | 87,813 | 700 | 125.4 |
| Swansea | 114,565 | 850 | 134.8 |
| Neath Port Talbot | 66,816 | 625 | 106.9 |
| Bridgend | 64,203 | 600 | 107.0 |
| Vale of Glamorgan | 57,411 | 675 | 85.1 |
| Rhondda, Cynon, Taff | 110,510 | 850 | 130.0 |
| Merthyr Tydfil | 27,647 | 625 | 44.2 |
| Caerphilly | 81,203 | 650 | 124.9 |
| Blaenau Gwent | 33,604 | 600 | 56.0 |
| Torfaen | 42,132 | 600 | 70.2 |
| Monmouthshire | 42,335 | 575 | 73.6 |
| Newport | 66,068 | 650 | 101.6 |
| Cardiff | 152,126 | 1100 | 138.3 |

2.2 Selection of addresses

An un-clustered sample of addresses was selected from each of the 22 UAs.

Addresses were selected at random from across the whole UA area and then grouped into interviewer assignments or ‘points’.

There were 591 points in total, each containing 25 addresses. Addresses were grouped together on the basis of proximity, taking account of natural barriers such as mountains and rivers.

2.3 Sampling of households

A small proportion of addresses in the PAF contain more than one dwelling unit (i.e. a self-contained unit of accommodation behind a single door), and/or more than one household (i.e. one or more people sharing cooking facilities and a living area). If more than one dwelling unit was found at an address interviewers selected one at random, using a Kish grid. If more than one household existed within either the address or the

dwelling unit, the interviewer again selected one household at random using the same procedure.

2.4 Sampling of children

Families with children aged under 16 were eligible for the child elements of the survey. In households with three or more children, two children were selected for participation to minimise respondent burden. All children in these households were listed in order of age, and two were selected at random.

2.5 Split sample experiment

In WHS 2015 we used a split sample experiment to compare two sets of adult physical activity questions: the three exercise questions used in earlier years of WHS included in version A of the adult questionnaire, and the new set of questions based on the short IPAQ (International Physical Activity Questionnaire) included in version B.

Within each interviewer point of 25 addresses, addresses 1 to 9 were allocated to the old questions (version A of the adult questionnaire) and addresses 10 to 25 to the new questions (version B). All adults within the address received the same questionnaire.

The sample was split unevenly, with around two thirds of addresses allocated to the new questionnaire and one third to the original questions. This was done to ensure we had enough responses to the new questions for meaningful analysis. Responses to the original exercise questions have been relatively stable to date, so information from earlier years could be used to supplement the responses to these questions.

Both versions of the questionnaire were administered throughout the survey year to control for seasonal differences in physical activity. The sample was designed so that we could administer both versions of the questionnaire in the same interviewer points to control for interviewer effects.

3 Fieldwork.

3.1 Fieldwork period

WHS 2015 fieldwork started in January 2015, and assignments ('points') were divided between twelve months, ending in December 2015. Each fieldwork point contained 25 addresses and fieldwork began on the first day of each month. Interviewers were expected to complete their assignments within four weeks of issue.

3.2 Briefings

All interviewers were briefed in person by the project researchers. The face-to-face briefings lasted a day each and covered all elements of the survey process. Topics included the aims and background of the survey, the advance letter, strategies for doorstep introductions, an overview of the content of the questionnaires, and selecting households and children for participation. Particular emphasis was given to doorstep introductions and selection procedures. Interviewers were also briefed about the services provided by NHS Direct Wales.

3.3 Contact procedures

3.3.1 Advance letter

Prior to the interview, advance letters were sent out by interviewers to all selected households. The wording of these was agreed by NatCen and the Welsh Government. Households were sent versions of the letter in both English and Welsh.

Respondents were informed within the letter that their participation was entirely voluntary.

3.3.2 Contacting respondents

Interviewers made contact with respondents by personal visit. Standard guidelines were issued to all interviewers regarding the timing and number of calls they should make to each address. Interviewers were required to make a minimum of four calls at different times of the day and on different days of the week before accepting a 'non-contact' outcome; in practice, where contact was difficult, interviewers made more calls than this.

3.3.3 Confidentiality

Once interviewers had made contact with a household, they introduced the survey and also presented the survey leaflet which contained information about the survey and reinforced confidentiality in data usage. Copies of this information leaflet were left for all respondents, in English or Welsh, as requested.

3.3.4 NHS Direct

A phone number for NHS Direct Wales was included on the advance letters for respondents to use if they had any queries regarding the survey. NHS Direct Wales operates a bilingual 24-hour service.

3.3.5 Welsh-speaking interviewers

Respondents were given the option of having the interview conducted in English or Welsh. If the latter was requested and the original interviewer was unable to interview in Welsh, the interview was re-arranged with a different, Welsh speaking interviewer.

3.4 Data collection

3.4.1 Overview

The survey consisted of a short household interview, lasting around 10 minutes, with a responsible adult living in the accommodation, and a self-completion questionnaire. All adults aged 16 and over were eligible for a self-completion questionnaire and data linkage consent; up to two selected children aged 0 to 15 were eligible for a questionnaire for their age group, for completion by parents (0 to 12) or children (13 to 15). Interviewers collected self-completion questionnaires and consent forms.

The household and adult questionnaires were similar to those used in previous years of the WHS, with the exception of the physical activity questions. In 2015, we administered two sets of physical activity questions using two different versions of the adult questionnaire (see Section 2.5 for details of the split sample experiment and Appendix A for the adult questionnaire). The documents were colour coded to make it easier for interviewers to administer different versions of the adult questionnaires in the same point: version A of the adult and household questionnaires were purple, version B of the adult and household questionnaires were orange.

The child self-completion questionnaires were similar to the revised child questionnaires, introduced in WHS 2007.

3.4.2 Household level

The short face-to-face household interview was offered to respondents in English or Welsh. This was designed to collect information about the household reference person. It also included questions about each person in the household, for example sex, age, length of residence at that address, general health and whether or not each person needed care. (See Appendix A for the household interview questionnaire.)

The household questionnaire also included instructions for selecting up to two children to participate, a grid showing the outcomes for each additional element, and consent forms for the older children to complete questionnaires.

3.4.3 Individual level instruments

The survey also included a 23-page self-completion questionnaire for all adults aged 16 and over in the household that took approximately 20 minutes to complete. There were three age-specific versions of the children's questionnaire. Those relating to children aged between birth and 3 years old (11 pages) and children aged 4 to 12 (12 pages) were completed by a parent or carer. Children aged between 13 and 15 completed a 12-page questionnaire themselves. English versions of the questionnaires are included in Appendix A.

All survey documents were translated into Welsh, so that respondents could be offered the option of completing the household interview and individual self-completions in either language. All self-completion questionnaires (English and Welsh versions) were professionally designed.

A summary of the questionnaire modules is presented in Table 3.1.

Table 3.1 Summary of survey modules

| Household Questionnaire | |
|--|---|
| Sex and age (each household member) | Employment Status (HRP) |
| Years of residence at address, general health and care needs (each household member) | NS-SEC (HRP) |
| Housing tenure | Contact details |
| | Individual – adults 16+ |
| Health service use | Fruit and vegetable consumption |
| Medicines | Exercise* |
| Illnesses | Carers |
| Untreated problems or symptoms | Sex and age |
| General health and wellbeing | Height and weight |
| Smoking, including e-cigarettes | Ethnicity |
| Alcohol | Qualifications |
| | Individual – children aged 0-3 (completed by parent or carer) |
| Sex and age | Accidents, injuries or poisoning |
| Ethnicity | Current illnesses |
| General health and wellbeing | Infant feeding |
| Health service use | Individual – children aged 4-12 (completed by parent or carer) |
| Sex and age | Current illnesses |
| Ethnicity | Strengths and Difficulties Questionnaire ⁴ |
| General health and wellbeing | Eating habits |
| Health service use | Physical activity |
| Accidents, injuries or poisoning | Individual – children aged 13-15 (completed by child) |
| Sex and age | Current illnesses |
| Ethnicity | Strengths and Difficulties Questionnaire ⁴ |
| General health and wellbeing | Eating habits |
| Health service use | Physical activity |
| Accidents, injuries or poisoning | |

*Adults answered the original WHS exercise questions, or a new set of questions designed to measure activity in line with the 2011 Physical Activity guidelines.⁵

⁴ By permission of Robert Goodman. See <http://www.sdginfo.com> for details

⁵ Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers. Department of Health, July, 2011. Ref: <https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers>

4 Response.

4.1 Introduction

4.1.1 Overview

This chapter presents analysis of the response to the 2015 Welsh Health Survey at two levels, among households and individuals, with adults and children shown separately.

Household and individual response are analysed by unitary authority to present response rates for each of the 22 unitary authorities in Wales. The individual response tables show response for adults and children separately, within productive households (i.e. where the household questionnaire was completed). Further tables show individual response by sex and age and by unitary authority. Household and individual response are shown in combination, again for adults and children separately. Respondents and non-respondents in productive households are compared using proxy measures of general health and need for care, taken from the household interview.

4.1.2 Outcome codes

Interviewers assigned a final outcome code to every address in their assignment. The range of possible outcome codes is shown in the Table 4.1.

If respondents requested the household interview to be carried out in Welsh, a temporary outcome code (614) was assigned until a Welsh speaking interviewer was allocated and the interview completed.

Table 4.1 Outcome codes

| Outcome | Code |
|--|------|
| Deadwood | |
| Not yet built/under construction | 710 |
| Demolished/derelict | 720 |
| Vacant/empty | 730 |
| Non-residential address e.g. business, school, office, factory | 740 |
| Address occupied, no resident household eg. holiday home | 750 |
| Communal establishment/institution | 760 |
| Other ineligible | 790 |
| Unknown eligibility | |
| Not attempted | 612 |
| Inaccessible | 620 |
| Unable to locate address | 630 |
| Unknown whether address contains residential housing – non contact | 640 |
| Residential address – unknown whether occupied | 650 |
| Unknown whether address contains residential housing – information refused | 810 |
| Other unknown eligibility | 690 |
| Unproductive outcomes | |
| No contact with anyone at the household | 310 |
| No contact with any responsible adult at the household | 320 |
| Office refusal | 410 |
| Refusal at introduction/before interview | 430 |
| Refusal during interview | 440 |
| Broken appointment – no re-contact | 450 |
| Ill at home during survey period | 510 |
| Away or in hospital all survey period | 520 |
| Physically or mentally unable/incompetent | 530 |
| Language difficulties | 540 |
| Other unproductive | 590 |
| Productive | |
| Fully productive | 110 |

4.1.3 Definition of household response

In calculating household response, a recommended standard method for social surveys was used.⁶ It incorporates an estimate of the number of eligible and deadwood cases within addresses where eligibility is uncertain. This calculation is shown below.

$$\text{response rate} = \frac{\text{productive}}{\text{productive} + \text{unproductive} + (e * \text{unknown eligibility})}$$

⁶ Lynn, P, Beerten, R, Laiho, J and Martin, J (2001) *Recommended Standard Final Outcome Categories and Standard Definitions of Response Rate for Social Surveys*, ISER Working Papers, Number 2001-23, Colchester: University of Essex.

where e is an estimate of the proportion of cases of unknown eligibility that are eligible, given by:

$$e = \frac{\text{productive} + \text{unproductive}}{\text{productive} + \text{unproductive} + \text{deadwood}}$$

4.2 Household response

Table 4.2 shows a summary of response at the household level in 2015.

Using the method described above, 16 cases of unknown eligibility were assumed to be deadwood and were therefore removed from the eligible sample. The final adjusted response rate for the Welsh Health Survey in 2015 was 76.0%.

Table 4.2 Household response for WHS 2015

| | | % of eligible sample | % of adjusted eligible sample |
|--|---------------|----------------------|-------------------------------|
| Households issued* | 14,775 | | |
| Deadwood | 2,212 | | |
| Eligible sample | 12,563 | 100 | |
| Total unknown eligibility | 109 | 0.9 | |
| Estimate of deadwood among unknown eligibility households | 16 | | |
| Adjusted eligible sample | 12,438 | | 100 |
| Estimate of eligible households among those of unknown eligibility | 93 | | 0.7 |
| Refusals | 1,865 | 14.8 | 15.0 |
| Other unproductive | 1,048 | 8.3 | 8.4 |
| Productive | 9,541 | 75.9 | 76.7 |

* In 2015, only one household was issued at each address; if there was more than one dwelling unit or household at the address, only one was selected. Of the 14,775 addresses issued, 14,797 households were identified.

Table 4.3 below shows household response by unitary authority for WHS 2015.

Table 4.3 Household response for WHS 2015

| Unitary authority | Eligible households | Responding households | | Adjusted response rate |
|----------------------|---------------------|-----------------------|-------------|------------------------|
| | | | % | % |
| Isle of Anglesey | 517 | 413 | 79.9 | 80.1 |
| Gwynedd | 499 | 399 | 80.0 | 80.1 |
| Conwy | 506 | 386 | 76.3 | 76.3 |
| Denbighshire | 515 | 405 | 78.6 | 78.7 |
| Flintshire | 569 | 438 | 77.0 | 77.0 |
| Wrexham | 583 | 437 | 75.0 | 75.0 |
| Powys | 494 | 389 | 78.7 | 78.9 |
| Ceredigion | 436 | 367 | 84.2 | 84.4 |
| Pembrokeshire | 507 | 401 | 79.1 | 79.2 |
| Carmarthenshire | 601 | 479 | 79.7 | 79.7 |
| Swansea | 735 | 556 | 75.6 | 75.7 |
| Neath Port Talbot | 564 | 425 | 75.4 | 75.4 |
| Bridgend | 496 | 392 | 79.0 | 79.1 |
| Vale of Glamorgan | 617 | 471 | 76.3 | 76.4 |
| Rhondda, Cynon, Taff | 706 | 537 | 76.1 | 76.1 |
| Merthyr Tydfil | 542 | 387 | 71.4 | 71.8 |
| Caerphilly | 585 | 465 | 79.5 | 79.6 |
| Blaenau Gwent | 516 | 371 | 71.9 | 72.0 |
| Torfaen | 544 | 393 | 72.2 | 72.3 |
| Monmouthshire | 499 | 382 | 76.6 | 76.7 |
| Newport | 588 | 410 | 69.7 | 69.8 |
| Cardiff | 944 | 638 | 67.6 | 67.7 |
| Total | 12,563 | 9,541 | 75.9 | 76.0 |

4.3 Individual Response

Table 4.4 shows the response among adults in productive households, 77.3%.

4.3.1 Adults

Table 4.4 Response among adults in productive households for WHS 2015

| | Number of cases | % of issued sample |
|--|-----------------|--------------------|
| Total number of adults identified | 17,668 | 100.0 |
| <i>Average number of adults in productive households</i> | 1.9 | |
| Refusal | 399 | 2.3 |
| Questionnaire not returned | 2,686 | 15.2 |
| Other unproductive | 927 | 5.2 |
| Productive | 13,656 | 77.3 |

As Table 4.5 shows, response was higher among women than among men, and among older adults than younger ones. This follows the pattern seen in previous years.

Table 4.5 Response among adults in productive households for WHS 2015, by age and sex

| | 16-24 years | | 25-44 years | | 45-64 years | | 65+ years | | Total ¹ | |
|--------------|--------------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|--------------------|-------------|
| | | % | | % | | % | | % | | % |
| Men | 631 | 60.9 | 1,600 | 68.0 | 2,132 | 78.5 | 1,960 | 86.6 | 6,323 | 75.5 |
| Women | 718 | 66.1 | 1,901 | 73.3 | 2,483 | 81.9 | 2,231 | 86.3 | 7,333 | 78.9 |
| Total | 1,349 | 63.6 | 3,501 | 70.7 | 4,615 | 80.3 | 4,191 | 86.4 | 13,656 | 77.3 |

Table 4.6 shows the response among adults in productive households by unitary authority for WHS 2015.

Table 4.6 Response among adults in productive households for WHS 2015, by unitary authority

| Unitary authority | Productive | |
|----------------------|---------------|-------------|
| | | % |
| Isle of Anglesey | 575 | 78.6 |
| Gwynedd | 598 | 79.6 |
| Conwy | 532 | 78.0 |
| Denbighshire | 608 | 82.5 |
| Flintshire | 640 | 78.7 |
| Wrexham | 597 | 73.3 |
| Powys | 635 | 88.0 |
| Ceredigion | 552 | 81.2 |
| Pembrokeshire | 488 | 67.9 |
| Carmarthenshire | 685 | 76.8 |
| Swansea | 773 | 75.5 |
| Neath Port Talbot | 600 | 77.9 |
| Bridgend | 591 | 82.0 |
| Vale of Glamorgan | 626 | 71.0 |
| Rhondda, Cynon, Taff | 751 | 76.0 |
| Merthyr Tydfil | 575 | 81.3 |
| Caerphilly | 748 | 81.3 |
| Blaenau Gwent | 564 | 81.5 |
| Torfaen | 555 | 74.9 |
| Monmouthshire | 563 | 78.7 |
| Newport | 562 | 74.0 |
| Cardiff | 838 | 69.5 |
| Total | 13,656 | 77.3 |

4.3.2 Children

Table 4.7 shows the response among children aged 0 to 15 in productive households. 4,021 children were identified, and of these 3,586 were selected to take part in the survey (see Section 2.4 for a description of the child selection process). Response among selected children was 72.7%.

Table 4.7 Response among selected children aged 0 to 15 in productive households for WHS 2015

| | Number of cases | % of eligible sample |
|---|------------------------|-----------------------------|
| Number of productive households with children | 2608 | |
| Total number of children in productive households | 4021 | |
| <i>Average number of children in productive households with children</i> | <i>1.5</i> | |
| Number of selected children in productive households | 3586 | 100 |
| <i>Average number of selected children in productive households with children</i> | <i>1.4</i> | |
| Refusal (by child or parent) | 65 | 1.8 |
| Questionnaire not returned | 743 | 20.7 |
| Other unproductive | 170 | 4.7 |
| Productive | 2608 | 72.7 |

Table 4.8 shows the response by age group, corresponding to the three versions of the questionnaire (see Section 3.4.3). The difference in response between the three groups is significant. Response was lowest in the 0-3 year age group and highest among those aged 4-12 years.

Table 4.8 Response among selected children aged 0 to 15 in productive households for WHS 2015, by age group

| | 0-3 years | 4-12 years | 13-15 years |
|---|------------------|-------------------|--------------------|
| Number of selected children in productive households | 909 | 2072 | 605 |
| Refusal (by child or parent) | 16 | 35 | 14 |
| Questionnaire not returned | 207 | 434 | 102 |
| Other unproductive | 38 | 82 | 50 |
| Total non-response | 261 | 551 | 166 |
| Total self-completions returned | 648 | 1521 | 439 |
| <i>Response rate¹</i> | <i>71.3</i> | <i>73.4</i> | <i>72.6</i> |

¹ Based on selected children in productive households,

Table 4.9 shows response among selected children by age and sex.

Table 4.9 Response among selected children aged 0 to 15 in productive households for WHS 2015, by age group and sex

| | 0-3 years | | 4-12 years | | 13-15 years | | Total | |
|--------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | | % | | % | | % | | % |
| Boys | 316 | 69.5 | 806 | 74.5 | 221 | 69.7 | 1343 | 72.4 |
| Girls | 332 | 73.1 | 715 | 72.2 | 218 | 75.7 | 1265 | 73.0 |
| Total | 648 | 71.3 | 1521 | 73.4 | 439 | 72.6 | 2608 | 72.7 |

Table 4.10 shows the response among selected children by unitary authority.

Table 4.10 Response among selected children aged 0 to 15 in productive households for WHS 2015, by unitary authority

| Unitary authority | Productive | |
|--------------------------|-------------------|-------------|
| | | % |
| Isle of Anglesey | 101 | 70.6 |
| Gwynedd | 114 | 76.5 |
| Conwy | 92 | 78 |
| Denbighshire | 97 | 74 |
| Flintshire | 125 | 75.8 |
| Wrexham | 108 | 65.1 |
| Powys | 95 | 80.5 |
| Ceredigion | 94 | 77 |
| Pembrokeshire | 59 | 55.7 |
| Carmarthenshire | 118 | 69 |
| Swansea | 154 | 72 |
| Neath Port Talbot | 127 | 79.4 |
| Bridgend | 100 | 81.3 |
| Vale of Glamorgan | 134 | 69.4 |
| Rhondda, Cynon, Taff | 170 | 71.4 |
| Merthyr Tydfil | 118 | 73.3 |
| Caerphilly | 171 | 79.9 |
| Blaenau Gwent | 109 | 79.6 |
| Torfaen | 98 | 66.7 |
| Monmouthshire | 89 | 73.6 |
| Newport | 121 | 64.4 |
| Cardiff | 214 | 71.1 |
| Total | 2608 | 72.7 |

4.4 Combined household and individual response

The following tables show overall response, for adults and children separately. These figures take into account response at both the household and individual levels. The number of adults and children within non-responding households is not known, therefore the average number of adults and children in participating households is used to impute the denominator (the total number of adults and children in all eligible households). This figure is likely to overestimate the denominator and therefore underestimate the response, since unproductive households are likely to have fewer residents, on average, than productive households.⁷

Table 4.11 shows the combined response rate for adults in 2015, 58.8%.

Table 4.11 WHS 2015 combined response: Adults

| | | % |
|--|---------------|-------------|
| Households issued | 14,775 | 100.0 |
| Deadwood | 2,212 | 15.0 |
| Estimate of deadwood among households of unknown eligibility | 16 | 0.1 |
| Eligible households after adjustment | 12,547 | 84.9 |
| Productive households | 9,541 | |
| Total number of adults in productive households | 17,668 | |
| <i>Average number of adults per productive household</i> | <i>1.9</i> | |
| Imputed number of adults for all eligible households | 23,234 | 100.0 |
| Productive (adults in eligible households) | 13,656 | 58.8 |

Table 4.12 shows the combined response rate for selected children in 2015, 55.3%.

Table 4.12 WHS 2015 combined response: Children

| | | % |
|---|---------------|-------------|
| Households issued | 14,775 | 100.0 |
| Deadwood | 2,212 | 15.0 |
| Estimate of deadwood among households of unknown eligibility | 16 | 0.1 |
| Eligible households | 12,547 | 84.9 |
| Productive households | 9,541 | |
| Total number of selected children in productive households | 3,586 | |
| <i>Average number of selected children per productive household</i> | <i>0.4</i> | |
| Imputed number of selected children for all eligible households | 4,716 | 100.0 |
| Productive (children in eligible households) | 2,608 | 55.3 |

⁷ McGee A, Fitzgerald R and Thornby M. (2004) *A Description of Non-Respondents to the Family Resources Survey 2002-2003*, National Centre for Social Research.

4.5 Comparison of respondents and non-respondents in productive households

The Welsh Health Survey collects proxy measures of general health and need for care for each member of the household as part of the household questionnaire. It is possible to use these measures to compare respondents and non-respondents within productive households. Tables 4.13 to 4.16 show the proportions of respondents and non-respondents with ‘good’, ‘fairly good’ and ‘not good’ health and the proportion who need care. These measures are shown for adults and selected children

Non-responding adults were more likely than those who responded to the survey to be described by the household informant as having good general health ($p<0.005$): 70% of non-respondents were reported to have good general health, compared with 64% of respondents. By contrast the non-response patterns in Appendix B suggest that those with poor general health were *less* likely to respond. This difference may be accounted for by the type of analysis: the non-response model controlled for other factors in the model, such as sex, age and NS-SEC.

There was no significant difference in the proportion of responding and non-responding children described by the household informant as having good general health.

There was no significant difference in the proportion of responding and non-responding children described by the household informant as needing care.

There was no significant difference in the proportion needing care between responding and non-responding adults.

Table 4.13 Comparison of general health between adult respondents and non-respondents in 2015

| | Respondents | | Non-respondents | |
|--------------|---------------|--------------|-----------------|--------------|
| | No. | % | No. | % |
| Good | 8,586 | 63.9 | 2,929 | 70.1 |
| Fairly good | 3,046 | 22.7 | 687 | 16.4 |
| Not good | 1,797 | 13.4 | 561 | 13.4 |
| Total | 13,429 | 100.0 | 4,177 | 100.0 |

Table 4.14 Comparison of general health between child respondents and non-respondents in 2015

| | Respondents | | Non-respondents | |
|--------------------------|-------------|--------------|-----------------|--------------|
| | No. | % | No. | % |
| Good | 2392 | 93.6 | 888 | 92.9 |
| Fairly good | 125 | 4.9 | 48 | 5.0 |
| Not good | 38 | 1.5 | 20 | 2.1 |
| Total¹ | 2555 | 100.0 | 956 | 100.0 |

¹ Based on eligible selected children in productive households

Table 4.15 Comparison of need for care between adult respondents and non-respondents in 2015

| | Respondents | | Non-respondents | |
|------------------|--------------------|--------------|------------------------|--------------|
| | No. | % | No. | % |
| Need care | 1,043 | 7.8 | 320 | 7.9 |
| Do not need care | 12,264 | 92.2 | 3,738 | 92.1 |
| Total | 13,307 | 100.0 | 4,058 | 100.0 |

Table 4.16 Comparison of need for care between child respondents and non-respondents in 2015

| | Respondents | | Non-respondents | |
|--------------------------|--------------------|--------------|------------------------|--------------|
| | No. | % | No. | % |
| Need care | 102 | 4.1 | 39 | 4.3 |
| Do not need care | 2399 | 95.9 | 877 | 95.7 |
| Total¹ | 2501 | 100.0 | 916 | 100.0 |

¹ Based on eligible selected children in productive households

5 Data preparation.

5.1 Data keying and scanning

Once interviewers had completed both household and self-completion questionnaires for a household, the questionnaires were returned for processing. The household questionnaires were double keyed in-house at NatCen. The self-completion questionnaires were returned to the office and then sent to a scanning agency. Once these stages were complete, the scanned questionnaires, data and electronic images were sent to NatCen and the data linked to the household data through serial numbers (at both household and individual levels).

A report was run comparing the household data to the data booked in at the scanning agency and subsequently scanned. For cases where the data could not be immediately matched a ‘problem file’ was produced. Reconciliation procedures were then undertaken to match up household data and self-completion discrepancies (for instance, error in the serial number, individual name or number).

5.2 Data coding and editing

5.2.1 Editing procedures

The self-completion questionnaires were edited using NatCen’s in-house system.

The data was checked to correct cases where routing had not been followed, where respondents had coded more than one answer where only one was required, or where incompatible answers had been entered.

As a separate checking measure all handwritten digits on the questionnaires were verified visually as part of the quality control process.

5.2.2 NS-SEC (SOC) coding

The occupation and industry of the Household Reference Person (HRP) was coded using the Standard Occupational Classification (SOC2000) and Standard Industrial Classifications (SIC 1992). The National Statistics Socio-economic Classification (NS-SEC) was derived from SOC2000 and employment status.

5.2.3 Backcoding and International Classification of Diseases (ICD) coding

If appropriate, cases where an ‘other’ answer was given to questions on chronic or long-term illnesses, health problems or disabilities were ‘backcoded’ into the previous pre-coded individual illness questions. This process converted the text at ‘other’ answers on illnesses into ICD groups and chapters which were then matched into the previous illness questions. This process was carried out for both adults and children.

5.3 Data set formats

The data were organised into three data sets for analysis. These were delivered to the Welsh Government after initial analyses. Two productive data sets at the individual level were produced – one for **adult data** and one for **child data**. A **combined data set** was also created containing information from all productive households at the individual level (household data for productive and unproductive individual cases). This enabled a further level of analysis, as the household questionnaire collected information on age, sex, the number of years living at that address, general health and need for care for each member of the household.

6 Weighting.

6.1 Overview

Weights were calculated for the WHS data to correct for unequal selection probabilities and survey non-response.

The sample design, described in Chapter 2, led to respondents having unequal chances of selection for two reasons: the probability of selecting an address varied by Unitary Authority and where addresses contained more than one dwelling unit or household. In addition, up to two children were selected in each household.

Weights were also calculated to adjust for non-response. Response rates differed between groups (see Section 4.3); for example, younger people, particularly young men, were under-represented in the achieved sample, and people aged 65 and over were over-represented. Weighting compensates for these differences, and corrects any resulting bias in the survey estimates.

Two sets of non-response weights were generated, household weights (`wt_hhold`) and individual weights (`wt_adult` and `wt_child`). The household weights adjust for non-contact and refusals of entire households. The individual weights, calculated separately for adults and children, adjust for non-response among individuals within responding households (in addition to adjusting for household non-response).

6.2 Calculating the weights

6.2.1 Selection weights

The first stage of weighting corrected for the imbalances created by the different probabilities of selection within each Unitary Authority. Addresses in smaller UAs were over-sampled to ensure a minimum issued sample in each. Without appropriate weighting, these smaller UAs would be over-represented in the sample. Consequently, selection weights were calculated as the inverse of the selection probabilities (see Table 2.1 in Chapter 2).

For each selected address, only one household was selected for the issued sample (see Section 2.3). Weights were therefore required to correct for the cases where more than one dwelling unit or household was found at a single address. The dwelling unit weights were calculated as the number of dwellings found at an address, and trimmed at 3. The household weights were calculated as the number of households found in the dwelling unit or address, and trimmed at 3. These two weights were then multiplied together.

6.2.2 Household non-response weight

A household non-response model with area-level covariates was used to adjust for non-contact and refusals of entire households. The probability of household response was estimated using a logistic regression model, weighted by the composite selection weights. The dependent variable was whether the household responded or not. The independent variables included both geographic and Census 2011 variables.

Variables included in the model are shown in Appendix B. The odds ratio is a measure used to compare the odds of response for each category of an independent variable relative to a reference category. An odds ratio greater than 1 indicates greater odds of response in that category than in the reference category.

The household non-response weights were calculated as the inverse of the probability of response. Extreme weights below the 1st and above the 99th percentiles were trimmed to the values at these percentiles.⁸ This trimming avoided the situation where some individuals have a very large disproportionate influence on the survey estimates (either disproportionately large or disproportionate small).

Calibration weighting was used to further reduce household non-response bias. The initial weights were the product of the selection weights and the household non-response weight. Calibration weighting adjusted the weighted household sample so that the marginal distributions of age/sex and unitary authority for all individuals within responding households matched the 2014 mid-year population estimates for Wales (see Tables 6.1 and 6.2).

Table 6.1 2014 mid year population estimates for Wales, by age and sex⁹

| Age | Males | | | Females | | |
|--------------|------------------|------------|-------------|------------------|------------|-------------|
| | N | % of total | % of adults | N | % of total | % of adults |
| 0-4 | 91,100 | 6.0 | n/a | 86,600 | 5.5 | n/a |
| 5-10 | 107,000 | 7.0 | n/a | 102,100 | 6.5 | n/a |
| 11-15 | 86,500 | 5.7 | n/a | 81,600 | 5.2 | n/a |
| 16-24 | 190,800 | 12.5 | 15.4 | 179,500 | 11.4 | 13.8 |
| 25-34 | 188,400 | 12.4 | 15.2 | 185,800 | 11.8 | 14.3 |
| 35-44 | 179,500 | 11.8 | 14.5 | 184,800 | 11.8 | 14.2 |
| 45-54 | 212,500 | 14.0 | 17.2 | 221,000 | 14.1 | 17.0 |
| 55-64 | 186,000 | 12.2 | 15.0 | 194,200 | 12.4 | 14.9 |
| 65-74 | 164,300 | 10.8 | 13.3 | 174,100 | 11.1 | 13.4 |
| 75+ | 115,200 | 7.6 | 9.3 | 161,100 | 10.3 | 12.4 |
| Total | 1,521,300 | | | 1,570,800 | | |

⁸ 102 cases were below the 1st percentile, 71 cases were above the 99th percentile

⁹ Source: ONS

**Table 6.2 2014 mid year population estimates for Wales,
by unitary authority¹⁰**

| Unitary authority | |
|--------------------------|------------------|
| Anglesey | 70,200 |
| Blaenau Gwent | 69,700 |
| Bridgend | 141,200 |
| Caerphilly | 179,900 |
| Cardiff | 354,300 |
| Carmarthenshire | 184,900 |
| Ceredigion | 75,400 |
| Conwy | 116,300 |
| Denbighshire | 94,800 |
| Flintshire | 153,800 |
| Gwynedd | 122,300 |
| Merthyr Tydfil | 59,100 |
| Monmouthshire | 92,300 |
| Neath Port Talbot | 140,500 |
| Newport | 146,800 |
| Pembrokeshire | 123,700 |
| Powys | 132,700 |
| Rhondda Cynon Taff | 236,900 |
| Swansea | 241,300 |
| Torfaen | 91,600 |
| Vale of Glamorgan | 127,700 |
| Wrexham | 136,700 |
| Total | 3,092,100 |

The final household weights used (wt_hhold) were the weights after calibration.

6.2.3 Child selection weight

In households with children aged under 16, no more than two children were selected for inclusion (see Section 2.4). Weights were therefore required to correct for households including three or more children. These weights were calculated as the number of children found within the household divided by the number of children selected for inclusion and were trimmed at 2 (4/2). Three or more children were identified in 355 productive households.

¹⁰ Source: ONS

6.2.4 Individual level non-response weight

Individual weights were calculated for individual respondents to the survey to adjust for non-response at the self-completion stage, in addition to household non-participation. As non-response at each stage was hierarchical, the individual weights were calculated for responding individuals within responding households. Weighted logistic regression models for adults and children were used to estimate the probability of response. The dependent variable in each model was whether an individual in a responding household responded or not. The independent variables were age, sex, UA, household type, NS-SEC of household reference person, self-reported general health and household tenure.

All covariates were significantly associated with response among adults. After adjusting for the other variables in the model, adults were more likely to respond if they were older or living in managerial and professional class.

For children, response was significantly associated with UA, tenure and NS-SEC of household reference person; age and sex, household type and general health were not significant. Children were generally more likely to respond if they were living in owner occupied homes, or in a household headed by someone in a managerial and professional (see Appendix B).

The individual level non-response weights were calculated as the inverse of the probability of response.¹¹

Calibration weighting was used to ensure that the final sample matched the age/sex distribution of the population. The initial weights were the product of the household weights and the individual level non-response weights. The calibration weighting adjusted the weighted individual sample so that the marginal distributions of age/sex for all individuals and those of children and adults (separately) within Unitary Authority matched the 2014 mid-population estimates for Wales (see Tables 6.1 and 6.3).

¹¹ The individual weights were also trimmed at the 1st and 99th percentiles. 136 adults were below the 1st percentile, 118 above the 99th percentile. In the sample of children, 23 were below the 1st percentile and 26 above the 99th percentile.

Table 6.3 2014 mid year population estimates for adults and children in Wales, by unitary authority¹²

| Unitary authority | Children 0-15 | Adults 16+ |
|--------------------------|----------------------|-------------------|
| Anglesey | 12,100 | 58,100 |
| Blaenau Gwent | 12,200 | 57,400 |
| Bridgend | 25,500 | 115,700 |
| Caerphilly | 34,200 | 145,800 |
| Cardiff | 65,300 | 289,000 |
| Carmarthenshire | 32,600 | 152,300 |
| Ceredigion | 11,000 | 64,400 |
| Conwy | 18,900 | 97,400 |
| Denbighshire | 17,100 | 77,600 |
| Flintshire | 28,400 | 125,400 |
| Gwynedd | 20,900 | 101,400 |
| Merthyr Tydfil | 11,000 | 48,000 |
| Monmouthshire | 15,600 | 76,700 |
| Neath Port Talbot | 24,500 | 116,000 |
| Newport | 29,300 | 117,500 |
| Pembrokeshire | 21,600 | 102,100 |
| Powys | 21,900 | 110,800 |
| Rhondda Cynon Taff | 44,200 | 192,700 |
| Swansea | 41,500 | 199,800 |
| Torfaen | 16,900 | 74,700 |
| Vale of Glamorgan | 23,700 | 104,000 |
| Wrexham | 26,300 | 110,400 |
| Total | 554,700 | 2,537,200 |

As a last step, each set of weights (wt_hhold, wt_adult and wt_child) were scaled so that the mean of the weights was equal to 1 and consequently the weighted sample size was the same as the un-weighted sample size.¹³

¹² Source: ONS

¹³ As this was done separately for adults and children, the profile of the (combined) all-age sample will not match the profile of the all-age population. Children were under-represented relative to adults due to the selection of a maximum of two children per household and to the lower response rate amongst children. The imbalance can be easily rectified by re-scaling the weights before combining the samples.

7 Sampling Errors.

7.1 Design factors (defts)

The WHS sample was stratified by Unitary Authority and whilst the sampled addresses were un-clustered, respondents are clustered within household. The overall effect of this complex design is that standard errors for survey estimates are generally a little higher than would be obtained from a simple random sample of the same size.¹⁴

The ratio of the standard error of the complex sample to that of a simple random sample of the same size is known as the design factor. The design factor (or 'deft') is the factor by which the standard error of an estimate from a simple random sample has to be multiplied to give the true standard error of the estimate, given the complex design.

The true standard errors and defts for the WHS have been calculated using a Taylor Series expansion method. These take into account weighting, stratification and, although the sample itself was un-clustered, household-level clustering.

Tables 7.1 to 7.6 show the true standard errors and defts for key variables in WHS 2015 covering adults' illnesses, self perceived health, health service use, and health-related lifestyle, as well as various indicators of children's health and related behaviours and children's health service use.

¹⁴ Although standard errors for survey estimates are generally higher than would be obtained from a simple random sample of the same size in some cases they are slightly lower as the positive effects of stratification outweigh the negative effects of clustering.

Table 7-1 True standard errors and 95% confidence intervals for adults' illnesses in WHS 2015

| Characteristic | %/ mean | Sample size | True standard error | 95% confidence interval | | Deft |
|--|--------------------|------------------------|------------------------------------|------------------------------------|--------------|-------------|
| | | | | lower | upper | |
| Currently being treated for High blood pressure | | | | | | |
| Men | 19.8 | 6,120 | 0.54 | 18.7 | 20.8 | 1.06 |
| Women | 19.7 | 7,113 | 0.49 | 18.8 | 20.7 | 1.04 |
| Total | 19.7 | 13,233 | 0.40 | 19.0 | 20.5 | 1.16 |
| Any heart condition (excluding high blood pressure) | | | | | | |
| Men | 9.4 | 5,940 | 0.38 | 8.7 | 10.1 | 0.99 |
| Women | 7.3 | 6,806 | 0.32 | 6.6 | 7.9 | 1.03 |
| Total | 8.3 | 12,746 | 0.26 | 7.8 | 8.8 | 1.05 |
| Currently being treated for any respiratory illness | | | | | | |
| Men | 13.3 | 6,020 | 0.47 | 12.3 | 14.2 | 1.08 |
| Women | 15.1 | 6,967 | 0.47 | 14.2 | 16 | 1.09 |
| Total | 14.2 | 12,987 | 0.34 | 13.5 | 14.9 | 1.11 |
| Currently being treated for any mental illness | | | | | | |
| Men | 9.9 | 6,100 | 0.44 | 9.1 | 10.8 | 1.16 |
| Women | 15.5 | 7,033 | 0.47 | 14.6 | 16.4 | 1.1 |
| Total | 12.8 | 13,133 | 0.35 | 12.1 | 13.5 | 1.19 |
| Currently being treated for Arthritis | | | | | | |
| Men | 8.8 | 6,108 | 0.36 | 8.1 | 9.5 | 1.00 |
| Women | 14.7 | 7,055 | 0.44 | 13.8 | 15.6 | 1.04 |
| Total | 11.8 | 13,163 | 0.31 | 11.2 | 12.4 | 1.09 |
| Currently being treated for Diabetes | | | | | | |
| Men | 8.3 | 6,295 | 0.35 | 7.6 | 8.9 | 1.02 |
| Women | 6.4 | 7,281 | 0.3 | 5.8 | 6.9 | 1.03 |
| Total | 7.3 | 13,576 | 0.24 | 6.8 | 7.8 | 1.06 |

Table 7-2 True standard errors and 95% confidence intervals for adults' perceived health and SF-36 scores for WHS 2015

| Characteristic | %/ mean | Sample size | True standard error | 95% confidence interval | | Deft |
|--|------------|----------------|---------------------------|----------------------------|-------|------|
| | | | | lower | upper | |
| Limited by health problem/disability | | | | | | |
| Men | 30.7 | 6,206 | 0.68 | 29.3 | 32 | 1.17 |
| Women | 36 | 7,186 | 0.64 | 34.8 | 37.3 | 1.12 |
| Total | 33.4 | 13,392 | 0.52 | 32.4 | 34.4 | 1.28 |
| Mean of summary of SF-36 Physical score | | | | | | |
| Men | 49.8 | 5,792 | 0.17 | 49.4 | 50.1 | 1.15 |
| Women | 48.1 | 6,603 | 0.17 | 47.8 | 48.5 | 1.13 |
| Total | 48.9 | 12,395 | 0.14 | 48.7 | 49.2 | 1.27 |
| Mean of summary of SF-36 Mental score | | | | | | |
| Men | 50.5 | 5,792 | 0.18 | 50.1 | 50.8 | 1.20 |
| Women | 48.0 | 6,603 | 0.17 | 47.6 | 48.3 | 1.16 |
| Total | 49.2 | 12,395 | 0.14 | 48.9 | 49.5 | 1.27 |

Table 7-3 True standard errors and 95% confidence intervals for adults' health related lifestyle in WHS 2015

| Characteristic | %/ mean | Sample size | True standard error | 95% confidence interval | | Deft |
|---|------------|----------------|---------------------------|----------------------------|-------|------|
| | | | | lower | upper | |
| Current smokers | | | | | | |
| Men | 20.9 | 6,229 | 0.62 | 19.7 | 22.1 | 1.20 |
| Women | 17.9 | 7,225 | 0.52 | 16.9 | 18.9 | 1.16 |
| Total | 19.4 | 13,454 | 0.44 | 18.5 | 20.2 | 1.31 |
| Passive smoking indoors or outdoors (as % of non-smokers) | | | | | | |
| Men | 28.4 | 4,733 | 0.80 | 26.8 | 29.9 | 1.22 |
| Women | 30.0 | 5,508 | 0.71 | 28.6 | 31.3 | 1.15 |
| Total | 29.2 | 10,241 | 0.59 | 28.0 | 30.3 | 1.31 |
| Passive smoking indoors (as % of non-smokers) | | | | | | |
| Men | 15.6 | 4,661 | 0.65 | 14.4 | 16.9 | 1.22 |
| Women | 16.5 | 5,428 | 0.59 | 15.3 | 17.6 | 1.17 |
| Total | 16.1 | 10,089 | 0.48 | 15.1 | 17.0 | 1.32 |
| Drinking above guidelines on heaviest day last week (including non-drinkers) | | | | | | |
| Men | 45.2 | 6,135 | 0.78 | 43.6 | 46.7 | 1.23 |
| Women | 34.3 | 7,056 | 0.66 | 33.0 | 35.6 | 1.17 |
| Total | 39.6 | 13,191 | 0.59 | 38.5 | 40.8 | 1.37 |
| Binge drinking on heaviest day in last week (including non-drinkers) | | | | | | |
| Men | 29.5 | 6,135 | 0.76 | 28.0 | 31.0 | 1.31 |
| Women | 19.4 | 7,056 | 0.57 | 18.2 | 20.5 | 1.22 |
| Total | 24.3 | 13,191 | 0.54 | 23.3 | 25.4 | 1.46 |
| 5+ portions of fruit and vegetable the previous day | | | | | | |
| Men | 30.7 | 6,134 | 0.69 | 29.3 | 32.0 | 1.17 |
| Women | 33.0 | 7,106 | 0.62 | 31.8 | 34.2 | 1.11 |
| Total | 31.9 | 13,240 | 0.51 | 30.9 | 32.9 | 1.26 |
| Moderate exercise at least 5+ times in last week | | | | | | |
| Men | 37.7 | 2,238 | 1.21 | 35.3 | 40.0 | 1.18 |
| Women | 24.1 | 2,589 | 0.97 | 22.2 | 26.0 | 1.15 |
| Total | 30.7 | 4,827 | 0.82 | 29.1 | 32.3 | 1.23 |
| Overweight or obese | | | | | | |
| Men | 63.0 | 5,903 | 0.79 | 61.5 | 64.6 | 1.26 |
| Women | 55.9 | 6,574 | 0.68 | 54.5 | 57.2 | 1.11 |
| Total | 59.4 | 12,477 | 0.54 | 58.4 | 60.5 | 1.24 |
| Obese | | | | | | |
| Men | 22.9 | 5,903 | 0.61 | 21.8 | 24.1 | 1.12 |
| Women | 24.1 | 6,574 | 0.59 | 22.9 | 25.2 | 1.13 |
| Total | 23.5 | 12,477 | 0.46 | 22.6 | 24.4 | 1.20 |

Table 7-4 True standard errors and 95% confidence intervals for adults' health service use in WHS 2015

| Characteristic | %/ mean | Sample size | True standard error | 95% confidence interval | | Deft |
|---|---------|-------------|---------------------|-------------------------|-------|------|
| | | | | lower | upper | |
| Talked to a GP in last 2 weeks | | | | | | |
| Men | 14.2 | 6,252 | 0.49 | 13.2 | 15.1 | 1.12 |
| Women | 19.6 | 7,249 | 0.51 | 18.6 | 20.6 | 1.09 |
| Total | 17.0 | 13,501 | 0.37 | 16.3 | 17.7 | 1.14 |
| Visited hospital for accident or injury in past 3 months | | | | | | |
| Men | 4.8 | 6,282 | 0.32 | 4.1 | 5.4 | 1.18 |
| Women | 4.4 | 7,277 | 0.26 | 3.9 | 4.9 | 1.10 |
| Total | 4.6 | 13,559 | 0.21 | 4.2 | 5.0 | 1.15 |
| Outpatient in last 12 months | | | | | | |
| Men | 29.4 | 6,253 | 0.66 | 28.1 | 30.7 | 1.15 |
| Women | 33.6 | 7,226 | 0.60 | 32.4 | 34.8 | 1.09 |
| Total | 31.6 | 13,479 | 0.47 | 30.6 | 32.5 | 1.18 |
| Inpatient in last 12 months | | | | | | |
| Men | 7.4 | 6,268 | 0.37 | 6.6 | 8.1 | 1.11 |
| Women | 9.9 | 7,257 | 0.38 | 9.1 | 10.6 | 1.09 |
| Total | 8.6 | 13,525 | 0.27 | 8.1 | 9.2 | 1.10 |
| Visited a pharmacist in last 12 months | | | | | | |
| Men | 61.7 | 5,855 | 0.74 | 60.2 | 63.1 | 1.17 |
| Women | 75.0 | 6,801 | 0.59 | 73.8 | 76.1 | 1.13 |
| Total | 68.5 | 12,656 | 0.51 | 67.5 | 69.5 | 1.24 |
| Visited a dentist in last 12 months | | | | | | |
| Men | 66.3 | 6,007 | 0.73 | 64.9 | 67.8 | 1.20 |
| Women | 73.4 | 6,962 | 0.62 | 72.2 | 74.6 | 1.17 |
| Total | 70.0 | 12,969 | 0.53 | 68.9 | 71.0 | 1.32 |
| Visited an optician in last 12 months | | | | | | |
| Men | 45.4 | 6,087 | 0.73 | 44.0 | 46.8 | 1.14 |
| Women | 55.4 | 7,042 | 0.66 | 54.1 | 56.7 | 1.12 |
| Total | 50.5 | 13,129 | 0.54 | 49.4 | 51.6 | 1.24 |

Table 7-5 True standard errors and 95% confidence intervals for children's health status and health-related behaviour in WHS 2015

| Characteristic | %/ mean | Sample size | True standard error | 95% confidence interval | | Deft |
|---|---------|-------------|---------------------|-------------------------|-------|------|
| | | | | lower | upper | |
| Longstanding illness (0 to 15 year olds) | | | | | | |
| Boys | 21.7 | 1,331 | 1.28 | 19.2 | 24.2 | 1.13 |
| Girls | 17.1 | 1,262 | 1.18 | 14.7 | 19.4 | 1.11 |
| Total | 19.4 | 2,593 | 0.91 | 17.7 | 21.2 | 1.17 |
| Limiting longstanding illness (0 to 15 year olds) | | | | | | |
| Boys | 8.2 | 1,324 | 0.90 | 6.4 | 9.9 | 1.19 |
| Girls | 5.6 | 1,259 | 0.74 | 4.1 | 7.0 | 1.14 |
| Total | 6.9 | 2,583 | 0.59 | 5.8 | 8.1 | 1.18 |
| Asthma as a longstanding illness (0 to 15 year olds) | | | | | | |
| Boys | 5.5 | 1,326 | 0.69 | 4.2 | 6.9 | 1.10 |
| Girls | 4.5 | 1,255 | 0.63 | 3.3 | 5.7 | 1.08 |
| Total | 5.0 | 2,581 | 0.47 | 4.1 | 6.0 | 1.10 |
| Currently being treated for asthma (0 to 15 year olds) | | | | | | |
| Boys | 8.6 | 1,317 | 0.84 | 7.0 | 10.3 | 1.09 |
| Girls | 6.1 | 1,236 | 0.73 | 4.7 | 7.6 | 1.07 |
| Total | 7.4 | 2,553 | 0.57 | 6.3 | 8.5 | 1.09 |
| Eats fruit daily (4 to 15 year olds) | | | | | | |
| Boys | 63.0 | 1,017 | 1.78 | 59.5 | 66.5 | 1.18 |
| Girls | 65.3 | 921 | 1.78 | 61.8 | 68.8 | 1.14 |
| Total | 64.1 | 1,938 | 1.33 | 61.5 | 66.7 | 1.22 |
| Eats vegetables daily (4 to 15 year olds) | | | | | | |
| Boys | 51.7 | 1,015 | 1.85 | 48.1 | 55.4 | 1.18 |
| Girls | 52.2 | 917 | 1.92 | 48.5 | 56.0 | 1.16 |
| Total | 52.0 | 1,932 | 1.44 | 49.2 | 54.8 | 1.26 |
| 5 or more days with at least one hour exercise last week (4 to 15 year olds) | | | | | | |
| Boys | 56.6 | 1,017 | 1.80 | 53.0 | 60.1 | 1.16 |
| Girls | 45.2 | 921 | 1.90 | 41.4 | 48.9 | 1.16 |
| Total | 51.1 | 1,938 | 1.40 | 48.4 | 53.9 | 1.23 |

Table 7-6 True standard errors and 95% confidence intervals for children's health service use in WHS 2015

| Characteristic | %/ mean | Sample size | True standard error | 95% confidence interval | | Deft |
|---|---------|-------------|---------------------|-------------------------|-------|------|
| | | | | lower | upper | |
| Spoke to a GP in past 2 weeks | | | | | | |
| Boys | 12.4 | 1,339 | 0.98 | 10.4 | 14.3 | 1.09 |
| Girls | 12.5 | 1,262 | 0.99 | 10.5 | 14.4 | 1.07 |
| Total | 12.4 | 2,601 | 0.73 | 11.0 | 13.8 | 1.13 |
| Visited hospital for accident or injury in past 3 months | | | | | | |
| Boys | 7.9 | 1,338 | 0.78 | 6.4 | 9.5 | 1.06 |
| Girls | 6.1 | 1,264 | 0.70 | 4.7 | 7.5 | 1.05 |
| Total | 7.0 | 2,602 | 0.53 | 6.0 | 8.1 | 1.06 |
| Visited A&E in past 12 months | | | | | | |
| Boys | 21.2 | 1,291 | 1.25 | 18.7 | 23.6 | 1.10 |
| Girls | 18.3 | 1,229 | 1.19 | 15.9 | 20.6 | 1.07 |
| Total | 19.8 | 2,520 | 0.88 | 18.0 | 21.5 | 1.11 |
| Visited dentist in past 12 months | | | | | | |
| Boys | 78.8 | 1,315 | 1.41 | 76.0 | 81.5 | 1.25 |
| Girls | 78.7 | 1,247 | 1.36 | 76.0 | 81.4 | 1.17 |
| Total | 78.7 | 2,562 | 1.04 | 76.7 | 80.8 | 1.28 |

8 Outputs.

8.1 NatCen outputs

NatCen supplied the following outputs to the Welsh Government during and after fieldwork.

- **Monthly progress reports**, describing the progress of fieldwork and summarising response rates.
- **Quarterly progress reports**, showing more detailed analyses of response.
- **Interim data set**
- **Final data sets**: three data sets (described in Section 5.3) for the Welsh Health Survey in 2015

8.2 Data releases and reports

All survey outputs published by the Welsh Government, including the substantive reports for each year of the WHS, can be found at www.wales.gov.uk/statistics

Headline results from the 2015 WHS were published in June 2016. Substantive reports were published by the Welsh Government between June and September 2016 and are available at the time of writing at

<http://wales.gov.uk/topics/statistics/theme/health/health-survey/results/?lang=en>

Data sets from 2015, with supporting documentation, will be lodged with the ESRC Data Archive at Essex in late 2016.

Appendix A. Survey Documents

- **Address record form (ARF)/Household questionnaire**
- **Questionnaire for adults: version A**
- **Questionnaire for adults: version B**
- **Questionnaire for parents of children aged 0 to 3**
- **Questionnaire for parents of children aged 4 to 12**
- **Questionnaire for children aged 13 to 15**

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| |
| |

P10477: WELSH HEALTH SURVEY 2015

101-135 Kings Road, Brentwood, Essex CM14 4LX, Telephone 01277 200600, Fax 01277 214 117

| |
|------------------------|
| ADDRESS DETAILS |
| |
| |
| |
| |

| |
|-------------------------------------|
| DU/HOUSEHOLD SELECTION LABEL |
| |
| |
| |
| |

Respondent's name:

Total number of calls:

Telephone number:

No Tel 2 No. Refused / ex-directory 3

No. adult questionnaires placed

| |
|--|
| |
| |

No. child questionnaires placed

| Call No. | Date DD/MM | Day of week | Call Start Time 24hr clock | VISITS RECORD Record all visits, even if no reply. For phone calls – see separate grid on next page | *Call Status (Enter codes only) | Call End Time 24hr Clock | 4 if call followed by personal/non-capi time |
|----------|------------|-------------|----------------------------|---|---------------------------------|--------------------------|--|
| 1 | / | | : | | | : | |
| 2 | / | | : | | | : | |
| 3 | / | | : | | | : | |
| 4 | / | | : | | | : | |
| 5 | / | | : | | | : | |
| 6 | / | | : | | | : | |
| 7 | / | | : | | | : | |
| 8 | / | | : | | | : | |
| 9 | / | | : | | | : | |
| 10 | / | | : | | | : | |
| 11 | / | | : | | | : | |
| 12 | / | | : | | | : | |
| 13 | / | | : | | | : | |
| 14 | / | | : | | | : | |
| 15 | / | | : | | | : | |
| 16 | / | | : | | | : | |
| 17 | / | | : | | | : | |
| 18 | / | | : | | | : | |
| 19 | / | | : | | | : | |
| 20 | / | | : | | | : | |

*Call Status codes: 1= No reply, 2 =Contact made, 3 =Appointment made, 5 =Any interviewing done or Any other status

Remember when entering calls and signing off each address please enter the CMS through
'Working at Home → Calls Entry' NOT 'Live Interviewing'

OUTCOME: Interview conducted in English.....1

Interview conducted in Welsh.....2

| Call No. | Date DD/MM | Day of week | Call Start Time 24hr clock | TELEPHONE CALLS RECORD Please do not record in CMS | *Call Status (Enter codes only) | Call End Time 24hr Clock |
|----------|------------|-------------|----------------------------|---|------------------------------------|--------------------------|
| 1 | / | | : | | | : |
| 2 | / | | : | | | : |
| 3 | / | | : | | | : |
| 4 | / | | : | | | : |
| 5 | / | | : | | | : |
| 6 | / | | : | | | : |
| 7 | / | | : | | | : |
| 8 | / | | : | | | : |
| 9 | / | | : | | | : |
| 10 | / | | : | | | : |

***Call Status codes:** 1= No reply, 2 =Contact made, 3 =Appointment made, 5 =Any interviewing done or Any other status

INTERVIEWER: Please record name and surname in the table below at the end of the household interview (Q21)

| Person number | First name | HOUSEHOLD RECORD (Q21) | Surname | Selected? |
|---------------|------------|------------------------|---------|-----------|
| 1 | | | | Y |
| 2 | | | | Y |
| 3 | | | | Y |
| 4 | | | | Y |
| 5 | | | | Y |
| 6 | | | | Y |
| 7 | | | | Y |
| 8 | | | | Y |
| 9 | | | | Y |
| 10 | | | | Y |
| 11 | | | | Y/N |
| 12 | | | | Y/N |
| 13 | | | | Y/N |
| 14 | | | | Y/N |
| 15 | | | | Y/N |
| 16 | | | | Y/N |
| 17 | | | | Y/N |
| 18 | | | | Y/N |
| 19 | | | | Y/N |
| 20 | | | | Y/N |

.....
TEAR OFF THIS PAGE AND SHRED
.....

P10477 HOUSEHOLD OUTCOME

| | | |
|--|--|--|
| | | |
|--|--|--|

INTERVIEWER ID

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Complete before tearing off and shredding front page. This section must be returned SEPARATELY from the individual questionnaires.

SERIAL NUMBER LABEL

A: Tracing Address

A. Is this address traceable, residential and occupied as main residence?

| | | |
|-----------------------|---|--------------------|
| Yes | 1 | Go to B1 below |
| No (Deadwood) | 2 | Go to E6 (page 20) |
| Unsure (no contact) | 3 | Go to E5 (page 19) |
| Unsure (contact made) | 4 | Go to E7 (page 20) |
| Office refusal | 5 | Go to E3 (page 19) |

B: Selection of 1 dwelling unit (DUs)

B1. How many dwelling units (DUs) are at this address? Write in number of DUs

| | |
|--|--|
| | |
|--|--|

and then code:

Unsure about number of DUs: information refused

Unsure about number of DUs: no contact

| | | |
|--------|---|--------------------|
| 1 DU | A | Go to B4 (page 4) |
| 2+ DUs | B | Go to B2 below |
| | C | Go to E3 (page 19) |
| | D | Go to E2 (page 19) |

B2. IF 2+ DWELLING UNITS: LIST ALL DWELLING UNITS AT ADDRESS

- In flat/room number order
- OR from bottom to top of building, left to right, front to back

| DU Code | Description | DU Code | Description | DU Code | Description |
|------------|-------------|------------|-------------|------------|-------------|
| 01 | | 05 | | 09 | |
| 02 | | 06 | | 10 | |
| 03 | | 07 | | 11 | |
| 04 | | 08 | | 12 | |

- If 2-12 DUs: Select 1 DU using DU/HH selection label on page 1 and ring on grid above.
- IF 13+ DUs: Select 1 DU using Section G.

B3 Is the selected DU residential and occupied?

| | | |
|-----------------------|---|--------------------|
| Yes | 1 | Go to B4 |
| No (Deadwood) | 2 | Go to E6 (page 20) |
| Unsure (no contact) | 3 | Go to E5 (page 19) |
| Unsure (contact made) | 4 | Go to E7 (page 20) |

- B4** Check address of selected dwelling unit is correct and complete, if not amend address label of selected DU on front page if necessary

Go to C1

C: Selection of 1 household (HH)

Definition of a household: *One person living alone or a group of people (not necessarily related) living at the same address who share cooking facilities AND share a living room or sitting room or dining area*

C1

ESTABLISH NUMBER OF HOUSEHOLDS IN (SELECTED) DU.

Ask: *Do you all share a living room or sitting room or dining area AND do you share cooking facilities?*

Write in total number of households:

| | |
|--|--|
| | |
|--|--|

and then code:

| | | |
|--|---|---------------------------|
| 1 HH | A | Go to D (page 5) |
| 2+ HHs | B | Go to C2 (below) |
| Unsure about number of HHs – information refused | C | Go to E3 (page 19) |
| Unsure about number of HHs - no contact | D | Go to E2 (page 19) |

C2 IF 2+ HOUSEHOLDS

List households in alphabetical order of names. Identify households by the first names or initials of adult members. If more than one adult per household, list the adult with the name first in the alphabet.

| <i>HH Code</i> | <i>Description</i> | <i>HH Code</i> | <i>Description</i> | <i>HH Code</i> | <i>Description</i> |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 01 | | 05 | | 09 | |
| 02 | | 06 | | 10 | |
| 03 | | 07 | | 11 | |
| 04 | | 08 | | 12 | |

- If 2-12 Households:** Select 1 household using DU/HH selection label on page 1 and ring on grid above.
- IF 13+ Households:** Select 1 household using Section G.

D: Household questionnaire

CARRY OUT THE HOUSEHOLD QUESTIONNAIRE WITH RESPONSIBLE ADULT (AGED 18+)

D. Would you like to carry out this interview in English or Welsh?

English..... 1

Welsh..... 2

Welsh speaking interviewer required for interview – reallocate..... 3

**Code in admin
section E8 (page 20)**

1 Can I check, how many people aged 16 and over live in your household?

WRITE IN

| | |
|--|--|
| | |
|--|--|

2 **INTERVIEWER: COMPLETE GRID OVERLEAF FOR EACH PERSON AGED 16+.**
FIRST ENTER DETAILS OF RESPONDENT ON FIRST LINE OF GRID.

Age

What was (.....NAME'S) age last birthday?

No. of years at address

How long has (.....NAME) lived at this address?

General health

Over the last 12 months, would you say that (.....NAME'S) health has on the whole been:
Good, Fairly good, Not good?

Need for care

Does anyone look after or give special help to (.....NAME) because of sickness, disability or old age?

Version of self-completion questionnaire

Would (.....NAME) like to have the self-completion questionnaire in English or Welsh?

Final self-completion outcome code (AFTER BOOKLET COMPLETION)

INTERVIEWER: TRANSFER TWO-DIGIT CODE FROM LIST BELOW TO GRID BEFORE SENDING WORK FOR HOUSEHOLD BACK TO OFFICE

Final self-completion outcome codes

- 51 Productive self-completion q'naire
- 72 Personal refusal by named person
- 73 Proxy refusal (on behalf of named person)
- 74 Person ill at home during survey period
- 75 Person away/at college/in hospital etc during survey period
- 76 Questionnaire placed but not returned/completed
- 77 Other reason (please write reason under final s.c outcome code in adult grid)
- 78 Questionnaire returned blank (apart from front cover)

ADULT GRID (THOSE AGED 16+)

| PERSON NO (transfer to S.C) | FIRST NAME | SEX | | AGE | Number of years at address | General Health | Need for care | Version of S.C | FINAL S.C OUTCOME | | | | | |
|--------------------------------|------------|-----|---|--|----------------------------|----------------|---------------|---|---|--|-----------------------------|---|--|--|
| | | M | F | | | | | | | | | | | |
| 01 (Respondent) | | 1 | 2 | <table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td><td></td></tr></table> | | | | Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9 | Good1 Fairly good....2 Not good.....3 (Don't know)..4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal).4 | English...1 Welsh....2 | <table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td></tr></table> | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 02 | | 1 | 2 | <table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td><td></td></tr></table> | | | | Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9 | Good1 Fairly good....2 Not good.....3 (Don't know)..4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal).4 | English....1 Welsh.....2 | <table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td></tr></table> | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 03 | | 1 | 2 | <table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td><td></td></tr></table> | | | | Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9 | Good1 Fairly good....2 Not good.....3 (Don't know)..4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal).4 | English...1 Welsh....2 | <table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td></tr></table> | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 04 | | 1 | 2 | <table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td><td></td></tr></table> | | | | Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9 | Good1 Fairly good....2 Not good.....3 (Don't know)..4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal).4 | English...1 Welsh....2 | <table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td></tr></table> | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 05 | | 1 | 2 | <table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td><td></td></tr></table> | | | | Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9 | Good1 Fairly good....2 Not good.....3 (Don't know)..4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal).4 | English...1 Welsh....2 | <table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td></tr></table> | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

ADULT GRID (THOSE AGED 16+)

| PERSON NO (transfer to S.C.) | FIRST NAME | SEX | | AGE | Number of years at address | General Health | Need for care | Version of S.C. | FINAL S.C OUTCOME |
|---------------------------------|------------|-----|---|--|---|--|--|------------------------------|---|
| | | M | F | | | | | | |
| 06 | | 1 | 2 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9 | Good1 Fairly good...2 Not good....3 (Don't know)..4 (Refusal)....5 | Yes.....1 No.....2 (DK).....3 (Refusal).4 | English.....1 Welsh.....2 | <input type="checkbox"/> <input type="checkbox"/> |
| 07 | | 1 | 2 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9 | Good1 Fairly good...2 Not good....3 (Don't know)..4 (Refusal)....5 | Yes.....1 No.....2 (DK).....3 (Refusal).4 | English.....1 Welsh.....2 | <input type="checkbox"/> <input type="checkbox"/> |
| 08 | | 1 | 2 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9 | Good1 Fairly good...2 Not good....3 (Don't know)..4 (Refusal)....5 | Yes.....1 No.....2 (DK).....3 (Refusal).4 | English.....1 Welsh.....2 | <input type="checkbox"/> <input type="checkbox"/> |
| 09 | | 1 | 2 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9 | Good1 Fairly good...2 Not good....3 (Don't know)..4 (Refusal)....5 | Yes.....1 No.....2 (DK).....3 (Refusal).4 | English.....1 Welsh.....2 | <input type="checkbox"/> <input type="checkbox"/> |
| 10 | | 1 | 2 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9 | Good1 Fairly good...2 Not good....3 (Don't know)..4 (Refusal)....5 | Yes.....1 No.....2 (DK).....3 (Refusal).4 | English.....1 Welsh.....2 | <input type="checkbox"/> <input type="checkbox"/> |

3 How many people aged under 16 live in your household?

WRITE IN

| | |
|--|--|
| | |
|--|--|

if none, write "0"
and go to page 14

4a **COMPLETE GRID BELOW FOR ALL CHILDREN AGED UNDER 16.**
ENTER DETAILS IN ORDER OF AGE, OLDEST CHILD FIRST (TOP ROW)

INTERVIEWER: 'Child selected' for each child, circle '1' if selected for interview, circle '2' if not selected for interview (see part 4b)

| PERSON NO (transfer to Q4c) | FIRST NAME | SEX | | AGE | Number of years at address | General Health | Need for care | Child selected (see part 4b) | |
|--------------------------------|------------|-----|---|-----|---|---|---|------------------------------|----|
| | | M | F | | | | | Yes | No |
| 11 | | 1 | 2 | | Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9 | Good1 Fairly good.....2 Not good.....3 (Don't know).....4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal)....4 | 1 | 2 |
| 12 | | 1 | 2 | | Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9 | Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal)...4 | 1 | 2 |
| 13 | | 1 | 2 | | Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9 | Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal)...4 | 1 | 2 |
| 14 | | 1 | 2 | | Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9 | Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal)...4 | 1 | 2 |

CHILD GRID (cont'd)

| PERSON NO (transfer to Q4c) | FIRST NAME | SEX | | AGE | Number of years at address | General Health | Need for care | Child selected (see part 4b) | |
|--------------------------------|------------|-----|---|---|--|--|--|------------------------------|----|
| | | M | F | | | | | Yes | No |
| 15 | | 1 | 2 | <input type="checkbox"/> <input type="checkbox"/> | Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9 | Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal)...4 | 1 | 2 |
| 16 | | 1 | 2 | <input type="checkbox"/> <input type="checkbox"/> | Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9 | Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal)...4 | 1 | 2 |
| 17 | | 1 | 2 | <input type="checkbox"/> <input type="checkbox"/> | Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9 | Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal)...4 | 1 | 2 |
| 18 | | 1 | 2 | <input type="checkbox"/> <input type="checkbox"/> | Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9 | Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal)...4 | 1 | 2 |
| 19 | | 1 | 2 | <input type="checkbox"/> <input type="checkbox"/> | Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9 | Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal)...4 | 1 | 2 |

CHILD GRID (cont'd)

| PERSON NO (transfer to Q4c) | FIRST NAME | SEX | | AGE | Number of years at address | General Health | Need for care | Child selected (see part 4b) | |
|--------------------------------|------------|-----|---|-----|--|--|--|------------------------------|----|
| | | M | F | | | | | Yes | No |
| 20 | | 1 | 2 | | Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9 | Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal)...4 | 1 | 2 |
| 21 | | 1 | 2 | | Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9 | Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal)...4 | 1 | 2 |
| 22 | | 1 | 2 | | Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9 | Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5 | Yes.....1 No.....2 (DK).....3 (Refusal)...4 | 1 | 2 |

4b Child Selection Procedure

INTERVIEWER: How many children (aged 15 or under)?

| | | |
|-----------------------|---|---|
| 1 child | A | Circle 1 in 'child selected' column for person no. 11 in child grid above and go to 4c |
| 2 children | B | Circle 1 in 'child selected' column for person nos. 11 and 12 in child grid above and go to 4c |
| 3 to 12 children | C | <ul style="list-style-type: none"> • Look at selection label on front page of this document • SELECT TWO CHILDREN • In the 'TOTAL' row: find the number corresponding to the total number of children <ul style="list-style-type: none"> ⇒ The number in the 'SEL 1 HH/C' row: 'child respondent 1' ⇒ The number in the 'SEL 2 HH/C' row: 'child respondent 2' • Circle 'child selected' for those two children in grid above and go to 4c |
| More than 12 children | D | <ul style="list-style-type: none"> • Refer to project instructions |

INTERVIEWER:

NOW FILL IN THE DETAILS OF THE TWO SELECTED CHILDREN ON THE NEXT PAGE (4c)

| 4c | CHILD RESPONDENT 1 | | | CHILD RESPONDENT 2 | | |
|--|---|-------|-------|---|-------|-------|
| Person number (from child grid above – transfer to questionnaire) | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> | | |
| Child's name | | | | | | |
| Age (if less than 1 year old, enter '0') | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> | | |
| Questionnaire language (circle) | English | | Welsh | English | | Welsh |
| Questionnaire version (circle) Pink = 0-3 yrs (FOR PARENT) Green = 4-12 yrs (FOR PARENT) Blue = 13-15 yrs (FOR CHILD) | Pink | Green | Blue | Pink | Green | Blue |
| Final questionnaire outcome code (see below) | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> | | |

Final self-completion outcome codes

- 51 Productive self-completion q'naires
- 72 Personal refusal by named person
- 73 Proxy refusal (on behalf of named person)
- 74 Person ill at home during survey period
- 75 Person away/at college/in hospital etc during survey period
- 76 Questionnaire placed but not returned/completed
- 77 Other reason (please write reason next to final questionnaire outcome code above)
- 78 Questionnaire returned blank (apart from front cover)

INTERVIEWER: REMEMBER TO COMPLETE CONSENT FORMS TO OBTAIN PARENTAL PERMISSION FOR 13-15 YEAR OLDS' SELF-COMPLETION

**WELSH HEALTH SURVEY
CONSENT FORM
(office copy)**

CHILD SELF-COMPLETION QUESTIONNAIRE (ages 13-15)

I, (name) _____ am the parent/guardian of

(child's name) _____

(child's name) _____

and I consent to the above named child(ren) completing a questionnaire for the Welsh Health Survey. I understand that this information will be treated in the strictest confidence and used for research purposes only.

(Please tick)

Signed by _____ Date _____

Countersignature by interviewer _____ Date _____

Interviewer name _____

**AROLWG IECHYD CYMRU
FFURFLEN GANIATÂD
(copi'r swyddfa)**

HOLIADUR HUNAN-GWBLHAU PLENTYN (13-15 oed)

Myfi, (enw) _____ yw rhiant/gwarcheidwad

(enw'r plentyn) _____

(enw'r plentyn) _____

ac rwy'n caniatáu i'r plentyn/plant a enwir uchod gwblhau holiadur ar gyfer Arolwg Iechyd Cymru. Deallaf y caiff y wybodaeth hon ei thrin yn gwbl gyfrinachol, a'i defnyddio at ddiben ymchwil yn unig. (Ticiwch)

Llofnod _____ Dyddiad _____

Cydlofnod gan gyfwelydd _____ Dyddiad _____

Enw'r cyfwelydd _____

WELSH HEALTH SURVEY

CONSENT FORM

(respondent copy)

CHILD SELF-COMPLETION QUESTIONNAIRE (ages 13-15)

I, (name) _____ am the parent/guardian of _____

(child's name) _____

(child's name) _____

and I consent to the above named child(ren) completing a questionnaire for the Welsh Health Survey. I understand that this information will be treated in the strictest confidence and used for research purposes only. (Please tick)

(Please tick)

Signed by _____ *Date* _____

AROLWG IECHYD CYMRU FFURFLEN GANIATÂD

(copi'r atebwr)

HOLIADUR HUNAN-GWBLHAU PLENTYN (13-15 oed)

Myfi, (enw) _____ yw rhiant/gwarcheidwad

(enw'r plentyn) _____

(enw'r plentyn) _____

ac rwy'n caniatáu i'r plentyn/plant a enwir uchod gwbl hau holiadur ar gyfer Arolwg Iechyd Cymru. Deallaf y caiff y wybodaeth hon ei thrin yn gwbl gyfrinachol, a'i defnyddio at ddiben ymchwil yn unig. (Ticiwch)

(*Ticiwch*)

Llofnod Dyddiad

Enw'r cyfweiyd

SHOW CARD A

As you may know, personal circumstances such as the work you do and where you live may be linked to your health and well-being. Because of this, I would like to ask a few questions about your accommodation and what you were doing last week.

5. Does your household own or rent this accommodation?

CODE ONE ONLY.

INTERVIEWER: IF PART RENT/PART BUY (SHARED OWNERSHIP) CODE AS 1.

I own it or live with the person who owns it
(includes homes being bought with a mortgage).....1

It is rented from the local Council.....2

It is rented from a Housing Association or Housing Trust.....3

It is rented from a private landlord.....4

Other (e.g. live rent free or home comes with job).....5

INTERVIEWER: ESTABLISH HRP BY ASKING THE FOLLOWING QUESTIONS:

6. In whose name is the accommodation owned or rented?

IF LIVING RENT FREE ASK FOR PERSON RESPONSIBLE FOR ACCOMMODATION.

1 Person.....1 **GO TO Q9**

2 or more people.....2 **GO TO Q7**

IF MORE THAN ONE PERSON CODED AT Q6:

7. You have told me that this accommodation is jointly owned or rented.
Of these people, who has the highest income (from earnings, benefits, pensions and any other sources)? *If necessary, explain that 'If we asked about everyone in all households it would take too long, so this is the rule we follow'.*

1 Person.....1 **GO TO Q9**

2 or more people.....2 **GO TO Q8**

(Don't know).....3 **GO TO Q8**

(Refusal).....4 **GO TO Q8**

IF MORE THAN ONE PERSON CODED AT Q7

8. Who is the eldest (of these people)?

INTERVIEWER: COMPLETE Q9

9. **INTERVIEWER: WRITE IN NAME AND PERSON NUMBER OF HOUSEHOLD REFERENCE PERSON:**

First Name _____

Person Number

| | |
|--|--|
| | |
|--|--|

(Transferred from household grid)

10. **INTERVIEWER CODE**

Respondent is:

HRP.....1

Spouse/partner of HRP.....2

Son/daughter of HRP.....3

Other relative of HRP.....4

Other adult (age 18 or over).....5

INTERVIEWER: FILL IN THE FOLLOWING QUESTIONS ABOUT THE HRP.
USE FIRST NAME OF HRP WHERE APPROPRIATE.

SHOW CARD B

11. Which of these descriptions applies to what you/(name of HRP) were doing last week?
(CODE FIRST TO APPLY)

In paid employment or self-employment (or away temporarily).....01

GO TO Q13

Looking for paid work or a Government training scheme.....02

GO TO Q12a

Waiting to take up paid work already obtained.....03

Going to school or college full-time (including on vacation).....04

Doing unpaid work for a business that you or a relative owns.....05

On a Government scheme for employment training.....06

Intending to look for work but prevented by temporary sickness
or injury (sick or injured for 28 days or less).....07

Permanently unable to work because of long-term sickness/disability.....08

Retired from paid work.....09

Looking after the home or family.....10

Doing something else.....11

GO TO Q12b

- 12a. How long have/has you/(name of HRP)
been looking for paid work or a place on a
government training scheme?

Not yet started.....1

Less than 1 month.....2

1 month but less than 3 months.....3

3 months but less than 6 months.....4

6 months but less than 12 months.....5

12 months or more.....6

- 12b. Have/has you/(name of HRP) ever had a paid job, apart from casual or holiday work?

Yes.....1 **GO TO Q12c**

No.....2 **GO TO Q20a**

- 12c. How long ago did you/(name of HRP) last have a paid job?
- | | |
|----------------------------------|---|
| Within past 12 months..... | 1 |
| 1 year, less than 5 years..... | 2 |
| 5 years, less than 10 years..... | 3 |
| 10 years or more..... | 4 |
| Can't say..... | 8 |
- GO TO Q14a**

IN PAID EMPLOYMENT OR SELF-EMPLOYMENT

13. People who are working can also be full-time students. May I check, at present are/is you/(name of HRP) enrolled on any full-time education course?

INTERVIEWER: CODE 'YES' IF WAITING TO START COLLEGE/UNIVERSITY OR IF ON HOLIDAY AND INTENDING TO GO BACK TO COLLEGE/UNIVERSITY.

Yes.....1
No.....2

ASK ABOUT PRESENT JOB IF HRP IS CURRENTLY IN WORK,

ASK ABOUT LAST JOB IF CURRENTLY NOT IN WORK

NEVER WORKED GO TO Q20a

- 14a. What did the firm/organisation you/(name of HRP) worked for mainly make or do (at the place where you/they worked)?

DESCRIBE FULLY – PROBE MANUFACTURING or PROCESSING or DISTRIBUTING ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE or RETAIL ETC.

- 14b. What was your/(name of HRP) main job (in the week ending last Sunday)

ENTER JOB TITLE

- 14c. What did you/(name of HRP) mainly do in your/their job?

CHECK QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

15. Were you/(name of HRP) working as an employee or were you self-employed?

Employee 1 **GO TO Q16a**
Self-employed 2 **GO TO Q17**

IF EMPLOYEE

16a. In your/their job, did you/(name of HRP) have formal responsibility for supervising the work of other employees?

DO NOT INCLUDE PEOPLE WHO ONLY SUPERVISE: Children e.g. teachers, nannies, childminders, Animals, Security or buildings e.g. caretakers, security guards

Yes.....1
No.....2

16b. How many people worked for your/(name of HRP) employer at the place where you/they worked?

1 – 24.....1
25 – 499.....2
or 500 or more employees.....3
Can't say.....8 } **GO TO Q19**

IF SELF-EMPLOYED (CODE 2 AT Q15)

17. Were you (name of HRP) working on your/their own or did you/they have employees?

ASK OR RECORD

On own/with partner(s) but no employees.....1 **GO TO Q19**
With employees.....2 **GO TO Q18**

18. How many people did you/(name of HRP) employ at the place where you/they worked?

1 – 24.....1
25 – 499.....2
or 500 or more employees.....3
Can't say.....8

IN PAID EMPLOYMENT OR SELF-EMPLOYED

19. In your (main) job were/was you/(name of HRP) working full or part time?

Full-time.....1
Part-time.....2

20a. A certain number of interviews on any survey are checked by a supervisor to make sure that people were satisfied with the way the interview was carried out. Can we contact you for this purpose?

Yes.....1

No.....2

Don't know.....3

20b. Is there a telephone number in your accommodation that can be used to receive and to make calls?

IF YES, RECORD PHONE NUMBER ON FRONT PAGE

Yes.....1

No.....2

Refusal.....3

THIS IS THE END OF THE INTERVIEW – THANK RESPONDENT
HAVE YOU COMPLETED THE ASSESSMENT OF THE EXTERNAL CONDITIONS OF
THE PROPERTY ON PAGE 23?

21. Before I finish, can I just confirm the names of people in this household?

IF YES, RECORD NAMES ON SECOND PAGE.

Yes.....1

No.....2

INTERVIEWER TO COMPLETE

A. Duration of **questionnaire** interview mins

Date / /
DD MM YY

B. Interviewer signature: _____

E: Final outcome code and Admin

INTERVIEWER ADMIN SECTION

HOUSEHOLD INTERVIEW OUTCOME CODES

| Productive | | | | |
|---|--|-----|---------------------|-----------------|
| E1. | Fully productive (complete interview by desired respondent(s)) | 110 | Go to part F | |
| Non-Contact | | | | |
| E2. | No contact with anyone at the household | 310 | Go to E9 | |
| | No contact with any responsible adult at the household | 320 | | |
| Refusal | | | | |
| E3. | Office Refusal | 410 | Go to E9 | |
| | Refusal at introduction / before interview | 430 | | |
| | Refusal during interview | 440 | | |
| | Broken Appointment – No re-contact | 450 | | |
| Other Unproductive | | | | |
| E4. | Ill at home during survey period | 510 | Go to E9 | |
| | Away or in hospital all survey period | 520 | | |
| | Physically or mentally unable/incompetent | 530 | | |
| | Language difficulties | 540 | | |
| | OFFICE USE ONLY - Other Unproductive | 590 | | |
| Unknown eligibility (No contact) | | | | |
| E5. | OFFICE APPROVAL ONLY – Issued but not attempted | 612 | END | |
| | Inaccessible | 620 | | |
| | Unable to locate address | 630 | | |
| | Unknown whether address contains residential housing – non contact | 640 | | |
| | Residential address – unknown whether occupied | 650 | | |
| | Other unknown eligibility | 690 | | |
| | | | | Go to E9 |

Deadwood/Ineligible

E6.

| | | |
|--|--|------------|
| Not yet built/under construction Demolished/derelict Vacant/empty Non-residential address e.g. business, school, office, factory etc Address occupied, no resident household e.g. holiday/weekend homes Communal Establishment/Institution (no private dwellings) Other Ineligible | 710 720 730 740 750 760 790 | END |
|--|--|------------|

Unknown eligibility (Contacted)

E7.

| | | |
|--|------------|------------|
| Information refused about whether address is residential | 810 | END |
|--|------------|------------|

Temporary Outcome

E8.

| | | |
|-------------------------------------|------------|--|
| Welsh speaking interviewer required | 614 | SEND BACK TO OFFICE (Record address on next page) |
|-------------------------------------|------------|--|

E9.

IF UNPRODUCTIVE (codes 310-590) OR USED CODES 690 AND 790:

Record reason for using this code

IF REFUSAL, CODE SEX OF PERSON WHO REFUSED:

Male.....1

Female.....2

**IF REALLOCATING ADDRESS TO WELSH SPEAKING INTERVIEWER RECORD DIRECTIONS TO
ADDRESS HERE:**

F: External Condition of Property

INTERVIEWER TO COMPLETE (PRODUCTIVE HOUSEHOLDS ONLY)

FOR EACH COLUMN:

- IF NOT APPLICABLE CODE 1
- CODE LEVEL OF DISREPAIR (CODES 2 TO 5)
- AND IF “UNDER RENOVATION” CODE 6

| | External walls | Doors and windows | Roofs/Roof Structure |
|--------------------------|----------------|-------------------|----------------------|
| Not applicable | 1 | 1 | 1 |
| | | | |
| No evidence of disrepair | 2 | 2 | 2 |
| Moderate disrepair | 3 | 3 | 3 |
| Major disrepair | 4 | 4 | 4 |
| Not visible | 5 | 5 | 5 |
| | | | |
| Under renovation | 6 | 6 | 6 |

G: Lookup chart for 13+ DUs /Hholds

| NUMBER OF DUs/HHs: | SELECT NUMBER: | NUMBER OF DUs/HHs: | SELECT NUMBER: |
|--------------------|----------------|--------------------|----------------|
| 13 | 12 | 57 | 39 |
| 14 | 8 | 58 | 3 |
| 15 | 11 | 59 | 48 |
| 16 | 7 | 60 | 35 |
| 17 | 13 | 61 | 22 |
| 18 | 3 | 62 | 10 |
| 19 | 14 | 63 | 51 |
| 20 | 2 | 64 | 37 |
| 21 | 14 | 65 | 64 |
| 22 | 8 | 66 | 65 |
| 23 | 13 | 67 | 66 |
| 24 | 5 | 68 | 28 |
| 25 | 12 | 69 | 45 |
| 26 | 6 | 70 | 53 |
| 27 | 17 | 71 | 25 |
| 28 | 17 | 72 | 48 |
| 29 | 2 | 73 | 50 |
| 30 | 21 | 74 | 39 |
| 31 | 10 | 75 | 51 |
| 32 | 26 | 76 | 11 |
| 33 | 8 | 77 | 12 |
| 34 | 22 | 78 | 74 |
| 35 | 8 | 79 | 42 |
| 36 | 3 | 80 | 9 |
| 37 | 28 | 81 | 33 |
| 38 | 19 | 82 | 51 |
| 39 | 25 | 83 | 69 |
| 40 | 16 | 84 | 78 |
| 41 | 41 | 85 | 53 |
| 42 | 32 | 86 | 19 |
| 43 | 9 | 87 | 66 |
| 44 | 40 | 88 | 23 |
| 45 | 7 | 89 | 17 |
| 46 | 35 | 90 | 19 |
| 47 | 8 | 91 | 40 |
| 48 | 36 | 92 | 11 |
| 49 | 15 | 93 | 35 |
| 50 | 44 | 94 | 12 |
| 51 | 35 | 95 | 41 |
| 52 | 2 | 96 | 3 |
| 53 | 24 | 97 | 10 |
| 54 | 17 | 98 | 25 |
| 55 | 49 | 99 | 61 |
| 56 | 27 | 100 | 99 |

WELSH HEALTH SURVEY 2015

QUESTIONNAIRE FOR ADULTS

About the survey

This important survey collects information about health and health-related factors. Some questions you may have about this survey are answered in the accompanying leaflet. By completing this questionnaire, you are agreeing to the use of your data as explained in the leaflet. If you have other questions, or would like to talk to someone about the study, please contact NHS Direct Wales on 0845 46 47. (A Minicom service is available on 0845 606 46 47.) When you phone, check firstly that you have reached NHS Direct **Wales**, and then ask to speak to someone about the Welsh Health Survey. Or you can visit: <http://www.natcen.ac.uk/study/welsh-health-survey/participants> for more information.

**If you would like this questionnaire in Welsh
Please contact NHS Direct Wales on 0845 46 47**

**Os hoffech gael yr holiadur hwn yn Gymraeg
Cysylltwch â Galw lechyd Cymru ar 0845 46 47.**

Questionnaire to be filled in by:

First Name

Serial Number

Date of placement

Interviewer I.D. Number

Card 02
2011-012

To be collected on:

How to complete the questionnaire:

The questionnaire should be completed by the person named on the front page.

Most questions can be answered by simply ticking the box alongside the answer that applies to you.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow (→) with a note that tells you what question to answer next, like this:

Example questions (please do not fill in)

E1 Do you live in a house or a flat?

Tick one only

- A house → **Go to E2**
A flat → **Go to E3**

E2 How many bedrooms are there in your house?

Please write in

2 **bedrooms**

E3 Do you own any of the following forms of transport?

Tick one box on each row

- | | Yes | No |
|---------|-------------------------------------|-------------------------------------|
| Car | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Bicycle | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Don't worry if you make a mistake; simply cross out the mistake and tick the correct box.

When you have completed it, please return the questionnaire to the interviewer
(or in the envelope provided if sent to you in the post).

This questionnaire is about **you**. Please answer about **yourself** and **your health** only.

HEALTH SERVICE USE

- 1a** During the **2 weeks ending yesterday**, did you talk to a family doctor (GP) about your own health either in **person** or by **telephone**?

Tick one only

Yes 1 → **Go to 1b** 2051

No 2 → **Go to 2a**

- 1b** How many times did you talk to a family doctor (GP) about your own health in these **2 weeks**?

Please write in number 2052-053

| | |
|--|--|
| | |
|--|--|

- 1c** As a result of speaking to a family doctor (GP) about your own health in these **2 weeks**, did they give (send) you a prescription?

Tick one only

Yes 1 2054

No 2

- 2a** During the **2 weeks ending yesterday**, did you see a practice nurse or other nurse at the GP surgery about your own health?

Tick one only

Yes 1 → **Go to 2b** 2055

No 2 → **Go to 3a**

- 2b** How many times did you see a practice nurse or other nurse at the GP surgery about your own health in these **2 weeks**?

Please write in number 2056-057

| | |
|--|--|
| | |
|--|--|

- 3a** During the **last 12 months**, did you attend the **Casualty/A&E** department of a hospital as a patient?

Tick one only

Yes 1 → **Go to 3b** 2058

No 2 → **Go to 4a**

- 3b** How many times did you go to **Casualty/A&E** altogether in the **last 12 months**?

Please write in number 2059-060

| | |
|--|--|
| | |
|--|--|

- 4a** During the **last 12 months**, did you attend the **outpatient** department of a hospital as a patient (apart from straightforward ante- or post-natal visits)?

Tick one only

Yes 1 → **Go to 4b**

2061

No 2 → **Go to 5a**

- 4b** Did you have any **outpatient** visits in the **last 12 months** that were paid for privately?

Tick one only

Yes, at least one paid for privately 1

2062

No, all visits under the NHS 2

- 5a** During the **last 12 months**, have you been in hospital for treatment as a **day patient**, that is admitted to a hospital bed or day ward, but not required to remain overnight?

Tick one only

Yes 1 → **Go to 5b**

2063

No 2 → **Go to 6a**

- 5b** Did you have any **day patient** treatments in the **last 12 months** that were paid for privately?

Tick one only

Yes, at least one paid for privately 1

2064

No, all treatments under the NHS 2

- 6a** During the **last 12 months**, have you stayed in hospital as an **inpatient**, overnight or longer?

Tick one only

Yes 1 → **Go to 6b**

2065

No 2 → **Go to 7a**

- 6b** Did you have any **inpatient** stays in the **last 12 months** that were paid for privately?

Tick one only

Yes, at least one paid for privately 1

2066

No, all stays under the NHS 2

Spare
2067-
77

- 7a** Which of the following services have **you** used for **yourself** in the **last 12 months**, either under the NHS or privately?

Please exclude waiting for an appointment

| | Did not use | Tick one box on each row | | | 2078 |
|------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|------|
| | | NHS treatment only | Private treatment only | Both NHS and private treatment | |
| Dentist | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 2078 |
| Chiropodist | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 2079 |
| Physiotherapist | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 2080 |
| Osteopath/chiropractor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 2081 |

- 7b** During the **last 12 months**, have **you** used any of these services for **yourself**?

Tick one box on each row

Yes

No

| | | | |
|---|----------------------------|----------------------------|------|
| Optician | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2082 |
| Health Visitor, District Nurse or other community nurse | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2083 |
| GP out of hours services | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2084 |
| NHS Direct (National NHS telephone helpline) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2085 |
| Pharmacist <i>including local pharmacists and those in large stores and supermarkets</i> (eg picked up prescribed medicine, asked for advice, bought medicines kept behind the counter) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2086 |

- 7c** In general, which of the following do you go to the dentist for?

Tick one only

A regular check up (i.e. at least once a year) 1

An occasional check up or when I am having trouble with my teeth 2

I don't ever go to the dentist 3

- 8** Have you had a flu jab in the **last 12 months**?

Tick one only

Yes 1

No 2

MEDICINES

By medicines we mean anything you take or that you put on your skin, such as tablets, powders, creams, sprays and drops, to treat a medical condition. Include conventional and other medicines.

- 9a** During the **past 4 weeks** have you bought any medicine?
(Don't count anything that you got with a prescription)

Tick one only

Yes 1 → **Go to 9b**

2092

No 2 → **Go to 9c**

- 9b** If you have bought medicines in the **past 4 weeks**, which of these kinds did you buy?

Tick all that apply

- Conventional medicines, eg aspirin, eye-drops, antacids, cough medicine 1
- Herbal 2
- Homeopathic 3
- Mineral or vitamin supplements 4

2093-096

- 9c** Are you on any **regular** medication prescribed by a doctor?
(Regular means for a year or more)

Tick one only

Yes 1

2097

No 2

ILLNESSES AND OTHER HEALTH PROBLEMS

- 10a** Have you **ever** been treated for any of these?

Tick one box on each row

| | Yes | No | |
|--------------|----------------------------|----------------------------|------|
| Heart attack | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2098 |
| Stroke | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2099 |
| Cancer | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2100 |

10b Are you **currently** being treated for any of these?

Tick one box on each row

| | Yes | No | |
|--|----------------------------|---------------------------------------|------|
| Angina | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2101 |
| Heart failure | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2102 |
| High blood pressure (or hypertension) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2103 |
| Another heart condition | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2104 |
| Asthma | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2105 |
| Emphysema | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2106 |
| Pleurisy | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | 2107 |
| Spells of bronchitis that have lasted over 3 years | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2108 |
| Another respiratory illness | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | 2109 |

10c Are you **currently** being treated for any of these?

Tick one box on each row

| | Yes | No | |
|------------------------|----------------------------|----------------------------|------|
| Depression | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2110 |
| Anxiety | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2111 |
| Another mental illness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2112 |
| Arthritis | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2113 |
| Back pain | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2114 |
| Epilepsy or fits | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2115 |
| Varicose veins | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2116 |

10d Are you **currently** being treated for diabetes?

Tick one only

Yes 1 → **Go to 10e**

No 2 → **Go to 11a**

10e How is your diabetes controlled?

Spare
2118-
120

Tick all that apply

| | | |
|-----------|----------------------------|-------|
| Injection | <input type="checkbox"/> 1 | 2121- |
| Tablets | <input type="checkbox"/> 2 | 123 |
| Diet | <input type="checkbox"/> 3 | |

- 11a** Are you **currently** being treated for any other chronic or long-term illness **not listed** in questions 10b – 10d?

Tick one only

Yes 1 → **Go to 11b**

2124

No 2 → **Go to 12a**

- 11b** Please specify the **main** illness below. **Please write in only one illness.**

2125

2126-129

Spare
2130-134

- 12a** Have you had any accident, injury or poisoning needing hospital treatment or a visit to Casualty/A&E in the **last 3 months**?

Tick one only

Yes 1 → **Go to 12b**

2135

No 2 → **Go to 13a**

- 12b** What was the accident, injury or poisoning?

Tick all that apply

Break or fracture 1

2136-141

Poisoning 2

Head injury with concussion 3

Cut or puncture 4

Burn 5

Another kind of injury 6

- 12c** Where did the **most recent** accident, injury or poisoning take place?

Tick one only

In the home 1

2142

In traffic 2

At work or in school 3

Somewhere else 4

- 13a** Have you had a stomach upset with diarrhoea in the **last 3 months**, which you think was due to something you ate?

Tick all that apply

No 1 → **Go to 14**

2143-145

Yes, in this country 2 → **Go to 13b**

Yes, abroad 3 → **Go to 13b**

13b If yes, did you see a doctor about it?

Tick one only

Yes 1

2146

No 2

14 Is your eyesight good enough to see the face of someone across a room?
(With glasses or contact lenses if you usually wear them)

Tick one only

Yes 1

2147

Yes, with difficulty 2

No 3

15a Do you have any difficulty with your hearing?
(Without a hearing aid if you usually wear one)

Tick one only

Yes 1 → **Go to 15b**

2148

No 2 → **Go to 16**

15b Do you usually wear a hearing aid?

Tick one only

Yes, most of the time 1 → **Go to 15c**

2149

Yes, some of the time 2 → **Go to 15c**

No, but have tried one 3 → **Go to 16**

No, never 4 → **Go to 16**

15c If you usually wear a hearing aid, do you have any difficulty with your hearing while wearing the aid?

Tick one only

Yes 1

2150

No 2

16 How many of your own natural teeth do you have?
(Filled and capped teeth count as your own, false teeth and dentures don't)

Tick one only

I have 21 or more of my own teeth 1

2151

I have less than 21 of my own teeth OR
mainly false teeth or dentures 2

UNTREATED PROBLEMS OR SYMPTOMS

We would now like to ask you about problems that may have troubled you which you have **not** been to see a doctor or nurse about.

17a In the **last 12 months** have you had any of the following and **not** been to see a doctor or nurse about them?

Please also include problems or symptoms you have had for longer if they troubled you in the last year.

Tick all that apply

- | | | |
|--|---|-------------|
| Backache | <input type="checkbox"/> 01 | 2152- 75 |
| Joint pain, muscle pain or stiffness | <input type="checkbox"/> 02 | |
| Troublesome varicose veins | <input type="checkbox"/> 03 | |
| Shortness of breath, tight chest or wheezing | <input type="checkbox"/> 04 | |
| Chest pain | <input type="checkbox"/> 05 | |
| Dizziness, giddiness or fainting | <input type="checkbox"/> 06 | |
| Loss of appetite or unexplained weight-loss | <input checked="" type="checkbox"/> 07 | |
| Lumps in breast, armpit or groin | <input type="checkbox"/> 08 | |
| Sudden loss of hearing or vision | <input type="checkbox"/> 09 | |
| An injury that limited your activities in some way | <input type="checkbox"/> 10 | |
| Feeling depressed or anxious | <input type="checkbox"/> 11 | |
| None of these | <input type="checkbox"/> 12 → Go to 18 | |

Go to 17b

17b Why have you **not** been to see a doctor or nurse about your symptoms in the last 12 months?

Tick all that apply

- | | | |
|---|-----------------------------|-------|
| I feel nervous or uncomfortable going to the doctor or hospital | <input type="checkbox"/> 01 | 2176- |
| I did not think my symptoms seemed serious enough | <input type="checkbox"/> 02 | 91 |
| My symptoms went away by themselves | <input type="checkbox"/> 03 | |
| It is difficult to see a doctor/ It would have taken too long | <input type="checkbox"/> 04 | |
| I have learnt to live with my symptoms/ I put up with my symptoms | <input type="checkbox"/> 05 | |
| I have seen someone else about my symptoms in the last 12 months | <input type="checkbox"/> 06 | |
| I have seen a doctor about these symptoms more than 12 months ago | <input type="checkbox"/> 07 | |
| Other reasons | <input type="checkbox"/> 08 | |

YOUR HEALTH AND WELL-BEING

Questions 18 -28 are from SF-36v2® Health Survey © 1996, 2000 by QualityMetric Incorporated – All Rights reserved SF-36v2® is a trademark of QualityMetric Incorporated.

These questions ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. For each of the following questions, please tick the one box that best describes your answer.

18 In general, would you say your health is ... ?

| Tick one only | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Excellent | Very Good | Good | Fair | Poor |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

2192

19 Compared to one year ago, how would you rate your health in general now?

| Tick one only | |
|---------------------------------------|----------------------------|
| Much better now than one year ago | <input type="checkbox"/> 1 |
| Somewhat better now than one year ago | <input type="checkbox"/> 2 |
| About the same as one year ago | <input type="checkbox"/> 3 |
| Somewhat worse now than one year ago | <input type="checkbox"/> 4 |
| Much worse now than one year ago | <input type="checkbox"/> 5 |

2193

20 The following questions are about activities you might do during a typical day.
Does your health now limit you in these activities? If so, how much?

| Tick one box on each row | | | |
|--|----------------------------|-----------------------------|------------------------------|
| | Yes, limited a lot | Yes, limited a little | No, not limited at all |
| a Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c Lifting or carrying groceries | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d Climbing several flights of stairs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e Climbing one flight of stairs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f Bending, kneeling, or stooping | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g Walking more than a mile | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| h Walking several hundred yards | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| i Walking one hundred yards | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| j Bathing or dressing yourself | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

2194 2195 2196 2197 2198 2199 2200 2201 2202 2203

- 21 During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

| | Tick one box on each row | | | | | |
|---|---------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------|
| | All of the time | Most of the time | Some of the time | A little of the time | None of the time | |
| a Cut down on the amount of time you spent on work or other activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 2204 |
| b Accomplished less than you would like | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 2205 |
| c Were limited in the kind of work or other activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 2206 |
| d Had difficulty performing the work or other activities (for example, it took extra effort) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 2207 |

- 22 During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

| | Tick one box on each row | | | | | |
|---|---------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------|
| | All of the time | Most of the time | Some of the time | A little of the time | None of the time | |
| a Cut down on the amount of time you spent on work or other activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 2208 |
| b Accomplished less than you would like | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 2209 |
| c Did work or other activities less carefully than usual | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 2210 |

- 23 During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

| | Tick one only | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------|
| | Not at all | Slightly | Moderately | Quite a bit | Extremely | |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 2211 |

- 24 How much **bodily** pain have you had during the **past 4 weeks**?

| | Tick one only | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------|
| | None | Very Mild | Mild | Moderate | Severe | Very Severe | |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 2212 |

- 25** During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

| Tick one only | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Not at all | A little bit | Moderately | Quite a bit | Extremely |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

2213

- 26** These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks** ...

| Tick one box on each row | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|-----------------------------|----------------------------|
| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
| a Did you feel full of life? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b Have you been very nervous? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c Have you felt so down in the dumps that nothing could cheer you up? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d Have you felt calm and peaceful? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e Did you have a lot of energy? | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f Have you felt downhearted and low? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| g Did you feel worn out? | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| h Have you been happy? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| i Did you feel tired? | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

- 27** During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc.)?

| Tick one only | | | | |
|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|
| All of the time | Most of the time | Some of the time | A little of the time | None of the time |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

2223

- 28** How TRUE or FALSE is **each** of the following statements for you?

| Tick one box on each row | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Definitely true | Mostly true | Don't know | Mostly false | Definitely false |
| a I seem to get ill more easily than other people | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b I am as healthy as anybody I know | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c I expect my health to get worse | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d My health is excellent | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

2224

2225

2226

2227

29a Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Include problems related to old age.)

Tick one only

Yes, limited a lot 1 → **Go to 29b**

2228

Yes, limited a little 2 → **Go to 29b**

No 3 → **Go to 30**

29b What is the **main** health problem or disability you have that limits your day-to-day activities?
Please write in one condition only, that is the one that limits your activities the most.

| | |
|------------------|------|
| | 2229 |
| 35 | |
| Spare 2236-99 | |

SMOKING

30 Which one of these best describes you?

Tick one only

I smoke daily 1 → **Go to 31**

2300

I smoke occasionally but not every day 2 → **Go to 31**

I used to smoke daily but do not smoke at all now

3 → **Go to 36**

I used to smoke occasionally but do not smoke at all now

4 → **Go to 36**

I have never smoked

5 → **Go to 37**

31 During the **7 days ending yesterday**, did you smoke in any of these places?

Tick one box on each row

| | | Yes | No/Does not apply | |
|-----------------|--------------------------|----------------------------|----------------------------|--------------------------|
| Outdoors | Outside at home | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2301 |
| | Other places outdoors | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2302 |
| Indoors | In own home | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2303 |
| | In other people's homes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2304 |
| | Whilst travelling by car | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2305 |
| | Other places indoors | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2306 Spare 2307-09 |

32 Have you tried to give up smoking in the **last 12 months**?

Tick one only

Yes 1

2310

No 2

33 Compared with **this time last year**, do you...?

Tick one only

Smoke more now 1

2311

Smoke about the same now 2

Smoke less now 3

34 Would you like to give up smoking altogether?

Tick one only

Yes 1 → **Go to 35**

2312

No 2 → **Go to 37**

35 What are your main reasons for wanting to give up?

Tick all that apply

Because of a health problem I have at present 01 → **Go to 37**

2313-

28

Better for my health in general 02 → **Go to 37**

Less risk of getting smoking related illnesses 03 → **Go to 37**

Family/friends want me to stop 04 → **Go to 37**

Financial reasons 05 → **Go to 37**

Worried about the effect on my children 06 → **Go to 37**

Because of the smoking ban 07 → **Go to 37**

Other reasons 08 → **Go to 37**

36 How long ago did you stop smoking?

Tick one only

Less than 1 month ago 1

2329

1 month to 1 year ago 2

More than 1 year ago 3

37 Have you ever used an electronic cigarette?

Tick one only

Yes 1 → **Go to 38**

2330

No 2 → **Go to 39**

38 Do you use an e-cigarette at all nowadays?

Tick one only

Yes 1

2331

No 1

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

Tick one box on each row

| | | Yes | No/Does not apply | |
|-----------------|--------------------------|----------------------------|---------------------------------------|----------------------|
| Outdoors | Outside at home | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2332 |
| | Other places outdoors | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | 2333 |
| Indoors | In own home | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2334 |
| | In other people's homes | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | 2335 |
| | Whilst travelling by car | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2336 |
| | Other places indoors | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2337 |
| | | | | Spare 2338- 49 |

ALCOHOL

40 How often have you had an alcoholic drink of any kind during the **last 12 months**?

Tick one only

- Almost every day 01 → **Go to 42** 2350-51
- Five or six days a week 02 → **Go to 42**
- Three or four days a week 03 → **Go to 42**
- Once or twice a week 04 → **Go to 42**
- Once or twice a month 05 → **Go to 42**
- Once every couple of months 06 → **Go to 42**
- Once or twice a year 07 → **Go to 42**
- Not at all in the last twelve months 08 → **Go to 41**

41 Have you always been a non-drinker, or did you stop drinking for some reason?

Tick one only

Always a non-drinker 1 → **Go to 44a**

2352

Used to drink but stopped 2 → **Go to 44a**

42 Did you have an alcoholic drink of any kind in the **last 7 days**?

Tick one only

Yes 1 → **Go to 43a**

2353

No 2 → **Go to 44a**

43a Please think about **the day in the last week on which you drank the most alcohol**.

Please write in day

2354-
55

43b Write in how much of each type of alcohol you drank on that day.

Write in how much you drank

(use any of the measures below)

Pints Large cans or bottles Small cans or bottles

Normal strength beer, lager, stout, cider or shandy
(less than 6% alcohol). *Exclude bottles/cans of shandy*
You can include half pints under pints, eg "1½"

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

2356-
62

Pints Large cans or bottles Small cans or bottles

Strong beer, lager, stout or cider
(6% alcohol or more), such as Tennants Super,
Special Brew, Diamond White
You can include half pints under pints, eg "1½"

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

2363-
69

Large glasses (250ml) Standard glasses (175ml) Small glasses (125ml) Bottles (750ml)

Wine, including champagne and Babycham
You can write in parts of a bottle, eg "1½"

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

2370-
78

Measures or shots
(count doubles as 2 singles)

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

2379-
80

Small glasses
(count doubles as 2 singles)

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

2381-
82

Small cans or bottles

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

2383-
84

Fortified wines, such as sherry, port,
vermouth, Martini, Cinzano, Dubonnet

Alcopops (alcoholic soft drink), such as WKD,
Bacardi Breezer, Smirnoff Ice, Archers Aqua, Reef

Other kinds of alcoholic drink
Write in name of drink

Glasses
(count doubles as 2 singles)

Pints

Large cans or bottles

Small cans or bottles

| | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

2385-
94

| | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2 | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

2395-
404

Spare
2405-
20

FRUIT AND VEGETABLES

Note: A tablespoon is a size bigger than a spoon you would use to eat soup or breakfast cereal

- 44a** Using the measures below, how much of the following did you eat **yesterday?**
Please read through the whole list before answering

| | | Write in number (or "0" if none eaten) | |
|--|--|--|-------------------------------|
| Small bowlfuls of salad | | <input type="text"/> <input type="text"/> | small bowlfuls 2421- 22 |
| Tablespoons of potatoes <i>Include potatoes in other dishes</i> | | <input type="text"/> <input type="text"/> | tablespoons 2423- 24 |
| Tablespoons of other vegetables (raw, cooked, frozen or tinned) | | <input checked="" type="text"/> <input type="text"/> | tablespoons 2425- 26 |
| Tablespoons of pulses such as baked beans, red kidney beans, lentils, chickpeas, daal | | <input type="text"/> <input checked="" type="text"/> | tablespoons 2427- 28 |
| Tablespoons of vegetables or pulses in other dishes made mainly from vegetables or pulses <i>Do not include potatoes</i> | | <input type="text"/> <input type="text"/> | tablespoons 2429- 30 |
| If no vegetables eaten yesterday , please tick | | <input type="checkbox"/> | 2431 |

- 44b** Using the measures below, how much of the following did you eat **yesterday?**
Please read through the whole list before answering

| | | Write in number (or "0" if none eaten) | |
|--|--|---|-------------------------------------|
| Average handfuls of very small fresh fruit , such as grapes, berries | | <input type="text"/> <input type="text"/> | handfuls 2432- 33 |
| Small fruit, such as plums, satsumas | | <input type="text"/> <input type="text"/> | whole fruit 2434- 35 |
| Medium fruit, such as apples, bananas, oranges | | <input type="text"/> <input type="text"/> | whole fruit 2436- 37 |
| Half ($\frac{1}{2}$) large fruit, such as grapefruit | | <input type="text"/> <input type="text"/> | half fruit 2438- 39 |
| Average slices of a very large fruit , such as melon | | <input type="text"/> <input type="text"/> | slices 2440- 41 |
| Tablespoons of frozen or tinned fruit | | <input type="text"/> <input type="text"/> | tablespoons 2442- 43 |
| Average handfuls of dried fruit , such as raisins, apricots | | <input type="text"/> <input type="text"/> | handfuls 2444- 45 |
| Tablespoons of fruit in other dishes made mainly from fruit such as fruit salad or fruit pies | | <input type="text"/> <input type="text"/> | tablespoons 2446- 47 |
| Small glasses of fruit juice | | <input type="text"/> <input type="text"/> | small glasses 2448- 49 |
| If no fruit eaten yesterday , please tick | | <input type="checkbox"/> | 2450 Spare columns 2451-92 |

EXERCISE

- 45a** During the **7 days ending yesterday**, on which days did you do **LIGHT** exercise or physical activity **for at least 30 minutes?**

Blocks of activity lasting at least 10 minutes, which were done on the same day, can be counted towards the full 30 minutes.

Include physical activity which is part of your job

Tick all days that apply

Light exercise / activity

For example Housework (eg hoovering, dusting), walking at an average pace, golf, light gardening (eg weeding)

| Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 |

2451-
64

If no light exercise in the **last 7 days**,
please tick 08

- 45b** During the **7 days ending yesterday**, on which days did you do **MODERATE** exercise or physical activity **for at least 30 minutes?**

Blocks of activity lasting at least 10 minutes, which were done on the same day, can be counted towards the full 30 minutes.

Include physical activity which is part of your job

Tick all days that apply

Moderate exercise / activity

For example Heavy housework (eg spring cleaning, walking with heavy shopping), fast walking, dancing, gentle swimming, heavy gardening (eg digging)

| Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 |

2465-
78

If no moderate exercise in the **last 7 days**,
please tick 08

- 45c** During the **7 days ending yesterday**, on which days did you do **VIGOROUS** exercise or physical activity **for at least 30 minutes?**

Blocks of activity lasting at least 10 minutes, which were done on the same day, can be counted towards the full 30 minutes.

Include physical activity which is part of your job

Tick all days that apply

Vigorous exercise / activity

For example Running, jogging, squash, swimming lengths, aerobics, fast cycling, football

| Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 |

2479-
92

If no vigorous exercise in the **last 7 days**,
please tick 08

spare
2493-
59

CARERS

- 46 Do you look after, or give any help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age? ***Do not count anything you do as part of your paid employment***

Tick time spent in a typical week

| | | |
|-------------------------|----------------------------|------|
| No | <input type="checkbox"/> 1 | 2560 |
| Yes, 1-19 hours a week | <input type="checkbox"/> 2 | |
| Yes, 20-49 hours a week | <input type="checkbox"/> 3 | |
| Yes, 50+ hours a week | <input type="checkbox"/> 4 | |

WELLBEING

The next 4 questions are about your feelings on aspects of your life.

- 47 Overall, how satisfied are you with your life nowadays?

2561-
2562

Please give your answer on a scale of 0 to 10, where 0 is 'not at all satisfied' and 10 is completely satisfied'.

Not at all satisfied **Completely satisfied**

Tick one only

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> |

- 48 Overall, to what extent do you feel that the things you do in your life are worthwhile?

2563-
2564

Please give your answer on a scale of 0 to 10, where 0 is 'not at all worthwhile' and 10 is 'completely worthwhile'.

Not at all worthwhile **Completely worthwhile**

Tick one only

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> |

- 49 Overall, how happy did you feel yesterday?

2565-
2566

Please give your answer on a scale of 0 to 10, where 0 is 'not at all happy' and 10 is 'completely happy'.

Not at all happy **Completely happy**

Tick one only

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> |

- 50 On a scale where 0 is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?

2567-
2568

Not at all anxious **Completely anxious**

Tick one only

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> |

ABOUT YOU

51 Are you....? Male 1 Female 2 2569

52 How old were you on your last birthday?
Please write in whole years
Age years 2570-
2572

53 Women only: Are you currently pregnant?
Tick one only
Yes 1 2573
No 2

54 How tall are you?
 feet inches OR centimetres 2574
2575-
2576
2577-
2579

55 How much do you weigh?
 stone OR kilograms 2580-
2581
2582-
2583
2584-
2586

56a How would you describe your national identity?
Tick all that apply
Welsh 1 2587-
2592
English 2
Scottish 3
Northern Irish 4
British 5
Other 6

56b What is your ethnic group?

Choose **one** section from A to E, then tick **one** box to best describe your ethnic group or background.

Tick one only

| | | |
|---|--|---------------|
| A. White | Welsh/English/Scottish/Northern Irish/British <input type="checkbox"/> 01 | 2593- 2594 |
| | Irish <input type="checkbox"/> 02 | |
| | Gypsy or Irish Traveller <input type="checkbox"/> 03 | |
| | Any other White background <input type="checkbox"/> 04 | |
| B. Mixed/multiple ethnic groups | White and Black Caribbean <input type="checkbox"/> 05 | |
| | White and Black African <input type="checkbox"/> 06 | |
| | White and Asian <input type="checkbox"/> 07 | |
| | Any other Mixed/multiple ethnic background <input type="checkbox"/> 08 | |
| C. Asian/Asian British | Indian <input checked="" type="checkbox"/> 09 | |
| | Pakistani <input type="checkbox"/> 10 | |
| | Bangladeshi <input type="checkbox"/> 11 | |
| | Chinese <input type="checkbox"/> 12 | |
| | Any other Asian background <input type="checkbox"/> 13 | |
| D. Black/African/Caribbean/Black British | African <input type="checkbox"/> 14 | |
| | Caribbean <input type="checkbox"/> 15 | |
| | Any other Black/African/Caribbean background <input type="checkbox"/> 16 | |
| E. Other ethnic group | Arab <input type="checkbox"/> 17 | |
| | Any other ethnic group <input type="checkbox"/> 18 | |

57 Which of these descriptions applies to what you were doing **last week**?

Tick first to apply

| | | |
|---|-----------------------------|---------------|
| Going to school or college full-time (including on vacation) | <input type="checkbox"/> 01 | 2595- 2596 |
| In paid employment or self-employment (or away temporarily) | <input type="checkbox"/> 02 | |
| On a Government scheme for employment training | <input type="checkbox"/> 03 | |
| Doing unpaid work for a business that you own, or that a relative owns | <input type="checkbox"/> 04 | |
| Waiting to take up paid work already obtained | <input type="checkbox"/> 05 | |
| Looking for paid work or a Government training scheme | <input type="checkbox"/> 06 | |
| Intending to look for work but prevented by temporary sickness or injury (sick or injured for 28 days or less) | <input type="checkbox"/> 07 | |
| Permanently unable to work because of long-term sickness or disability | <input type="checkbox"/> 08 | |
| Retired from paid work | <input type="checkbox"/> 09 | |
| Looking after the home or family | <input type="checkbox"/> 10 | |
| Doing something else | <input type="checkbox"/> 11 | |

- 58** Which of these qualifications do you have?

Tick **every** box that applies if you have any of the qualifications listed.

If your UK qualification is not listed, tick the box that contains its nearest equivalent.

If you have qualifications gained outside the UK, tick the 'Foreign qualifications' box and the nearest UK equivalents (if known).

Tick all that apply

1-4 O levels/CSEs/GCSEs (any grades), Entry level

01

2597-
2622

NVQ Level 1, Foundation GNVQ, Basic skills

02

5 + O levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C),
School Certificate, 1 A level/2-3 AS levels/VCEs,
Welsh Baccalaureate Intermediate Diploma

03

NVQ Level 2, Intermediate GNVQ, City and Guilds Craft,
BTEC First/General Diploma, RSA Diploma

04

Apprenticeship

05

2+ A levels/VCEs, 4+ AS levels, Higher School Certificate,
Welsh Baccalaureate Advanced Diploma

06

NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft,
ONC, OND, BTEC National, RSA Advanced Diploma

07

Degree (for example BA, BSc), Higher degree (for example MA,
PhD, PGCE)

08

NVQ Levels 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level

09

Professional qualifications (for example teaching, nursing, accountancy)

10

Other vocational/work-related qualifications

11

Foreign qualifications

12

No qualifications

13

- 59** If at some future date we wanted to ask you to take part in a further health-related study, may we contact you to see if you are willing to help again?

Tick one only

Yes 1

2623

No 2

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. Please return the questionnaire
to the interviewer (or in the envelope provided if sent in the post)**

SAMPLE

WELSH HEALTH SURVEY 2015

QUESTIONNAIRE FOR ADULTS

About the survey

This important survey collects information about health and health-related factors. Some questions you may have about this survey are answered in the accompanying leaflet. By completing this questionnaire, you are agreeing to the use of your data as explained in the leaflet. If you have other questions, or would like to talk to someone about the study, please contact NHS Direct Wales on 0845 46 47. (A Minicom service is available on 0845 606 46 47.) When you phone, check firstly that you have reached NHS Direct **Wales**, and then ask to speak to someone about the Welsh Health Survey. Or you can visit: <http://www.natcen.ac.uk/study/welsh-health-survey/participants> for more information.

**If you would like this questionnaire in Welsh
Please contact NHS Direct Wales on 0845 46 47**

**Os hoffech gael yr holiadur hwn yn Gymraeg
Cysylltwch â Galw lechyd Cymru ar 0845 46 47.**

Questionnaire to be filled in by:

First Name

Serial Number

Date of placement

Interviewer I.D. Number

| | | | | | | | | | | | |
|---|---|---|----------------------|----------------------|---|----------------------|------------------------|----------------------|----------------------|--|--|
| <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"/> | <input type="text"/> | | |
| 2026-037 | | | | | | | | | | | |
| Male <input type="text"/> 1 | Female <input type="text"/> 2038 | | | | | | | | | | |
| 2001-006 | | | | | 2007 | | 2010 | | 2008-009 | | |
| <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"/> | <input type="text"/> | | |
| Hhold Number | | | | | CKL | | Person Number | | | | |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> | 2013-018 | | | | | |
| Day | | Month | | | Year | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2019-024 | | | | |
| Version | | | | | | | <input type="text"/> 2 | 2025 | | | |

To be collected on:

How to complete the questionnaire:

The questionnaire should be completed by the person named on the front page.

Most questions can be answered by simply ticking the box alongside the answer that applies to you.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow (→) with a note that tells you what question to answer next, like this:

Example questions (please do not fill in)

E1 Do you live in a house or a flat?

Tick one only

- | | | |
|---------|-------------------------------------|------------|
| A house | <input checked="" type="checkbox"/> | → Go to E2 |
| A flat | <input type="checkbox"/> | → Go to E3 |

E2 How many bedrooms are there in your house?

Please write in

2 *bedrooms*

E3 Do you own any of the following forms of transport?

Tick one box on each row

- | | Yes | No |
|---------|-------------------------------------|-------------------------------------|
| Car | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Bicycle | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Don't worry if you make a mistake; simply cross out the mistake and tick the correct box.

When you have completed it, please return the questionnaire to the interviewer (or in the envelope provided if sent to you in the post).

This questionnaire is about **you**. Please answer about **yourself** and **your health** only.

HEALTH SERVICE USE

- 1a** During the **2 weeks ending yesterday**, did you talk to a family doctor (GP) about your own health either in **person** or by **telephone**?

Tick one only

Yes 1 → **Go to 1b**

2051

No 2 → **Go to 2a**

- 1b** How many times did you talk to a family doctor (GP) about your own health in these **2 weeks**?

Please write in number

2052-
053

| | |
|--|--|
| | |
|--|--|

- 1c** As a result of speaking to a family doctor (GP) about your own health in these **2 weeks**, did they give (send) you a prescription?

Tick one only

Yes 1

2054

No 2

- 2a** During the **2 weeks ending yesterday**, did you see a practice nurse or other nurse at the GP surgery about your own health?

Tick one only

Yes 1 → **Go to 2b**

2055

No 2 → **Go to 3a**

- 2b** How many times did you see a practice nurse or other nurse at the GP surgery about your own health in these **2 weeks**?

Please write in number

2056-
057

| | |
|--|--|
| | |
|--|--|

- 3a** During the **last 12 months**, did you attend the **Casualty/A&E** department of a hospital as a patient?

Tick one only

Yes 1 → **Go to 3b**

2058

No 2 → **Go to 4a**

- 3b** How many times did you go to **Casualty/A&E** altogether in the **last 12 months**?

Please write in number

2059-
060

- 4a** During the **last 12 months**, did you attend the **outpatient** department of a hospital as a patient (apart from straightforward ante- or post-natal visits)?

Tick one only

Yes 1 → **Go to 4b**

2061

No 2 → **Go to 5a**

- 4b** Did you have any **outpatient** visits in the **last 12 months** that were paid for privately?

Tick one only

Yes, at least one paid for privately 1

2062

No, all visits under the NHS 2

- 5a** During the **last 12 months**, have you been in hospital for treatment as a **day patient**, that is admitted to a hospital bed or day ward, but not required to remain overnight?

Tick one only

Yes 1 → **Go to 5b**

2063

No 2 → **Go to 6a**

- 5b** Did you have any **day patient** treatments in the **last 12 months** that were paid for privately?

Tick one only

Yes, at least one paid for privately 1

2064

No, all treatments under the NHS 2

- 6a** During the **last 12 months**, have you stayed in hospital as an **inpatient**, overnight or longer?

Tick one only

Yes 1 → **Go to 6b**

2065

No 2 → **Go to 7a**

- 6b** Did you have any **inpatient** stays in the **last 12 months** that were paid for privately?

Tick one only

Yes, at least one paid for privately 1

2066

No, all stays under the NHS 2

Spare
2067-
77

- 7a** Which of the following services have **you** used for **yourself** in the **last 12 months**, either under the NHS or privately?

Please exclude waiting for an appointment

| | Did not use | Tick one box on each row | | | 2078 |
|------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|------|
| | | NHS treatment only | Private treatment only | Both NHS and private treatment | |
| Dentist | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 2078 |
| Chiropodist | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 2079 |
| Physiotherapist | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 2080 |
| Osteopath/chiropractor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 2081 |

- 7b** During the **last 12 months**, have **you** used any of these services for **yourself**?

Tick one box on each row

| | Yes | No | |
|---|----------------------------|----------------------------|------|
| Optician | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2082 |
| Health Visitor, District Nurse or other community nurse | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2083 |
| GP out of hours services | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2084 |
| NHS Direct (National NHS telephone helpline) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2085 |
| Pharmacist <i>including local pharmacists and those in large stores and supermarkets (eg picked up prescribed medicine, asked for advice, bought medicines kept behind the counter)</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2086 |

- 7c** In general, which of the following do you go to the dentist for?

Tick one only

A regular check up (i.e. at least once a year) 1

An occasional check up or when I am having trouble with my teeth 2

I don't ever go to the dentist 3

- 8** Have you had a flu jab in the **last 12 months**?

Tick one only

Yes 1

No 2

MEDICINES

By medicines we mean anything you take or that you put on your skin, such as tablets, powders, creams, sprays and drops, to treat a medical condition. Include conventional and other medicines.

- 9a** During the **past 4 weeks** have you bought any medicine?
(Don't count anything that you got with a prescription)

Tick one only

Yes 1 → **Go to 9b**

2092

No 2 → **Go to 9c**

- 9b** If you have bought medicines in the **past 4 weeks**, which of these kinds did you buy?

Tick all that apply

- Conventional medicines, eg aspirin, eye-drops, antacids, cough medicine 1
Herbal 2
Homeopathic 3
Mineral or vitamin supplements 4

2093-096

- 9c** Are you on any **regular** medication prescribed by a doctor?
(Regular means for a year or more)

Tick one only

Yes 1

2097

No 2

ILLNESSES AND OTHER HEALTH PROBLEMS

- 10a** Have you **ever** been treated for any of these?

Tick one box on each row

| | Yes | No | |
|--------------|----------------------------|----------------------------|------|
| Heart attack | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2098 |
| Stroke | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2099 |
| Cancer | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2100 |

10b Are you **currently** being treated for any of these?

Tick one box on each row

| | Yes | No | |
|--|----------------------------|---------------------------------------|------|
| Angina | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2101 |
| Heart failure | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2102 |
| High blood pressure (or hypertension) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2103 |
| Another heart condition | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2104 |
| Asthma | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2105 |
| Emphysema | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2106 |
| Pleurisy | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | 2107 |
| Spells of bronchitis that have lasted over 3 years | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2108 |
| Another respiratory illness | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | 2109 |

10c Are you **currently** being treated for any of these?

Tick one box on each row

| | Yes | No | |
|------------------------|----------------------------|----------------------------|------|
| Depression | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2110 |
| Anxiety | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2111 |
| Another mental illness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2112 |
| Arthritis | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2113 |
| Back pain | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2114 |
| Epilepsy or fits | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2115 |
| Varicose veins | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2116 |

10d Are you **currently** being treated for diabetes?

Tick one only

Yes 1 → **Go to 10e**

No 2 → **Go to 11a**

10e How is your diabetes controlled?

Spare
2118-
120

Tick all that apply

| | | |
|-----------|----------------------------|-------|
| Injection | <input type="checkbox"/> 1 | 2121- |
| Tablets | <input type="checkbox"/> 2 | 123 |
| Diet | <input type="checkbox"/> 3 | |

- 11a** Are you **currently** being treated for any other chronic or long-term illness **not listed** in questions 10b – 10d?

Tick one only

Yes 1 → **Go to 11b**

2124

No 2 → **Go to 12a**

- 11b** Please specify the **main** illness below. **Please write in only one illness.**

2125

2126-

129

Spare

2130-

134

- 12a** Have you had any accident, injury or poisoning needing hospital treatment or a visit to Casualty/A&E in the **last 3 months**?

Tick one only

Yes 1 → **Go to 12b**

2135

No 2 → **Go to 13a**

- 12b** What was the accident, injury or poisoning?

Tick all that apply

Break or fracture 1

2136-

141

Poisoning 2

Head injury with concussion 3

Cut or puncture 4

Burn 5

Another kind of injury 6

- 12c** Where did the **most recent** accident, injury or poisoning take place?

Tick one only

In the home 1

2142

In traffic 2

At work or in school 3

Somewhere else 4

- 13a** Have you had a stomach upset with diarrhoea in the **last 3 months**, which you think was due to something you ate?

Tick all that apply

No 1 → **Go to 14**

2143-

145

Yes, in this country 2 → **Go to 13b**

Yes, abroad 3 → **Go to 13b**

13b If yes, did you see a doctor about it?

Tick one only

Yes 1

2146

No 2

14 Is your eyesight good enough to see the face of someone across a room?
(With glasses or contact lenses if you usually wear them)

Tick one only

Yes 1

2147

Yes, with difficulty 2

No 3

15a Do you have any difficulty with your hearing?
(Without a hearing aid if you usually wear one)

Tick one only

Yes 1 → Go to 15b

2148

No 2 → Go to 16

15b Do you usually wear a hearing aid?

Tick one only

Yes, most of the time 1 → Go to 15c

2149

Yes, some of the time 2 → Go to 15c

No, but have tried one 3 → Go to 16

No, never 4 → Go to 16

15c If you usually wear a hearing aid, do you have any difficulty with your hearing while wearing the aid?

Tick one only

Yes 1

2150

No 2

16 How many of your own natural teeth do you have?
(Filled and capped teeth count as your own, false teeth and dentures don't)

Tick one only

I have 21 or more of my own teeth 1

2151

I have less than 21 of my own teeth OR
mainly false teeth or dentures 2

UNTREATED PROBLEMS OR SYMPTOMS

We would now like to ask you about problems that may have troubled you which you have **not** been to see a doctor or nurse about.

17a In the **last 12 months** have you had any of the following and **not** been to see a doctor or nurse about them?

Please also include problems or symptoms you have had for longer if they troubled you in the last year.

Tick all that apply

- | | | |
|--|---|-------------|
| Backache | <input type="checkbox"/> 01 | 2152- 75 |
| Joint pain, muscle pain or stiffness | <input type="checkbox"/> 02 | |
| Troublesome varicose veins | <input type="checkbox"/> 03 | |
| Shortness of breath, tight chest or wheezing | <input type="checkbox"/> 04 | |
| Chest pain | <input type="checkbox"/> 05 | |
| Dizziness, giddiness or fainting | <input type="checkbox"/> 06 | |
| Loss of appetite or unexplained weight-loss | <input checked="" type="checkbox"/> 07 | |
| Lumps in breast, armpit or groin | <input type="checkbox"/> 08 | |
| Sudden loss of hearing or vision | <input type="checkbox"/> 09 | |
| An injury that limited your activities in some way | <input type="checkbox"/> 10 | |
| Feeling depressed or anxious | <input type="checkbox"/> 11 | |
| None of these | <input type="checkbox"/> 12 → Go to 18 | |

Go to 17b

17b Why have you **not** been to see a doctor or nurse about your symptoms in the last 12 months?

Tick all that apply

- | | | |
|---|-----------------------------|-------|
| I feel nervous or uncomfortable going to the doctor or hospital | <input type="checkbox"/> 01 | 2176- |
| I did not think my symptoms seemed serious enough | <input type="checkbox"/> 02 | 91 |
| My symptoms went away by themselves | <input type="checkbox"/> 03 | |
| It is difficult to see a doctor/ It would have taken too long | <input type="checkbox"/> 04 | |
| I have learnt to live with my symptoms/ I put up with my symptoms | <input type="checkbox"/> 05 | |
| I have seen someone else about my symptoms in the last 12 months | <input type="checkbox"/> 06 | |
| I have seen a doctor about these symptoms more than 12 months ago | <input type="checkbox"/> 07 | |
| Other reasons | <input type="checkbox"/> 08 | |

YOUR HEALTH AND WELL-BEING

Questions 18 -28 are from SF-36v2® Health Survey © 1996, 2000 by QualityMetric Incorporated – All Rights reserved SF-36v2® is a trademark of QualityMetric Incorporated.

These questions ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. For each of the following questions, please tick the one box that best describes your answer.

18 In general, would you say your health is ... ?

| | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Tick one only | | | | |
| Excellent | Very Good | Good | Fair | Poor |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

2192

19 Compared to one year ago, how would you rate your health in general now?

| | | | | |
|---------------------------------------|----------------------------|--|--|--|
| Tick one only | | | | |
| Much better now than one year ago | <input type="checkbox"/> 1 | | | |
| Somewhat better now than one year ago | <input type="checkbox"/> 2 | | | |
| About the same as one year ago | <input type="checkbox"/> 3 | | | |
| Somewhat worse now than one year ago | <input type="checkbox"/> 4 | | | |
| Much worse now than one year ago | <input type="checkbox"/> 5 | | | |

2193

20 The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

| Tick one box on each row | | | |
|--|-----------------------------------|--------------------------------------|---------------------------------------|
| | Yes, limited a lot | Yes, limited a little | No, not limited at all |
| a Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c Lifting or carrying groceries | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d Climbing several flights of stairs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e Climbing one flight of stairs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f Bending, kneeling, or stooping | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g Walking more than a mile | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| h Walking several hundred yards | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| i Walking one hundred yards | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| j Bathing or dressing yourself | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

2194 2195 2196 2197 2198 2199 2200 2201 2202 2203

- 21** During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

| | Tick one box on each row | | | | |
|---|---------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
| a Cut down on the amount of time you spent on work or other activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b Accomplished less than you would like | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c Were limited in the kind of work or other activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d Had difficulty performing the work or other activities (for example, it took extra effort) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

- 22** During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

| | Tick one box on each row | | | | |
|---|---------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
| a Cut down on the amount of time you spent on work or other activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b Accomplished less than you would like | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c Did work or other activities less carefully than usual | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

- 23** During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

| | Tick one only | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Not at all | Slightly | Moderately | Quite a bit | Extremely |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

- 24** How much **bodily** pain have you had during the **past 4 weeks**?

| | Tick one only | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | None | Very Mild | Mild | Moderate | Severe | Very Severe |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

- 25** During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

| Tick one only | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Not at all | A little bit | Moderately | Quite a bit | Extremely |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

2213

- 26** These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks** ...

| | | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|----------|---|---------------------------------------|---------------------------------------|---------------------------------------|-----------------------------|----------------------------|
| a | Did you feel full of life? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b | Have you been very nervous? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c | Have you felt so down in the dumps that nothing could cheer you up? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d | Have you felt calm and peaceful? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e | Did you have a lot of energy? | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f | Have you felt downhearted and low? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| g | Did you feel worn out? | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| h | Have you been happy? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| i | Did you feel tired? | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

- 27** During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc.)?

| Tick one only | | | | |
|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|
| All of the time | Most of the time | Some of the time | A little of the time | None of the time |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

2223

- 28** How TRUE or FALSE is **each** of the following statements for you?

| Tick one box on each row | | | | | | |
|---------------------------------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | | Definitely true | Mostly true | Don't know | Mostly false | Definitely false |
| a | I seem to get ill more easily than other people | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b | I am as healthy as anybody I know | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c | I expect my health to get worse | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d | My health is excellent | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

2224

2225

2226

2227

29a Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Include problems related to old age.)

Tick one only

Yes, limited a lot 1 → **Go to 29b**

2228

Yes, limited a little 2 → **Go to 29b**

No 3 → **Go to 30**

29b What is the **main** health problem or disability you have that limits your day-to-day activities?
Please write in one condition only, that is the one that limits your activities the most.

| |
|------------------|
| 2229 |
| 35 |
| Spare 2236-99 |

SMOKING

30 Which one of these best describes you?

Tick one only

I smoke daily 1 → **Go to 31**

2300

I smoke occasionally but not every day 2 → **Go to 31**

I used to smoke daily but do not smoke at all now 3 → **Go to 36**

I used to smoke occasionally but do not smoke at all now 4 → **Go to 36**

I have never smoked 5 → **Go to 37**

31 During the **7 days ending yesterday**, did you smoke in any of these places?

Tick one box on each row

| | | Yes | No/Does not apply | |
|-----------------|--------------------------|----------------------------|----------------------------|--------------------------|
| Outdoors | Outside at home | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2301 |
| | Other places outdoors | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2302 |
| Indoors | In own home | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2303 |
| | In other people's homes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2304 |
| | Whilst travelling by car | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2305 |
| | Other places indoors | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2306 Spare 2307-09 |

32 Have you tried to give up smoking in the **last 12 months**?

Tick one only

Yes 1

2310

No 2

33 Compared with **this time last year**, do you...?

Tick one only

Smoke more now 1

2311

Smoke about the same now 2

Smoke less now 3

34 Would you like to give up smoking altogether?

Tick one only

Yes 1 → **Go to 35**

2312

No 2 → **Go to 37**

35 What are your main reasons for wanting to give up?

Tick all that apply

Because of a health problem I have at present 01 → **Go to 37**

2313-
28

Better for my health in general 02 → **Go to 37**

Less risk of getting smoking related illnesses 03 → **Go to 37**

Family/friends want me to stop 04 → **Go to 37**

Financial reasons 05 → **Go to 37**

Worried about the effect on my children 06 → **Go to 37**

Because of the smoking ban 07 → **Go to 37**

Other reasons 08 → **Go to 37**

36 How long ago did you stop smoking?

Tick one only

Less than 1 month ago 1

2329

1 month to 1 year ago 2

More than 1 year ago 3

37 Have you ever used an electronic cigarette?

Tick one only

Yes 1 → **Go to 38**

2330

No 2 → **Go to 39**

38 Do you use an e-cigarette at all nowadays?

Tick one only

Yes 1

2331

No 2

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

Tick one box on each row

| | | Yes | No/Does not apply | |
|-----------------|--------------------------|----------------------------|---------------------------------------|----------------------|
| Outdoors | Outside at home | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 2332 |
| | Other places outdoors | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | 2333 |
| Indoors | In own home | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | 2334 |
| | In other people's homes | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | 2335 |
| | Whilst travelling by car | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | 2336 |
| | Other places indoors | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | 2337 |
| | | | | Spare 2338- 49 |

ALCOHOL

40 How often have you had an alcoholic drink of any kind during the **last 12 months**?

Tick one only

| | | | |
|--------------------------------------|-----------------------------|------------|-------------|
| Almost every day | <input type="checkbox"/> 01 | → Go to 42 | 2350- 51 |
| Five or six days a week | <input type="checkbox"/> 02 | → Go to 42 | |
| Three or four days a week | <input type="checkbox"/> 03 | → Go to 42 | |
| Once or twice a week | <input type="checkbox"/> 04 | → Go to 42 | |
| Once or twice a month | <input type="checkbox"/> 05 | → Go to 42 | |
| Once every couple of months | <input type="checkbox"/> 06 | → Go to 42 | |
| Once or twice a year | <input type="checkbox"/> 07 | → Go to 42 | |
| Not at all in the last twelve months | <input type="checkbox"/> 08 | → Go to 41 | |

41 Have you always been a non-drinker, or did you stop drinking for some reason?

Tick one only

Always a non-drinker 1 → Go to 44a

2352

Used to drink but stopped 2 → Go to 44a

42 Did you have an alcoholic drink of any kind in the **last 7 days**?

Tick one only

Yes 1 → Go to 43a

2353

No 2 → Go to 44a

43a Please think about **the day in the last week on which you drank the most alcohol**.

Please write in day

2354-
55

43b Write in how much of each type of alcohol you drank **on that day**.

Write in how much you drank
(use any of the measures below)

| Pints | Large cans or bottles | Small cans or bottles |
|----------------------|-----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Normal strength beer, lager, stout, cider or shandy
(less than 6% alcohol). Exclude bottles/cans of shandy
You can include half pints under pints, eg "1½"

2356-
62

| Pints | Large cans or bottles | Small cans or bottles |
|----------------------|-----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Strong beer, lager, stout or cider
(6% alcohol or more), such as Tennants Super,
Special Brew, Diamond White
You can include half pints under pints, eg "1½"

2363-
69

Wine, including champagne and Babycham
You can write in parts of a bottle, eg "1½"

| Large glasses (250ml) | Standard glasses (175ml) | Small glasses (125ml) | Bottles (750ml) |
|-----------------------|--------------------------|-----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

2370-
78

Spirits or liqueurs, such as gin, whisky, rum,
brandy, vodka, tequila, Baileys, Archers

Measures or shots
(count doubles as 2 singles)

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

2379-
80

Fortified wines, such as sherry, port,
vermouth, Martini, Cinzano, Dubonnet

Small glasses
(count doubles as 2 singles)

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

2381-
82

Alcopops (alcoholic soft drink), such as WKD,
Bacardi Breezer, Smirnoff Ice, Archers Aqua, Reef

Small cans or bottles

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

2383-
84

Other kinds of alcoholic drink
Write in name of drink

Glasses
(count doubles as 2 singles)

| Pints | Large cans or bottles | Small cans or bottles |
|----------------------|-----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

2385-
94

1

2

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

2395-
404

Spare
2405-
20

FRUIT AND VEGETABLES

Note: A tablespoon is a size bigger than a spoon you would use to eat soup or breakfast cereal

- 44a** Using the measures below, how much of the following did you eat **yesterday?**
Please read through the whole list before answering

| | | Write in number (or "0" if none eaten) | |
|--|--|--|-------------------------------|
| Small bowlfuls of salad | | <input type="text"/> <input type="text"/> | small bowlfuls 2421- 22 |
| Tablespoons of potatoes <i>Include potatoes in other dishes</i> | | <input type="text"/> <input type="text"/> | tablespoons 2423- 24 |
| Tablespoons of other vegetables (raw, cooked, frozen or tinned) | | <input checked="" type="text"/> <input type="text"/> | tablespoons 2425- 26 |
| Tablespoons of pulses such as baked beans, red kidney beans, lentils, chickpeas, daal | | <input type="text"/> <input type="text"/> | tablespoons 2427- 28 |
| Tablespoons of vegetables or pulses in other dishes made mainly from vegetables or pulses <i>Do not include potatoes</i> | | <input type="text"/> <input type="text"/> | tablespoons 2429- 30 |
| If no vegetables eaten yesterday , please tick | | <input type="checkbox"/> | 2431 |

- 44b** Using the measures below, how much of the following did you eat **yesterday?**
Please read through the whole list before answering

| | | Write in number (or "0" if none eaten) | |
|--|--|---|------------------------------|
| Average handfuls of very small fresh fruit , such as grapes, berries | | <input type="text"/> <input type="text"/> | handfuls 2432- 33 |
| Small fruit , such as plums, satsumas | | <input type="text"/> <input type="text"/> | whole fruit 2434- 35 |
| Medium fruit , such as apples, bananas, oranges | | <input type="text"/> <input type="text"/> | whole fruit 2436- 37 |
| Half (1/2) large fruit , such as grapefruit | | <input type="text"/> <input type="text"/> | half fruit 2438- 39 |
| Average slices of a very large fruit , such as melon | | <input type="text"/> <input type="text"/> | slices 2440- 41 |
| Tablespoons of frozen or tinned fruit | | <input type="text"/> <input type="text"/> | tablespoons 2442- 43 |
| Average handfuls of dried fruit , such as raisins, apricots | | <input type="text"/> <input type="text"/> | handfuls 2444- 45 |
| Tablespoons of fruit in other dishes made mainly from fruit such as fruit salad or fruit pies | | <input type="text"/> <input type="text"/> | tablespoons 2446- 47 |
| Small glasses of fruit juice | | <input type="text"/> <input type="text"/> | small glasses 2448- 49 |
| If no fruit eaten yesterday , please tick | | <input type="checkbox"/> | 2450 Spare 2451- 92 |

EXERCISE

- 45 Think about the time you spent **walking** in the **last 7 days**.

This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

Tick all days that apply

During the **last 7 days**,
on which days did you **walk** for
at least 10 minutes at a time?

Mon Tue Wed Thu Fri Sat Sun

01 02 03 04 05 06 07 2493-
2506
→ Go to 46

If no walking in the **last 7 days**, please tick

08 → Go to 49

- 46 How much time did you usually spend walking on **one** of these days?

Please answer in hours and minutes.
For example if you walked for 90 minutes
that would be 1 hour and 30 minutes.

Hours

Minutes

2507-
2510

- 47 Which of the following best describes your **usual** walking pace?

Tick one only

2511

Slow pace 1

Average pace 2

Fairly brisk pace 3

Fast pace – at least 4 miles per hour 4

- 48 During the **last 7 days** was the effort of walking for 10 minutes or more usually enough to make you breathe faster, feel warmer or sweat?.

Tick one only

2512

Yes 1

No 2

- 49 Think about the **moderate** physical activity you did in the **last 7 days**.

Moderate activity takes some effort and can make you breathe **somewhat harder** than normal. Examples include digging in the garden, spring cleaning or other heavy housework, gentle swimming or cycling. Do **not** include walking.

Think **only** about those physical activities that you did **for at least 10 minutes at a time**

Tick all days that apply

During the **last 7 days**,
on which days did you do
moderate activity?

Mon Tue Wed Thu Fri Sat Sun

01 02 03 04 05 06 07
→ Go to 50

2513-
2526

If no moderate activity in the last 7 days, please tick 08 → Go to 51

- 50** How much time did you usually spend doing moderate activity on **one** of these days?

Please answer in hours and minutes.

For example if you did something for 90 minutes that would be 1 hour and 30 minutes.

| | |
|----------------------|----------------------|
| Hours | Minutes |
| <input type="text"/> | <input type="text"/> |

2527-
2530

- 51** Think about the **vigorous** physical activity you did in the **last 7 days**.

Vigorous activity takes hard physical effort and can make you breathe **much harder** than normal. Examples include running, fast cycling, a workout at the gym that makes you out of breath or sweaty.

Think **only** about those physical activities that you did **for at least 10 minutes at a time**

Tick all days that apply

During the **last 7 days**,
on which days did you do
vigorous activity?

Mon Tue Wed Thu Fri Sat Sun

| | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|--|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input checked="" type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 |
|-----------------------------|-----------------------------|-----------------------------|--|-----------------------------|-----------------------------|-----------------------------|

2531-
2544

→ Go to 52

If no vigorous activity in the last 7 days, please tick 08 → Go to 53

- 52** How much time did you usually spend doing vigorous activity on **one** of these days?

Please answer in hours and minutes.

For example if you did something for 90 minutes that would be 1 hour and 30 minutes.

| | |
|----------------------|----------------------|
| Hours | Minutes |
| <input type="text"/> | <input type="text"/> |

2545-
2548

- 53** Think about the time you spent **sitting** on **weekdays** during the **last 7 days**.

Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the **last 7 days**, how much time did you spend sitting on an **average weekday**?

Please answer in hours and minutes. For example if you spent 90 minutes sitting that would be 1 hour and 30 minutes

| | |
|----------------------|----------------------|
| Hours | Minutes |
| <input type="text"/> | <input type="text"/> |

2549-
2552

- 54** Think about the time you spent **sitting** on a **weekend** during the **last 7 days**.

Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

That weekend, how much time did you spend sitting on an **average weekend day**?

Please answer in hours and minutes. For example if you spent 90 minutes sitting that would be 1 hour and 30 minutes

| | |
|----------------------|----------------------|
| Hours | Minutes |
| <input type="text"/> | <input type="text"/> |

2553-
2556
Spare
2557-
59

CARERS

- 55** Do you look after, or give any help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age? ***Do not count anything you do as part of your paid employment***

Tick time spent in a typical week

| | | | |
|-------------------------|--------------------------|---|------|
| No | <input type="checkbox"/> | 1 | 2560 |
| Yes, 1-19 hours a week | <input type="checkbox"/> | 2 | |
| Yes, 20-49 hours a week | <input type="checkbox"/> | 3 | |
| Yes, 50+ hours a week | <input type="checkbox"/> | 4 | |

WELLBEING

The next 4 questions are about your feelings on aspects of your life.

- 56** Overall, how satisfied are you with your life nowadays?

2561-
2562

Please give your answer on a scale of 0 to 10, where 0 is ‘not at all satisfied’ and 10 is completely satisfied’.

- 57** Overall, to what extent do you feel that the things you do in your life are worthwhile?

2563-
2564

Please give your answer on a scale of 0 to 10, where 0 is ‘not at all worthwhile’ and 10 is ‘completely worthwhile’.

Tick one only

Not at all worthwhile Completely worthwhile

0 1 2 3 4 5 6 7 8 9 10

- 58** Overall, how happy did you feel yesterday?

2565-
2566

Please give your answer on a scale of 0 to 10, where 0 is ‘not at all happy’ and 10 is ‘completely happy’.

- 59** On a scale where 0 is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?

2567-

| How anxious do you feel? | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Tick one only | | | | | | | | | | |
| Not at all anxious | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> |
| Completely anxious | | | | | | | | | | |

ABOUT YOU

60 Are you....?

Male 1

Female 2

2569

61 How old were you on your last birthday?

Please write in whole years

Age years

2570-
2572

62 Women only: Are you currently pregnant?

Tick one only

Yes 1

2573

No 2

63 How tall are you?

feet

inches

centimetres

2574

2575-
2576

2577-
2579

OR

64 How much do you weigh?

stone

pounds

kilograms

2580-
2581

2582-
2583

2584-
2586

OR

65a How would you describe your national identity?

Tick all that apply

Welsh 1

2587-
92

English 2

Scottish 3

Northern Irish 4

British 5

Other 6

65b What is your ethnic group?

Choose **one** section from A to E, then tick **one** box to best describe your ethnic group or background.

Tick one only

| | | | |
|---|---|--|-------|
| A. White | Welsh/English/Scottish/Northern Irish/British | <input type="checkbox"/> 01 | 2593- |
| | Irish | <input type="checkbox"/> 02 | 2594 |
| | Gypsy or Irish Traveller | <input type="checkbox"/> 03 | |
| | Any other White background | <input type="checkbox"/> 04 | |
| <hr/> | | | |
| B. Mixed/multiple ethnic groups | White and Black Caribbean | <input type="checkbox"/> 05 | |
| | White and Black African | <input type="checkbox"/> 06 | |
| | White and Asian | <input type="checkbox"/> 07 | |
| | Any other Mixed/multiple ethnic background | <input type="checkbox"/> 08 | |
| <hr/> | | | |
| C. Asian/Asian British | Indian | <input type="checkbox"/> 09 | |
| | Pakistani | <input checked="" type="checkbox"/> 10 | |
| | Bangladeshi | <input type="checkbox"/> 11 | |
| | Chinese | <input type="checkbox"/> 12 | |
| | Any other Asian background | <input type="checkbox"/> 13 | |
| <hr/> | | | |
| D. Black/African/Caribbean/Black British | African | <input type="checkbox"/> 14 | |
| | Caribbean | <input type="checkbox"/> 15 | |
| | Any other Black/African/Caribbean background | <input type="checkbox"/> 16 | |
| <hr/> | | | |
| E. Other ethnic group | Arab | <input type="checkbox"/> 17 | |
| | Any other ethnic group | <input type="checkbox"/> 18 | |

66 Which of these descriptions applies to what you were doing **last week**?

Tick first to apply

| | | |
|---|-----------------------------|-------|
| Going to school or college full-time (including on vacation) | <input type="checkbox"/> 01 | 2595- |
| In paid employment or self-employment (or away temporarily) | <input type="checkbox"/> 02 | 2596 |
| On a Government scheme for employment training | <input type="checkbox"/> 03 | |
| Doing unpaid work for a business that you own, or that a relative owns | <input type="checkbox"/> 04 | |
| Waiting to take up paid work already obtained | <input type="checkbox"/> 05 | |
| Looking for paid work or a Government training scheme | <input type="checkbox"/> 06 | |
| Intending to look for work but prevented by temporary sickness or injury (sick or injured for 28 days or less) | <input type="checkbox"/> 07 | |
| Permanently unable to work because of long-term sickness or disability | <input type="checkbox"/> 08 | |
| Retired from paid work | <input type="checkbox"/> 09 | |
| Looking after the home or family | <input type="checkbox"/> 10 | |
| Doing something else | <input type="checkbox"/> 11 | |

- 67** Which of these qualifications do you have?

Tick every box that applies if you have any of the qualifications listed.

If your UK qualification is not listed, tick the box that contains its nearest equivalent.

If you have qualifications gained outside the UK, tick the 'Foreign qualifications' box and the nearest UK equivalents (if known).

Tick all that apply

1-4 O levels/CSEs/GCSEs (any grades), Entry level

01

2597-
2622

NVQ Level 1, Foundation GNVQ, Basic skills

02

5 + O levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C),
School Certificate, 1 A level/2-3 AS levels/VCEs,
Welsh Baccalaureate Intermediate Diploma

03

NVQ Level 2, Intermediate GNVQ, City and Guilds Craft,
BTEC First/General Diploma, RSA Diploma

04

Apprenticeship

05

2+ A levels/VCEs, 4+ AS levels, Higher School Certificate,
Welsh Baccalaureate Advanced Diploma

06

NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft,
ONC, OND, BTEC National, RSA Advanced Diploma

07

Degree (for example BA, BSc), Higher degree (for example MA,
PhD, PGCE)

08

NVQ Levels 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level

09

Professional qualifications (for example teaching, nursing, accountancy)

10

Other vocational/work-related qualifications

11

Foreign qualifications

12

No qualifications

13

- 68** If at some future date we wanted to ask you to take part in a further health-related study, may we contact you to see if you are willing to help again?

Tick one only

Yes 1

2623

No 2

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. Please return the questionnaire
to the interviewer (or in the envelope provided if sent in the post)**

WELSH HEALTH SURVEY 2015

QUESTIONNAIRE FOR PARENTS OF 0-3 YEAR OLDS

About the survey

This important survey collects information about health and health-related factors. Some questions you may have about this survey are answered in the accompanying leaflet. By completing this questionnaire, you are agreeing to the use of your data as explained in the leaflet. If you have other questions, or would like to talk to someone about the study, please contact NHS Direct Wales on 0845 46 47. (A Minicom service is available on 0845 606 46 47.) When you phone, check firstly that you have reached NHS Direct **Wales**, and then ask to speak to someone about the Welsh Health Survey. Or you can visit: <http://www.natcen.ac.uk/study/welsh-health-survey/participants> for more information.

If you would like this questionnaire in Welsh

Please contact NHS Direct Wales on **0845 46 47**.

Os hoffech gael yr holiadur hwn yn Gymraeg
Cysylltwch â Galw Iechyd Cymru ar **0845 46 47**.

Questionnaire to be filled in by parent or guardian

Child's First Name

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

3026-030

Male 1

Female 2

3001-006

3007

3010

3008-009

Serial Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Hhold Number

CKL

Person Number

Date of placement

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Day

Month

Year

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

3019-024

3025

3032

Interviewer I.D. Number

1
Version

1
QV

Card 03
3011-012

To be collected on:

How to complete the questionnaire:

This questionnaire should be completed by the parent or legal guardian of the child named on the front page.

Most of the questions can be answered by putting a tick in the box next to the answer that applies to your child.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow (→) with a note that tells you what question to answer next, like this:

EXAMPLE QUESTIONS (please do not fill in)

E1 Did this child eat breakfast this morning?

Tick one only

Yes

→ Go to E2

No

→ Go to E3

E2 Has this child eaten any of the following things today?

Tick one box on each row

| Yes | No |
|-----|----|
|-----|----|

Bread

Yoghurt

E3 How old was this child when he or she first ate a banana?

Please write in

1

year old

E4 What fruit has this child eaten in the last seven days?

Something else (please specify)

cherries

Don't worry if you make a mistake: simply cross out the mistake and tick the correct box.

When you have completed it, please return the questionnaire to the interviewer (or in the envelope provided if sent to you in the post).

Please answer these questions on behalf of the child named on the front page

ABOUT YOUR CHILD

1 Is this child a boy or a girl?

Tick one only

Boy 1

3033

Girl 2

2a How old is this child?

Please write in

| | |
|--|--|
| | |
|--|--|

Age in months

| | |
|--|--|
| | |
|--|--|

Age in years

3034-35

3036-37

2b What is this child's date of birth?

Please write in

| | |
|--|--|
| | |
|--|--|

Day

| | |
|--|--|
| | |
|--|--|

Month

| | |
|--|--|
| | |
|--|--|

Year

3038-43

3a How would you describe this child's national identity?

Tick all that apply

Welsh 1

3044-49

English 2

Scottish 3

Northern Irish 4

British 5

Other 6

3b What is this child's ethnic group?3050-
51

Choose **one** section from A to E, then tick **one** box to best describe this child's ethnic group or background.

Tick one only

| | | |
|---|---|--|
| A. White | Welsh/English/Scottish/Northern Irish/British | <input type="checkbox"/> 01 |
| | Irish | <input type="checkbox"/> 02 |
| | Gypsy or Irish Traveller | <input type="checkbox"/> 03 |
| | Any other White background | <input type="checkbox"/> 04 |
| B. Mixed/multiple ethnic groups | White and Black Caribbean | <input type="checkbox"/> 05 |
| | White and Black African | <input type="checkbox"/> 06 |
| | White and Asian | <input type="checkbox"/> 07 |
| | Any other Mixed/multiple ethnic background | <input type="checkbox"/> 08 |
| C. Asian/Asian British | Indian | <input type="checkbox"/> 09 |
| | Pakistani | <input type="checkbox"/> 10 |
| | Bangladeshi | <input checked="" type="checkbox"/> 11 |
| | Chinese | <input type="checkbox"/> 12 |
| | Any other Asian background | <input type="checkbox"/> 13 |
| D. Black/African/Caribbean/Black British | African | <input type="checkbox"/> 14 |
| | Caribbean | <input type="checkbox"/> 15 |
| | Any other Black/African/Caribbean background | <input type="checkbox"/> 16 |
| E. Other ethnic group | Arab | <input type="checkbox"/> 17 |
| | Any other ethnic group | <input type="checkbox"/> 18 |

Spare
3052-
56

GENERAL HEALTH AND WELL-BEING

4a How is this child's health in general? Would you say it was...

Tick one only

Very good 1 3057

Good 2

Fair 3

Bad 4

Very bad 5

4b Are this child's day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Tick one only

Yes, limited a lot 1 3058

Yes, limited a little 2

No 3

GP SERVICES

5a In the **last 2 weeks** did you, any other member of your household, or this child talk to a family doctor (GP) about **this child's health** either in person or by telephone?

Tick one only

Yes 1 → Go to 5b 3059

No 2 → Go to 6

5b How many times did you, any other member of your household, or this child talk to a family doctor (GP) about **this child's health** in these **2 weeks**?

Please write in number

| | | |
|--|--|--|
| | | |
|--|--|--|

3060-
062

5c As a result of speaking to a family doctor (GP) about **this child's health** in these **2 weeks**, did they give (send) your child a prescription?

Tick one only

Yes 1 3063

No 2

The following questions are about this child's use of health services in the last 12 months.
Please include occasions when **the child** has used the service, and also when you, or another member of your household, have used the service **on the child's behalf**.

HOSPITAL SERVICES

- 6 Has this child used any of the following hospital services in the **last 12 months**?

Please exclude waiting for an appointment

| | Tick one box on each row | | |
|--|----------------------------|----------------------------|------|
| | Yes | No | |
| Accident & Emergency (A&E) / Hospital casualty department | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3064 |
| Hospital inpatient (ie admitted to hospital and required to stay overnight or longer) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3065 |
| Hospital day patient (ie admitted to a hospital bed or day ward for treatment or care, but not required to stay overnight) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3066 |
| Hospital outpatient (ie attended an appointment for a consultation or examination, usually at an outpatient department) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3067 |

OTHER SERVICES

- 7 Has this child used any of the following other services in the **last 12 months**?

Please exclude waiting for an appointment

| | Tick one box on each row | | |
|---|----------------------------|----------------------------|-------------------------|
| | Yes | No | |
| Dentist (family, local, community, or other dentist) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3068 |
| Health visitor, district nurse, other community nurse | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3069 (spare 3070) |
| Practice nurse (at the GP surgery) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3071 |
| Optician | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3072 |

8 Has this child used any of the following other services in the **last 12 months**?

Tick one box on each row

Yes No

Speech therapist 1 2 3073

GP out of hours services 1 2 3074

NHS Direct (National NHS telephone helpline) 1 2 3075

Pharmacist *including local pharmacist and those in large stores and supermarkets* (eg picked up prescribed medicine, asked for advice, bought medicines kept behind the counter)

1 2

3076
(Spare
3077-
078)

ACCIDENTS

9a Has this child had any accident, injury or poisoning needing hospital treatment or a visit to Casualty/A&E in the **last 3 months**?

Tick one only

Yes 1 → **Go to 9b** 3079

No 2 → **Go to 10a**

9b What was the accident, injury or poisoning?

Tick all that apply

Break or fracture 1 3080-
085

Poisoning 2

Head injury with concussion 3

Cut or puncture 4

Burn 5

Another kind of injury 6

9c Where did the **most recent** accident, injury or poisoning take place?

Tick one only

In the home 1 3086

In traffic 2

At nursery school 3

Somewhere else (please specify)

4
(Spare
3087-
099)

ILLNESSES AND OTHER HEALTH PROBLEMS

10a Does this child have any long-standing illness, disability or health problem?
That is, anything this child has had for some time.

Tick one only

Yes 1 → **Go to 10b**

3100

No 2 → **Go to 11a**

10b What is the matter with this child?
You can record up to **six** different health problems.

- Health problem 1
- Health problem 2
- Health problem 3
- Health problem 4
- Health problem 5
- Health problem 6

| | |
|------------------|----------|
| Health problem 1 | 3101-103 |
| Health problem 2 | 3104-106 |
| Health problem 3 | 3107-109 |
| Health problem 4 | 3110-112 |
| Health problem 5 | 3113-115 |
| Health problem 6 | 3116-118 |

10c Do any of these long-term illnesses, health problems or disabilities limit their daily activities?

Tick one only

Yes 1 → **Go to 10d**

3119

No 2 → **Go to 11a**

10d Which of these long-term illnesses, health problems or disabilities limits their daily activities? You can record up to **three**.

- Health problem 1
- Health problem 2
- Health problem 3

| | |
|------------------|----------|
| Health problem 1 | 3120-122 |
| Health problem 2 | 3123-125 |
| Health problem 3 | 3126-128 |

11a Is this child **currently** being treated, by a doctor, consultant or specialist, for any of these?

Tick one box on each row

| | Yes | No | |
|--|----------------------------|---------------------------------------|------|
| Asthma | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3129 |
| Other breathing problems (including wheezing) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3130 |
| Skin complaints | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3131 |
| Ear complaints (including poor hearing, deafness) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3132 |
| Eye complaints (including cataract, poor eyesight, blindness). <i>Tick 'yes' if your child wears glasses or contact lenses to correct vision</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3133 |
| Problems with bones, joints, muscles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3134 |
| Anxiety, depression or mental illness | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | 3135 |

11b Is this child **currently** being treated, by a doctor, consultant or specialist, for any other chronic or long-term illness **not listed** in 11a?

Tick one only

- Yes 1 → **Go to 11c**
No 2 → **Go to 12a**

11c Please specify the **main** illness below. Please write in only **one** illness.

3137

| | |
|--|---------------------------------|
| | 3138-139 (Spare 3140-150) |
|--|---------------------------------|

12a In the **last 2 weeks** did this child have to cut down on any of the things he/she **usually** does at home or nursery because of illness or injury?

Tick one only

- Yes 1 → **Go to 12b**
No 2 → **Go to 13a**

12b How many days was this in all during these **2 weeks**, including Saturdays and Sundays?

Please write in number

| | | |
|--|--|------|
| | | days |
|--|--|------|

3152-153

INFANT FEEDING

13a Did you/the child's mother ever try to breastfeed this child?

Tick one only

No 1 → **Go to 13d**

3154

Yes, within one hour of birth 2 → **Go to 13b**

Yes, more than one hour after birth 3 → **Go to 13b**

13b How old was this child when he or she **last** had breast milk?

Tick one only

Child still breastfeeding 01

3155-
156

Never took breast milk 02

Less than one day 03

One day or more, but less than one week 04

One week or more, but less than one month 05

One month or more, but less than four months 06

Four months or more, but less than six months 07

Six months or more 08

13c How old was this child when he or she **first** had milk other than breast milk, from a bottle or a cup? (eg formula milk, cow's milk, soya milk)

Tick one only

Has not had 01

3157-
158

Less than one day 02

One day or more, but less than one week 03

One week or more, but less than one month 04

One month or more, but less than four months 05

Four months or more, but less than six months 06

Six months or more 07

13d How old was this child when he or she **first** had any food apart from milk?
(eg cereal, rusk, baby rice or any other kind of solid food)

Tick one only

- | | |
|---|-----------------------------|
| Has not had | <input type="checkbox"/> 01 |
| Less than one day | <input type="checkbox"/> 02 |
| One day or more, but less than one week | <input type="checkbox"/> 03 |
| One week or more, but less than one month | <input type="checkbox"/> 04 |
| One month or more, but less than four months | <input type="checkbox"/> 05 |
| Four months or more, but less than six months | <input type="checkbox"/> 06 |
| Six months or more | <input type="checkbox"/> 07 |

3159-
160

14 Are you this child's...?

(Spare
3161-
202)

Tick one only

- | | | |
|-------------|-------------------------------------|---|
| Mother | <input checked="" type="checkbox"/> | 1 |
| Father | <input type="checkbox"/> | 2 |
| Step-mother | <input type="checkbox"/> | 3 |
| Step-father | <input type="checkbox"/> | 4 |

3203

(Spare
3204-
207)

Or someone else (please specify)

3208-
209

15 If at some future date we wanted to ask you to take part in a further study relating to this child's health, may we contact you to see if you are willing to help again?

Tick one only

- Yes 1
No 2

3210

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

**Please return the questionnaire to the interviewer
(or in the envelope provided if sent in the post)**

SAMPLE

CONFIDENTIAL

WELSH HEALTH SURVEY 2015

QUESTIONNAIRE FOR PARENTS OF 4-12 YEAR OLDS

About the survey

This important survey collects information about health and health-related factors. Some questions you may have about this survey are answered in the accompanying leaflet. By completing this questionnaire, you are agreeing to the use of your data as explained in the leaflet. If you have other questions, or would like to talk to someone about the study, please contact NHS Direct Wales on 0845 46 47. (A Minicom service is available on 0845 606 46 47.) When you phone, check firstly that you have reached NHS Direct **Wales**, and then ask to speak to someone about the Welsh Health Survey. Or you can visit:

<http://www.natcen.ac.uk/study/welsh-health-survey/participants> for more information.

If you would like this questionnaire in Welsh

Please contact NHS Direct Wales on **0845 46 47**.

Os hoffech gael yr holiadur hwn yn Gymraeg

Cysylltwch â Galw Iechyd Cymru ar **0845 46 47**.

Questionnaire to be filled in by parent or guardian

Child's First Name

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

3026-030

Male 1 Female 2 3031

3001-006 3007 3010 3008-009

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Hhold Number CKL Person Number

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

3013-018

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

3019-024 3025 3032

1 Version **2** QV

Card 03
3011-012

Serial Number

Date of placement

Interviewer I.D. Number

To be collected on:

How to complete the questionnaire:

This questionnaire should be completed by the parent or legal guardian of the child named on the front page.

Most of the questions can be answered by putting a tick in the box next to the answer that applies to your child.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow (→) with a note that tells you what question to answer next, like this:

EXAMPLE QUESTIONS (please do not fill in)

E1 Did this child eat breakfast this morning?

Tick one only

- | | | |
|-----|-------------------------------------|------------|
| Yes | <input checked="" type="checkbox"/> | → Go to E2 |
| No | <input type="checkbox"/> | → Go to E3 |

E2 Has this child eaten any of the following things today?

Tick one box on each row

- | | |
|-------------------------------------|-------------------------------------|
| Yes | No |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Bread | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Yoghurt | |

E3 How old was this child when he or she first ate a banana?

Please write in

2

years old

E4 What fruit has this child eaten in the last seven days?

Something else (please specify)

cherries

Don't worry if you make a mistake: simply cross out the mistake and tick the correct box.

When you have completed it, please return the questionnaire to the interviewer (or in the envelope provided if sent to you in the post).

Please answer these questions on behalf of the child named on the front page

ABOUT YOUR CHILD

1 Is this child a boy or a girl?

Tick one only

Boy 1

3033

Girl 2

(Spare
3034-
35)

2a How old is this child?

Please write in

| | |
|--|--|
| | |
|--|--|

Age in years

3036-37

2b What is this child's date of birth?

Please write in

| | |
|--|--|
| | |
|--|--|

Day

| | |
|--|--|
| | |
|--|--|

Month

| | |
|--|--|
| | |
|--|--|

Year

3038-43

3a How would you describe this child's national identity?

Tick all that apply

Welsh 1

3044-
49

English 2

Scottish 3

Northern Irish 4

British 5

Other 6

3b What is this child's ethnic group?

3050-
51

Choose **one** section from A to E, then tick **one** box to best describe this child's ethnic group or background.

Tick one only

| | | |
|---|---|--|
| A. White | Welsh/English/Scottish/Northern Irish/British Irish Gypsy or Irish Traveller Any other White background | <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 |
| B. Mixed/multiple ethnic groups | White and Black Caribbean White and Black African White and Asian Any other Mixed/multiple ethnic background | <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 |
| C. Asian/Asian British | Indian Pakistani Bangladeshi Chinese Any other Asian background | <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 |
| D. Black/African/Caribbean/Black British | African Caribbean Any other Black/African/Caribbean background | <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 |
| E. Other ethnic group | Arab Any other ethnic group | <input type="checkbox"/> 17 <input type="checkbox"/> 18 |

Spare-
3052-
56

GENERAL HEALTH AND WELL-BEING

4a How is this child's health in general? Would you say it was...

Tick one only

Very good 1

3057

Good 2

Fair 3

Bad 4

Very bad 5

4b Are this child's day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Tick one only

Yes, limited a lot 1

3058

Yes, limited a little 2

No 3

GP SERVICES

5a In the **last 2 weeks** did you, any other member of your household, or this child talk to a family doctor (GP) about **this child's health** either in person or by telephone?

Tick one only

Yes 1 → **Go to 5b**

3059

No 2 → **Go to 6**

5b How many times did you, any other member of your household, or this child talk to a family doctor (GP) about **this child's health** in these **2 weeks**?

Please write in number

| | | |
|--|--|--|
| | | |
|--|--|--|

3060-
062

5c As a result of speaking to a family doctor (GP) about **this child's health** in these **2 weeks**, did they give (send) your child a prescription?

Tick one only

Yes 1

3063

No 2

The following questions are about this child's use of health services in the last 12 months. Please include occasions when **the child** has used the service, and also when you, or another member of your household, have used the service **on the child's behalf**.

HOSPITAL SERVICES

- 6 Has this child used any of the following hospital services in the **last 12 months**?

Please exclude waiting for an appointment

Tick one box on each row

Yes No

| | | |
|--|---|------|
| Accident & Emergency (A&E) / Hospital casualty department | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3064 |
| Hospital inpatient (ie admitted to hospital and required to stay overnight or longer) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3065 |
| Hospital day patient (ie admitted to a hospital bed or day ward for treatment or care, but not required to stay overnight) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3066 |
| Hospital outpatient (ie attended an appointment for a consultation or examination, usually at an outpatient department) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3067 |

OTHER SERVICES

- 7 Has this child used any of the following other services in the **last 12 months**?

Please exclude waiting for an appointment

Tick one box on each row

Yes No

| | | |
|---|---|------|
| Dentist (family, local, community, school or other dentist) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3068 |
| Orthodontist | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3069 |
| Health visitor, district nurse, other community nurse | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3070 |
| Practice nurse (at the GP surgery) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3071 |
| Optician | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3072 |

- 8** Has this child used any of the following other services in the **last 12 months**?

Tick one box on each row

Yes No

Speech therapist 1 2 3073

GP out of hours services 1 2 3074

NHS Direct (National NHS telephone helpline) 1 2 3075

Pharmacist *including local pharmacist and those in large stores and supermarkets (eg picked up prescribed medicine, asked for advice, bought medicines kept behind the counter)* 1 2 3076

(Spare
3077-
078)

ACCIDENTS

- 9a** Has this child had any accident, injury or poisoning needing hospital treatment or a visit to Casualty/A&E in the **last 3 months**?

Tick one only

Yes 1 → **Go to 9b** 3079

No 2 → **Go to 10a**

- 9b** What was the accident, injury or poisoning?

Tick all that apply

Break or fracture 1 3080-
085

Poisoning 2

Head injury with concussion 3

Cut or puncture 4

Burn 5

Another kind of injury 6

- 9c** Where did the **most recent** accident, injury or poisoning take place?

Tick one only

In the home 1 3086

In traffic 2

At school or work (if applicable, eg paper round) 3

Somewhere else (please specify)

(Spare
3087-
099)

ILLNESSES AND OTHER HEALTH PROBLEMS

10a Does this child have any long-standing illness, disability or health problem?
That is, anything this child has had for some time.

Tick one only

Yes 1 → **Go to 10b**

3100

No 2 → **Go to 11a**

10b What is the matter with this child?
You can record up to **six** different health problems.

- Health problem 1
- Health problem 2
- Health problem 3
- Health problem 4
- Health problem 5
- Health problem 6

| |
|----------|
| 3101-103 |
| 3104-106 |
| 3107-109 |
| 3110-112 |
| 3113-115 |
| 3116-118 |

10c Do any of these long-term illnesses, health problems or disabilities limit their daily activities?

Tick one only

Yes 1 → **Go to 10d**

3119

No 2 → **Go to 11a**

10d Which of these long-term illnesses, health problems or disabilities limits their daily activities? You can record up to **three**.

- Health problem 1
- Health problem 2
- Health problem 3

| |
|----------|
| 3120-122 |
| 3123-125 |
| 3126-128 |

11a Is this child **currently** being treated, by a doctor, consultant or specialist, for any of these?

Tick one box on each row

| | Yes | No | |
|--|----------------------------|----------------------------|------|
| Asthma | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3129 |
| Other breathing problems (including wheezing) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3130 |
| Skin complaints | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3131 |
| Ear complaints (including poor hearing, deafness) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3132 |
| Eye complaints (including cataract, poor eyesight, blindness). <i>Tick 'yes' if your child wears glasses or contact lenses to correct vision</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3133 |
| Problems with bones, joints, muscles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3134 |
| Anxiety, depression or mental illness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3135 |

11b Is this child **currently** being treated, by a doctor, consultant or specialist, for any other chronic or long-term illness **not listed** in 11a?

Tick one only

Yes 1 → **Go to 11c** 3136
No 2 → **Go to 12a**

11c Please specify the **main** illness below. Please write in only **one** illness.

3137

3138-
139

(Spare
3140-
150)

12a In the **last 2 weeks** did this child have to cut down on any of the things he/she **usually** does at school or in his/her free time because of illness or injury?

Tick one only

Yes 1 → **Go to 12b** 3151
No 2 → **Go to 13**

12b How many days was this in all during these **2 weeks**, including Saturdays and Sundays?

Please write in number

| | |
|--|--|
| | |
|--|--|

days

3152-
153

(Spare
3154-
160)

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

- 13** We'd like you to tell us something about your child's behaviour over the **last 6 months**.

For each item, please tick the box for Not true, Somewhat true, or Certainly true to show how true the item is of your child.

| | Tick one box on each row | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|------|
| | Not true | Somewhat true | Certainly true | |
| Considerate of other people's feelings | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3161 |
| Restless, overactive, cannot stay still for long | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3162 |
| Often complains of headaches, stomach-aches or sickness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3163 |
| Shares readily with other children (treats, toys, pencils etc.) | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3164 |
| Often has temper tantrums or hot tempers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | 3165 |
| Rather solitary, tends to play alone | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3166 |
| Generally obedient, usually does what adults request | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3167 |
| Many worries, often seems worried | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3168 |
| Helpful if someone is hurt, upset or feeling ill | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3169 |
| Constantly fidgeting or squirming | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3170 |
| Has at least one good friend | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3171 |
| Often fights with other children or bullies them | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3172 |
| Often unhappy, down-hearted or tearful | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3173 |
| Generally liked by other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3174 |
| Easily distracted, concentration wanders | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3175 |
| Nervous or clingy in new situations, easily loses confidence | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3176 |
| Kind to younger children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3177 |
| Often lies or cheats | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3178 |
| Picked on or bullied by other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3179 |
| Often volunteers to help others (parents, teachers, other children) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3180 |
| Thinks things out before acting | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3181 |
| Steals from home, school or elsewhere | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3182 |
| Gets on better with adults than with other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3183 |
| Many fears, easily scared | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3184 |
| Sees tasks through to the end, good attention span | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3185 |

EATING HABITS

- 14 How many times a week does this child usually eat or drink...?

Tick one box on each row

| | Every day, more than once | Once a day, every day | 5-6 days a week | 2-4 days a week | Once a week | Less than once a week | Rarely or never | |
|---|------------------------------------|--------------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|----------------------------|------|
| Fruit (fresh, tinned, dried & frozen) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | 3186 |
| Vegetables (fresh, raw, tinned & frozen) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | 3187 |
| Sweets (candy or chocolate) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | 3188 |
| Chips/fried potatoes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | 3189 |
| Potato crisps | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | 3190 |
| Skimmed or semi-skimmed milk | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | 3191 |
| Ordinary (full fat) milk | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | 3192 |
| Diet coke or other low sugar drinks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | 3193 |
| Coke or other soft drinks that contain sugar | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | 3194 |
| Water (tap or bottled) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | 3195 |

PHYSICAL ACTIVITY

- 15 This question is about **last week**. Try to remember what this child did on each day last week and tick a box to show the amount of time spent exercising on each day.

Please include exercise done at school, outside school, with a club, with friends or on their own. If this child did not exercise on a day then you should tick the "None" box.

By "exercising" we mean any physical activity that left them feeling warm or at least slightly out of breath. This would include activities such as playing sport, cycling, running or brisk walking.

How much exercise did this child do on...?

Tick one box on each row

| | None | About half an hour | About an hour | More than an hour | |
|-----------|----------------------------|----------------------------|----------------------------|----------------------------|------|
| Monday | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 3196 |
| Tuesday | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 3197 |
| Wednesday | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 3198 |
| Thursday | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 3199 |
| Friday | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 3200 |
| Saturday | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 3201 |
| Sunday | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 3202 |

16 Are you this child's...?

Tick one only

Mother 1

3203

Father 2

(Spare
3204-
207)

Step-mother 3

Step-father 4

Or someone else (please specify)

3208-
209

17 If at some future date we wanted to ask you to take part in a further study relating to this child's health, may we contact you to see if you are willing to help again?

Tick one only

Yes 1

3210

No 2

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

**Please return the questionnaire to the interviewer
(or in the envelope provided if sent in the post)**

SA

CONFIDENTIAL

WELSH HEALTH SURVEY 2015

QUESTIONNAIRE FOR 13-15 YEAR OLDS

About the survey

This important survey collects information about health and health-related factors. Some questions you may have about this survey are answered in the accompanying leaflet. By completing this questionnaire, you are agreeing to the use of your data as explained in the leaflet. If you have other questions, or would like to talk to someone about the study, please contact NHS Direct Wales on 0845 46 47. (A Minicom service is available on 0845 606 46 47.) When you phone, check firstly that you have reached NHS Direct **Wales**, and then ask to speak to someone about the Welsh Health Survey. Or you can visit: <http://www.natcen.ac.uk/study/welsh-health-survey/participants> for more information.

If you would like this questionnaire in Welsh

Please contact NHS Direct Wales on **0845 46 47**.

Os hoffech gael yr holiadur hwn yn Gymraeg

Cysylltwch â Galw Iechyd Cymru ar **0845 46 47**.

Questionnaire to be filled in by:

First Name

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

3026-030

Male

Female 3031

Serial Number

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

3001-006 3007 3010 3008-009

Hhold Number

CKL

Person Number

Date of placement

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

3013-018

Day

Month

Year

Interviewer I.D. Number

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

3019-024 3025 3032

1
Version

3
QV

Card 03
3011-012

To be collected on:

**WE PROMISE THAT YOUR ANSWERS ARE CONFIDENTIAL
THEY WILL NOT BE SHOWN TO ANYONE THAT YOU KNOW**

How to complete the questionnaire:

This questionnaire should be completed by the person named on the front page.

Most of the questions can be answered by putting a tick in the box next to the answer that applies to you.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow (→) with a note that tells you what question to answer next, like this:

EXAMPLE QUESTIONS (please do not fill in)

E1 Did you eat breakfast this morning?

Tick one only

Yes

→ **Go to E2**

No

→ **Go to E3**

E2 Have you eaten any of the following things today?

Tick one box on each row

| | Yes | No |
|--|-----|----|
|--|-----|----|

| | | |
|-------|--------------------------|-------------------------------------|
| Bread | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|-------|--------------------------|-------------------------------------|

| | | |
|---------|-------------------------------------|--------------------------|
| Yoghurt | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---------|-------------------------------------|--------------------------|

E3 How old were you when you first ate a banana?

Please write in

2

years old

E4 What fruit have you eaten in the last seven days?

Something else (please specify)

cherries

Don't worry if you make a mistake: simply cross out the mistake and tick the correct box.

When you have completed it, please return the questionnaire to the interviewer
(or in the envelope provided if sent in the post).

ABOUT YOU

1 Are you a boy or a girl?

Tick one only

Boy 1

3033

Girl 2

(Spare
3034-
35)

2a How old are you?

Please write in

| | |
|--|--|
| | |
|--|--|

Age in years

3036-37

2b What is your date of birth (birthday)?

Please write in

| | |
|--|--|
| | |
|--|--|

Day

| | |
|--|--|
| | |
|--|--|

Month

| | |
|--|--|
| | |
|--|--|

Year

3038-43

3a How would you describe your national identity?

Tick all that apply

Welsh 1

3044-
49

English 2

Scottish 3

Northern Irish 4

British 5

Other 6

3b What is your ethnic group?3050-
51

Choose **one** section from A to E, then tick **one** box to best describe your ethnic group or background.

Tick one only

| | | |
|---|---|--|
| A. White | Welsh/English/Scottish/Northern Irish/British Irish Gypsy or Irish Traveller Any other White background | <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 |
| B. Mixed/multiple ethnic groups | White and Black Caribbean White and Black African White and Asian Any other Mixed/multiple ethnic background | <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 |
| C. Asian/Asian British | Indian Pakistani Bangladeshi Chinese Any other Asian background | <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 |
| D. Black/African/Caribbean/Black British | African Caribbean Any other Black/African/Caribbean background | <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 |
| E. Other ethnic group | Arab Any other ethnic group | <input type="checkbox"/> 17 <input type="checkbox"/> 18 |

Spare
3052-
56

GENERAL HEALTH AND WELL-BEING

- 4a How is your health in general? Would you say it was...

Tick one only

Very good 1

3057

Good 2

Fair 3

Bad 4

Very bad 5

- 4b Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Tick one only

Yes, limited a lot 1

3058

Yes, limited a little 2

No 3

GP SERVICES

- 5a In the **last 2 weeks** did you, or any other member of your household, talk to a family doctor (GP) about **your health** either in person or by telephone?

Tick one only

Yes 1 → **Go to 5b**

3059

No 2 → **Go to 6**

- 5b How many times did you, or any other member of your household, talk to a family doctor (GP) about **your health** in these **2 weeks**?

Please write in number

| | | |
|--|--|--|
| | | |
|--|--|--|

3060-
062

- 5c As a result of speaking to a family doctor (GP) about **your health** in the **last 2 weeks**, did they give (send) you a prescription?

Tick one only

Yes 1

3063

No 2

The following questions are about your use of health services in the last 12 months. Please include occasions when **you** have used the service, and also when another member of your household has used the service **on your behalf**.

HOSPITAL SERVICES

- 6 Have you used any of the following hospital services in the **last 12 months**?

Please exclude waiting for an appointment

Tick one box on each row

Yes No

| | | |
|--|---|------|
| Accident & Emergency (A&E) / Hospital casualty department | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3064 |
| Hospital inpatient (ie admitted to hospital and required to stay overnight or longer) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3065 |
| Hospital day patient (ie admitted to a hospital bed or day ward for treatment or care, but not required to stay overnight) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3066 |
| Hospital outpatient (ie attended an appointment for a consultation or examination, usually at an outpatient department) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3067 |

OTHER SERVICES

- 7 Have you used any of the following other services in the **last 12 months**?

Please exclude waiting for an appointment

Tick one box on each row

Yes No

| | | |
|---|---|------|
| Dentist (family, local, community, school or other dentist) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3068 |
| Orthodontist | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3069 |
| Health visitor, district nurse, other community nurse | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3070 |
| Practice nurse (at the GP surgery) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3071 |
| Optician | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | 3072 |

8 Have you used any of the following other services in the **last 12 months**?

Tick one box on each row

Yes No

Speech therapist 1 2 3073

GP out of hours services 1 2 3074

NHS Direct (National NHS telephone helpline) 1 2 3075

Pharmacist *including local pharmacist and those in large stores and supermarkets (eg picked up prescribed medicine, asked for advice, bought medicines kept behind the counter)*

1 2

3076
(Spare
3077-
078)

ACCIDENTS

9a Have you had any accident, injury or poisoning needing hospital treatment or a visit to Casualty/A&E in the **last 3 months**?

Tick one only

Yes 1 → **Go to 9b** 3079

No 2 → **Go to 10a**

9b What was the accident, injury or poisoning?

Tick all that apply

Break or fracture 1 3080-

085

Poisoning 2

Head injury with concussion 3

Cut or puncture 4

Burn 5

Another kind of injury 6

9c Where did your **most recent** accident, injury or poisoning take place?

Tick one only

In the home 1 3086

In traffic 2

At school or work (if applicable, eg paper round) 3

Somewhere else (please specify)

4
(Spare
3087-
099)

ILLNESSES AND OTHER HEALTH PROBLEMS

- 10a** Do you have any long-standing illness, disability or health problem?
That is, anything you have had for some time.

Tick one only

Yes 1 → **Go to 10b**

3100

No 2 → **Go to 11a**

- 10b** What is the matter with you?
You can record up to **six** different health problems.

| | | |
|------------------|--|----------|
| Health problem 1 | | 3101-103 |
| Health problem 2 | | 3104-106 |
| Health problem 3 | | 3107-109 |
| Health problem 4 | | 3110-112 |
| Health problem 5 | | 3113-115 |
| Health problem 6 | | 3116-118 |

- 10c** Do any of these long-term illnesses, health problems or disabilities limit your daily activities?

Tick one only

Yes 1 → **Go to 10d**

3119

No 2 → **Go to 11a**

- 10d** Which of these long-term illnesses, health problems or disabilities limits your daily activities? You can record up to **three**.

| | | |
|------------------|--|----------|
| Health problem 1 | | 3120-122 |
| Health problem 2 | | 3123-125 |
| Health problem 3 | | 3126-128 |

11a Are you **currently** being treated, by a doctor, consultant or specialist, for any of these?

Tick one box on each row

| | Yes | No | |
|---|----------------------------|---------------------------------------|------|
| Asthma | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3129 |
| Other breathing problems (including wheezing) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3130 |
| Skin complaints | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3131 |
| Ear complaints (including poor hearing, deafness) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3132 |
| Eye complaints (including cataract, poor eyesight, blindness). Tick 'yes' if you wear glasses or contact lenses to correct vision | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3133 |
| Problems with bones, joints, muscles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 3134 |
| Anxiety, depression or mental illness | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | 3135 |

11b Are you **currently** being treated, by a doctor, consultant or specialist, for any other chronic or long-term illness **not listed** in 11a?

Tick one only

Yes 1 → **Go to 11c** 3136
No 2 → **Go to 12a**

11c Please specify the **main** illness below. Please write in only **one** illness.

3137

3138-

139

(Spare
3140-
150)

12a In the **last 2 weeks** did you have to cut down on any of the things you **usually** do at school or in your free time because of illness or injury?

Tick one only

Yes 1 → **Go to 12b** 3151
No 2 → **Go to 13**

12b How many days was this in all during these **2 weeks**, including Saturdays and Sundays?

Please write in number

| | |
|--|--|
| | |
|--|--|

 days

3152-
153

(Spare
3154-
160)

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

- 13** We'd like you to tell us something about how things have been for you over the **last 6 months**.

For each item, please tick the box for Not true, Somewhat true, or Certainly true to show how true the item is of yourself.

| Tick one box on each row | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|------|
| | Not true | Somewhat true | Certainly true | |
| I try to be nice to other people. I care about their feelings | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3161 |
| I am restless, I cannot stay still for long | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3162 |
| I get a lot of headaches, stomach-aches or sickness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3163 |
| I usually share with others (food, games, pens etc.) | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3164 |
| I get very angry and often lose my temper | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | 3165 |
| I am usually on my own. I generally play alone or keep to myself | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3166 |
| I usually do as I am told | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3167 |
| I worry a lot | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3168 |
| I am helpful if someone is hurt, upset or feeling ill | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3169 |
| I am constantly fidgeting or squirming | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3170 |
| I have one good friend or more | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3171 |
| I fight a lot. I can make other people do what I want | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3172 |
| I am often unhappy, down-hearted or tearful | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3173 |
| Other people my age generally like me | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3174 |
| I am easily distracted, I find it difficult to concentrate | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3175 |
| I am nervous in new situations. I easily lose confidence | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3176 |
| I am kind to younger children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3177 |
| I am often accused of lying or cheating | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3178 |
| Other children or young people pick on me or bully me | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3179 |
| I often volunteer to help others (parents, teachers, children) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3180 |
| I think before I do things | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3181 |
| I take things that are not mine from home, school or elsewhere | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3182 |
| I get on better with adults than with people my own age | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3183 |
| I have many fears, I am easily scared | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3184 |
| I finish the work I'm doing. My attention is good | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 3185 |

EATING HABITS

- 14** How many times a week do you usually eat or drink...?

| | Tick one box on each row | | | | | | |
|---|------------------------------------|--------------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|----------------------------|
| | Every day, more than once | Once a day, every day | 5-6 days a week | 2-4 days a week | Once a week | Less than once a week | Rarely or never |
| Fruit (fresh, tinned, dried & frozen) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Vegetables (fresh, raw, tinned & frozen) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Sweets (candy or chocolate) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Chips/fried potatoes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Potato crisps | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Skimmed or semi-skimmed milk | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Ordinary (full fat) milk | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Diet coke or other low sugar drinks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Coke or other soft drinks that contain sugar | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Water (tap or bottled) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

PHYSICAL ACTIVITY

- 15** This question is about **last week**. Try to remember what you did on each day last week and tick a box to show the amount of time spent exercising on each day.

Please include exercise done at school, outside school, with a club, with friends or on your own. If you did not exercise on a day then you should tick the “None” box.

By “exercising” we mean any physical activity that left you feeling warm or at least slightly out of breath. This would include activities such as playing sport, cycling, running or brisk walking.

How much exercise did you do on...?

| | Tick one box on each row | | | |
|-----------|----------------------------|----------------------------|----------------------------|----------------------------|
| | None | About half an hour | About an hour | More than an hour |
| Monday | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Tuesday | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Wednesday | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Thursday | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Friday | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Saturday | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Sunday | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

- 16** If at some future date we wanted to ask you to take part in a further health-related study, may we contact you to see if you are willing to help again?

Tick one only

Yes 1

(Spare
3203-
209)

3210

No 2

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

**Please return the questionnaire to the interviewer
(or in the envelope provided if sent in the post)**

SAMPLE

Appendix B: Non-response models

| TABLE B1 HOUSEHOLD NON-RESPONSE MODEL | | | | | | |
|---------------------------------------|------|-----|-------|----|---------|------------|
| | B | SE | Wald | df | p-value | Odds ratio |
| Unitary Authority | | | 59.18 | 21 | .000 | |
| Anglesey (reference) | .00 | | | | | 1.00 |
| Blaenau Gwent | -.06 | .22 | 0.09 | 1 | .769 | .94 |
| Bridgend | .28 | .20 | 1.91 | 1 | .167 | 1.32 |
| Caerphilly | .35 | .19 | 3.37 | 1 | .066 | 1.43 |
| Cardiff | -.28 | .18 | 2.30 | 1 | .129 | .76 |
| Carmarthenshire | .12 | .18 | 0.41 | 1 | .520 | 1.12 |
| Ceredigion | .15 | .23 | 0.43 | 1 | .514 | 1.16 |
| Conwy | .06 | .20 | 0.08 | 1 | .775 | 1.06 |
| Denbighshire | .18 | .21 | 0.76 | 1 | .385 | 1.20 |
| Flintshire | .12 | .19 | 0.40 | 1 | .526 | 1.13 |
| Gwynedd | .06 | .19 | 0.11 | 1 | .740 | 1.07 |
| Merthyr Tydfil | .04 | .23 | 0.03 | 1 | .861 | 1.04 |
| Monmouthshire | .08 | .21 | 0.13 | 1 | .716 | 1.08 |
| Neath Port Talbot | .07 | .19 | 0.14 | 1 | .712 | 1.07 |
| Newport | -.19 | .19 | 0.95 | 1 | .329 | .83 |
| Pembrokeshire | .06 | .19 | 0.08 | 1 | .776 | 1.06 |
| Powys | -.14 | .19 | 0.57 | 1 | .451 | .87 |
| Rhondda Cynon Taff | .13 | .19 | 0.47 | 1 | .494 | 1.14 |
| Swansea | .10 | .19 | 0.29 | 1 | .593 | 1.10 |
| Torfaen | -.06 | .21 | 0.10 | 1 | .752 | .94 |
| Vale of Glamorgan | .14 | .20 | 0.52 | 1 | .472 | 1.15 |
| Wrexham | .04 | .20 | 0.04 | 1 | .849 | 1.04 |
| Urban/rural indicator | | | 35.32 | 7 | .000 | |
| Urban >= 10k – sparse (reference) | .00 | | | | | 1.00 |
| Town & Fringe - sparse | .78 | .22 | 12.09 | 1 | .001 | 2.17 |
| Village - sparse | .12 | .07 | 2.96 | 1 | .085 | 1.13 |
| Hamlet and Isolated Dwelling - sparse | .24 | .15 | 2.71 | 1 | .100 | 1.28 |
| Urban >= 10k - less sparse | .14 | .10 | 1.94 | 1 | .163 | 1.15 |
| Town & Fringe - less sparse | .61 | .15 | 17.44 | 1 | .000 | 1.85 |
| Village - less sparse | .46 | .15 | 9.05 | 1 | .003 | 1.58 |
| Hamlet & Isolated Dwelling | .62 | .16 | 14.82 | 1 | .000 | 1.86 |
| IMD quintile | | | 8.08 | 4 | .089 | |
| Least deprived quintile (reference) | .00 | | | | | 1.00 |
| 2 nd quintile | -.07 | .07 | 1.10 | 1 | .294 | .93 |
| 3 rd quintile | -.06 | .07 | 0.84 | 1 | .360 | .94 |
| 4 th quintile | .11 | .07 | 2.07 | 1 | .150 | 1.11 |
| Most deprived quintile | .01 | .07 | 0.01 | 1 | .935 | 1.01 |
| Constant | 1.05 | .18 | 35.00 | 1 | .000 | 2.84 |

TABLE B2 INDIVIDUAL NON-RESPONSE MODEL: ADULTS

| | B | SE | Wald | df | p-value | Odds ratio |
|---|------|-----|--------|----|---------|------------|
| Sex and age group | | | 246.12 | 13 | .000 | |
| Men 16-24 (reference) | .00 | | | | | 1.00 |
| Men 25-34 | -.01 | .08 | 0.01 | 1 | .935 | .99 |
| Men 35-44 | .32 | .09 | 12.65 | 1 | .000 | 1.38 |
| Men 45-54 | .39 | .08 | 21.04 | 1 | .000 | 1.48 |
| Men 55-64 | .97 | .10 | 92.59 | 1 | .000 | 2.65 |
| Men 65-74 | 1.19 | .13 | 87.82 | 1 | .000 | 3.29 |
| Men 75+ | .89 | .14 | 42.08 | 1 | .000 | 2.43 |
| Women 16-24 | .21 | .08 | 6.58 | 1 | .010 | 1.24 |
| Women 25-34 | .38 | .09 | 17.93 | 1 | .000 | 1.46 |
| Women 35-44 | .51 | .09 | 31.11 | 1 | .000 | 1.67 |
| Women 45-54 | .74 | .09 | 71.87 | 1 | .000 | 2.10 |
| Women 55-64 | 1.06 | .10 | 101.94 | 1 | .000 | 2.88 |
| Women 65-74 | 1.23 | .13 | 92.97 | 1 | .000 | 3.42 |
| Women 75+ | .91 | .13 | 48.13 | 1 | .000 | 2.48 |
| Household type | | | 33.74 | 6 | .000 | |
| 1 adult aged 16-59, no children (reference) | .00 | | | | | 1.00 |
| 2 adults, both 16-59, no children | -.16 | .09 | 3.16 | 1 | .076 | .86 |
| Small family | .03 | .09 | 0.14 | 1 | .710 | 1.03 |
| Large family | -.03 | .11 | 0.08 | 1 | .772 | .97 |
| Large adult household | -.22 | .08 | 6.60 | 1 | .010 | .80 |
| 2 adults, 1 or both aged 60+, no children | .09 | .11 | 0.67 | 1 | .411 | 1.09 |
| 1 adult, aged 60+, no children | .18 | .13 | 2.04 | 1 | .154 | 1.20 |
| Unitary Authority | | | 227.95 | 21 | .000 | |
| Anglesey (reference) | .00 | | | | | 1.00 |
| Blaenau Gwent | .34 | .18 | 3.53 | 1 | .060 | 1.40 |
| Bridgend | .18 | .15 | 1.31 | 1 | .252 | 1.19 |
| Caerphilly | .24 | .15 | 2.69 | 1 | .101 | 1.27 |
| Cardiff | -.43 | .13 | 10.20 | 1 | .001 | .65 |
| Carmarthenshire | -.11 | .14 | 0.54 | 1 | .461 | .90 |
| Ceredigion | .04 | .17 | 0.06 | 1 | .806 | 1.04 |
| Conwy | -.09 | .16 | 0.33 | 1 | .565 | .91 |
| Denbighshire | .21 | .17 | 1.58 | 1 | .208 | 1.23 |
| Flintshire | .02 | .15 | 0.02 | 1 | .893 | 1.02 |
| Gwynedd | .09 | .16 | 0.34 | 1 | .558 | 1.10 |
| Merthyr Tydfil | .23 | .19 | 1.49 | 1 | .222 | 1.26 |
| Monmouthshire | -.12 | .16 | 0.55 | 1 | .459 | .89 |
| Neath Port Talbot | -.04 | .15 | 0.07 | 1 | .795 | .96 |
| Newport | -.21 | .15 | 2.10 | 1 | .148 | .81 |
| Pembrokeshire | -.69 | .15 | 21.92 | 1 | .000 | .50 |
| Powys | .65 | .17 | 15.32 | 1 | .000 | 1.91 |
| Rhondda Cynon Taff | -.13 | .14 | 0.91 | 1 | .340 | .88 |
| Swansea | -.05 | .14 | 0.11 | 1 | .735 | .95 |
| Torfaen | -.23 | .16 | 2.03 | 1 | .154 | .80 |
| Vale of Glamorgan | -.48 | .15 | 10.44 | 1 | .001 | .62 |
| Wrexham | -.27 | .15 | 3.20 | 1 | .074 | .77 |

TABLE B2 (CONTINUED)

| | B | SE | Wald | df | p-value | Odds ratio |
|---|------|-----|-------|----|---------|------------|
| NS-SEC class | | | 74.72 | 6 | .000 | |
| Managerial and professional (reference) | .00 | | | | | 1.00 |
| Intermediate occupations | -.22 | .08 | 8.30 | 1 | .004 | .80 |
| Small employers and own account workers | -.27 | .06 | 17.35 | 1 | .000 | .77 |
| Lower supervisory and technical occupations | -.01 | .06 | 0.03 | 1 | .862 | .99 |
| Semi-routine and routine occupations | -.27 | .05 | 29.33 | 1 | .000 | .76 |
| Never worked and long-term unemployed | -.60 | .10 | 34.49 | 1 | .000 | .55 |
| Students/not classified | -.47 | .09 | 27.03 | 1 | .000 | .63 |
| | | | | | | |
| General health | | | 30.18 | 2 | .000 | |
| Good (reference) | .00 | | | | | 1.00 |
| Fairly good | .18 | .05 | 10.99 | 1 | .001 | 1.19 |
| Not good | -.20 | .06 | 10.85 | 1 | .001 | .82 |
| | | | | | | |
| Housing tenure | | | 60.88 | 2 | .000 | |
| Owner Occupier (reference) | .00 | | | | | 1.00 |
| Social Renting | -.37 | .05 | 45.07 | 1 | .000 | .69 |
| Private renting / Other | -.31 | .05 | 33.21 | 1 | .000 | .73 |
| | | | | | | |
| Constant | 1.00 | .16 | 38.32 | 1 | .000 | 2.71 |

TABLE B3 INDIVIDUAL NON-RESPONSE MODEL: CHILDREN

| | B | SE | Wald | df | p-value | Odds ratio |
|---|------|------|-------|----|---------|------------|
| Sex and age group | | | 1.59 | 5 | .903 | |
| Boys 0-4 (reference) | .00 | | | | | 1.00 |
| Boys 5-10 | .14 | .128 | 1.11 | 1 | .292 | 1.14 |
| Boys 11-15 | .02 | .139 | 0.02 | 1 | .895 | 1.02 |
| Girls 0-4 | .09 | .134 | 0.44 | 1 | .505 | 1.09 |
| Girls 5-10 | .04 | .130 | 0.08 | 1 | .772 | 1.04 |
| Girls 11-15 | .02 | .139 | 0.02 | 1 | .879 | 1.02 |
| Household type | | | 0.62 | 2 | .734 | |
| Small family (reference) | .00 | | | | | 1.00 |
| Large family | -.06 | .086 | 0.48 | 1 | .488 | .94 |
| Large adult household | .04 | .160 | 0.05 | 1 | .822 | 1.04 |
| Unitary Authority | | | 64.34 | 21 | .000 | |
| Anglesey (reference) | .00 | | | | | 1.00 |
| Blaenau Gwent | .56 | .389 | 2.08 | 1 | .149 | 1.75 |
| Bridgend | .54 | .336 | 2.55 | 1 | .111 | 1.71 |
| Caerphilly | .48 | .305 | 2.51 | 1 | .113 | 1.62 |
| Cardiff | -.09 | .271 | 0.12 | 1 | .731 | .91 |
| Carmarthenshire | -.22 | .295 | 0.57 | 1 | .450 | .80 |
| Ceredigion | .09 | .362 | 0.07 | 1 | .794 | 1.10 |
| Conwy | .48 | .337 | 2.04 | 1 | .153 | 1.62 |
| Denbighshire | .15 | .345 | 0.20 | 1 | .655 | 1.17 |
| Flintshire | .07 | .309 | 0.06 | 1 | .814 | 1.08 |
| Gwynedd | .10 | .317 | 0.11 | 1 | .745 | 1.11 |
| Merthyr Tydfil | .10 | .365 | 0.08 | 1 | .776 | 1.11 |
| Monmouthshire | -.06 | .343 | 0.03 | 1 | .871 | .95 |
| Neath Port Talbot | .27 | .318 | 0.72 | 1 | .397 | 1.31 |
| Newport | -.45 | .293 | 2.33 | 1 | .127 | .64 |
| Pembrokeshire | -.72 | .313 | 5.26 | 1 | .022 | .49 |
| Powys | .46 | .338 | 1.85 | 1 | .174 | 1.58 |
| Rhondda Cynon Taff | .02 | .283 | 0.00 | 1 | .949 | 1.02 |
| Swansea | -.07 | .287 | 0.05 | 1 | .816 | .94 |
| Torfaen | -.34 | .328 | 1.05 | 1 | .306 | .71 |
| Vale of Glamorgan | -.19 | .308 | 0.37 | 1 | .542 | .83 |
| Wrexham | -.38 | .302 | 1.58 | 1 | .208 | .68 |
| NS-SEC class | | | 15.77 | 6 | .015 | |
| Managerial and professional (reference) | .00 | | | | | 1.00 |
| Intermediate occupations | -.35 | .158 | 4.98 | 1 | .026 | .70 |
| Small employers and own account workers | -.29 | .138 | 4.35 | 1 | .037 | .75 |
| Lower supervisory and technical occupations | -.16 | .140 | 1.30 | 1 | .253 | .85 |
| Semi-routine and routine occupations | -.12 | .110 | 1.21 | 1 | .272 | .89 |
| Never worked and long-term unemployed | -.46 | .183 | 6.42 | 1 | .011 | .63 |
| Students/not classified | -.57 | .216 | 6.99 | 1 | .008 | .57 |

TABLE B3 (CONTINUED)

| | B | SE | Wald | df | p-value | Odds ratio |
|----------------------------|------|------|-------|----|---------|------------|
| General health | | | 0.04 | 1 | .837 | |
| Good (reference) | .00 | | | | | 1.00 |
| Fairly good/Not good | .03 | .152 | 0.04 | 1 | .837 | 1.03 |
| | | | | | | |
| Housing tenure | | | 36.78 | 2 | .000 | |
| Owner Occupier (reference) | .00 | | | | | 1.00 |
| Social Renting | -.48 | .108 | 19.91 | 1 | .000 | .62 |
| Private renting / Other | -.57 | .102 | 31.72 | 1 | .000 | .56 |
| | | | | | | |
| Constant | 1.33 | .274 | 23.57 | 1 | .000 | 3.77 |