Health Survey for England

2019

Questionnaires and showcards

P12561

The Health Survey for England 2019

Program Documentation

Household Questionnaire

Household Questionnaire..... 1

Questionnaire

Point

SAMPLE POINT NUMBER.
Range:1..9999

Address

ADDRESS NUMBER.
Range: 1..99

Hhold

HOUSEHOLD NUMBER.
Range: 1..9

First

INTERVIEWER: For information, you are in the questionnaire for:
Point no: (Point number)
Address no: (Address number)
Household no: (Household number)

DateOK

Today's date according to the laptop is <*date>.* Is this the correct start date of this interview?
1 Yes
2 No

WhoHere

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

HHSize

Derived household size.
Range: 1..12

SizeConf

So, can I check, altogether there are < *(x) number from HHSize>* people in your household?
1 Yes
2 No, more than *(x)*
3 No, less than *(x)*

HOUSEHOLD COMPOSITION GRID: INFORMATION COLLECTED FOR EACH HOUSEHOLD MEMBER (MAXIMUM 12)

Person

Person number in Household Grid
Range: 1..12

Name

First name from WhoHere

Sex

INTERVIEWER: CODE <*name of respondent's>* SEX.
1 Male
2 Female

DoB

What is <*name of respondent's*> date of birth?
Enter Date in numbers, Eg. 02/01/1972.

AgeOf

Can I check, what was <*name of respondent's*> age last birthday?
Range: 0..120

{IF AgeOf = NONRESPONSE}
AgeEstB

INTERVIEWER CODE: ASK IF NECESSARY <*are you / is he/she*> AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER?
IF NOT KNOWN, TRY TO GET BEST ESTIMATE.

1 Under 2 years
2 to 12 years
3 13-15 years
4 16 to 64 years
5 65 and over

{IF DOB=non response and AgeOf=non response and AgeEst=non response}
WhtAge

INTERVIEWER: PLEASE GIVE YOUR BEST ESTIMATE AS TO WHETHER <LName's> is an :
IF YOU ARE UNSURE WHETHER A CHILD FALLS INTO THE INFANT/CHILD CATEGORY - CODE AS CHILD (2-15 years old).

1 An infant (under 2 years)
2 A child (2-15 years)
3 An adult (16+)

{IF Aged 16 or over}
MarStatD

Are you <is he/she>
ASK OR RECORD. CODE FIRST THAT APPLIES.

1 Single, that is, never married and never registered in a same-sex civil partnership,
2 Married,
3 Separated, but still legally married,
4 Divorced,
5 Widowed,
6 In a registered same-sex civil partnership,
7 Separated, but still legally in a same-sex civil partnership,
8 Formerly in a same-sex civil partnership which is now legally dissolved,
9 Surviving partner from a same-sex civil partnership?

{IF (more than one person aged 16+ in household) AND (MarStat = single OR married and separated OR divorced OR widowed)}
Couple

May I just check, are you <is *he/she*> living with anyone in this household as a couple?
ASK OR RECORD

1 Yes
2 No
3 SPONTANEOUS ONLY - same sex couple but not in a formal registered civil partnership

{IF AgeOf = 16 – 17}

LegPar

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

1 Yes
2 No

{IF Aged 0 – 15}
Par1

Which of the people in this household are <*name of respondent's*> parents or have legal parental responsibility for *him/her* on a permanent basis?
CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE 97
Range:1…97

{IF Par1 = 1..12}
Par2

Which other person in this household is <*name of respondent's*> parent or have legal parental responsibility for *him/her* on a permanent basis?
CODE SECOND PERSON AT THIS QUESTION. IF no-one else in the household, CODE 97.
Range: 1…97

SelCh

INTERVIEWER: Is this child selected for an individual interview?
UP TO 4 CHILDREN CAN BE SELECTED. TWO AGED 0-12 AND TWO AGED 13-15.

1 Yes
2 No

Nat1Par

SHOW CARD A2
From this card, please tell me what is the relationship of <*name of respondent*> to <*name ofparent/legalguardian*> [Par1] Just tell me the number beside the answer that applies to<*name of respondent*> and <*name of parent/legal guardian*>.

1 Own natural child
2 Other (eg adopted, foster, child of partner etc)

{IF (Par2 IN 1..12)}
Nat2Par

SHOW CARD A2
From this card please tell me the relationship of <*name of respondent*> to (Just tell me the number beside the answer that applies to <*name of respondent*>.

1 Own natural child
2 Other (eg adopted, foster, child of partner, etc)

Person to Nat2Par repeated for up to 12 members of the HH

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL
Relationship
SHOW CARD A1
What is <*name of respondent's*> relationship to <*name*>? Just tell me the number on this card.
ARRAY [1..12]

1 husband/wife
2 partner/cohabitee
3 natural son/daughter
4 adopted son/daughter

5 foster child
6 stepson/daughter/child of partner
7 son/daughter-in-law
8 natural parent
9 adoptive parent
10 foster parent
11 stepparent/parent's partner
12 parent-in-law
13 natural brother/sister
14 half-brother/sister
15 step-brother/sister
16 adopted brother/sister
17 foster brother/sister
18 brother/sister-in-law
19 grandchild
20 grandparent
21 other relative
22 other non-relative

{IF same sex, married and spouse} OR {IF same sex, in civil partnership and partner/cohabitee} OR {IF same sex, in a civil partnership and spouse}
Soft Check: INTERVIEWER: As of 29 March 2014 same sex couples can marry in England and Wales. As of December 2014 civil partnerships can be converted to marriages. Please check whether the couple are married or are in a civil partnership, and code appropriately.

ASK ALL
HHldr

In whose name is the accommodation owned or rented? Anyone else?
CODE ALL THAT APPLY.
(Codeframe of all household members)

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

HHResp

INTERVIEWER CODE: WHO WAS THE PERSON RESPONSIBLE FOR ANSWERING THE GRIDS IN THIS QUESTIONNAIRE?
(Codeframe of adult household members)

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

{IF More than one person coded at HHldr}
HiHNum

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

1-12 Person numbers of household members
13 Two people have the same income

{IF 2 people have the same income}
JntEldA

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

(Codeframe of joint householders)

1-12 Person numbers of household members

{IF Don't know or Refused Person with highest income}
JntEldB

ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.
ASK OR RECORD.
(Codeframe of joint householders)

HRP

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:
(Displays name of Household Reference Person)

DVHRPNum

Person number of Household Reference Person

ASK ALL
Tenure1

SHOW CARD A3

Now, I'd like to get some general information about your household. In which of these ways does your household occupy this accommodation? Please give an answer from this card.

1 Own it outright
2 Buying it with the help of a mortgage or loan
3 Pay part rent and part mortgage (shared ownership
4 Rent it
5 Live here rent free (including rent free in relative's/friend's property; excluding squatting)
6 Squatting

{IF Pay part rent/part mortgage OR Rent it OR Live here rent free}
JobAccom

Does the accommodation go with the job of anyone in the household?

1 Yes
2 No

LandLord

Who is your landlord?
READ OUT AND CODE FIRST THAT APPLIES.
INTERVIEWER: If asked, New Town Development should be included as local authority or council.

1 ...the local authority/council
2 a housing association or co-operative or charitable trust or registered social landlord,
3 employer (organisation) of a household member,
4 another organisation,
5 relative/friend (before you lived here) of a household member,
6 employer (individual) of a household member,
7 letting agency or another individual private landlord?

Furn1

Is the accommodation provided...READ OUT…

1 ...furnished,
2 partly furnished (e.g. curtains and carpets only),
3 or, unfurnished?

ASK ALL
Bedrooms

How many bedrooms does your household have, including bedsitting rooms and spare bedrooms? EXCLUDE BEDROOMS CONVERTED TO OTHER USES (e.g. bathroom). INCLUDE BEDROOMS TEMPORARILY USED FOR OTHER THINGS (e.g. study, playroom).

Range: 0..20

ENDIF

ASK ALL
PasSm

Does anyone smoke **inside** this <house/flat> on most days?
INTERVIEWER: INCLUDE NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE OR FLAT. EXCLUDE HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE THE HOUSE OR FLAT.

1 Yes
2 No

{IF PasSm = Yes}
NumSm

How many people smoke inside this (house/flat) on most days?

Range: 1..20

ASK ALL
Car

Is there a car or van **normally** available for use by you or any members of your household?
INCLUDE: ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY RESPONDENT OR MEMBERS OF HOUSEHOLD.

1 Yes
2 No

{IF Car= Yes}
NumCars

How many are available?

1 One
2 Two
3 Three or more

SrcInc

SHOW CARD A4. There has been a lot of talk about health and income. We would like to get some idea of your household's income. This card shows various possible sources of income. Can you please tell me which of these you <*and your husband/wife/partner*> receive?
PROBE: FOR ALL SOURCES. CODE ALL THAT APPLY

1 Earnings from employment or self-employment
2 State retirement pension
3 Pension from former employer
4 Personal Pensions
5 Job-Seekers Allowance
6 Employment and Support Allowance
7 Income Support
8 Pension Credit
9 Working Tax Credit
10 Child Tax Credit
11 Child Benefit
12 Housing Benefit
13 Council Tax Benefit / Reduction
14 Universal Credit
15 Other state benefits

16 Interest from savings and investments (e.g. stocks & shares)
17 Other kinds of regular allowance from outside your household (e.g. maintenance, student's grants, rent)
18 No source of income

AttDisab

SHOW CARD A5
Can I just check, do you or any of your household receive any of these listed on this card? Please only think about people aged 16+ in your household.
CODE ALL THAT APPLY

1 Attendance Allowance
2 Disability Living Allowance – mobility component
3 Personal Independence Payment – daily living component
4 Personal Independence Payment – mobility component
5 None of these

{IF AttDisab = 1-5 {Loop for each household member selected at AttDisab}}
AtDisWho

SHOW CARD A5
Please could you tell me who receives these

{IF AttDisab = 1-5 THEN {Loop for each HH member selected}}
AtDisAmt

Now looking at this card, which of these rates is {^name of HH member selected at AttDisab} currently receiving? Just tell me the number beside the row that best apply.
CODE ALL THAT APPLY.

SHOW CARD A6 {Weekly rates from April 2018-April 2019}
Attendance Allowance

1 Higher rate for attendance during day AND night - £85.60
2 Lower rate for day OR night - £57.30

Disability Living Allowance (DLA) - Care Component

3 Highest rate - £85.60
4 Middle rate - £57.30
5 Lowest rate – £22.65

Disability Living Allowance (DLA) - Mobility Component

6 Highest rate - £59.75
7 Lower rate – £22.65

Personal Independence Payments (PIP) – Daily Living Component

8 Enhanced rate - £85.60
9 Standard rate – £57.30

Personal Independence Payments (PIP) – Mobility Component

10 Enhanced rate – £59.75
11 Standard rate - £22.65

SHOW CARD A7 {Weekly rates from 8th April 2019 to April 2020}
Attendance Allowance

1 Higher rate for attendance during day AND night - £87.65
2 Lower rate for day OR night - £58.70

Disability Living Allowance (DLA) - Care Component

3 Highest rate - £87.65
4 Middle rate - £58.70
5 Lowest rate – £23.20

Disability Living Allowance (DLA) - Mobility Component

6 Highest rate - £61.20
7 Lower rate – £23.20

Personal Independence Payments (PIP) – Daily Living Component

8 Enhanced rate - £87.65
9 Standard rate – £58.70

Personal Independence Payments (PIP) – Mobility Component

10 Enhanced rate – £61.20
11 Standard rate - £23.20

HARD CHECK: IF RESPONDENT/HH MEMBER IS AGED UNDER 65 AND AtDisab= ATTENDANCE ALLOWANCE: "INTERVIEWER: Only people aged 65+ can receive attendance allowance. Please change"

HARD CHECK: IF RESPONDENT/HH MEMBER RECEIVES BOTH ATTENDANCE ALLOWANCE (1 OR 2) AND DISABILITY ALLOWANCE (3-7): "INTERVIEWER: It is not possible to receive Attendance Allowance AND Disability Allowance. Please change."

NJntInc

SHOW CARD A8

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

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

Range: band numbers as given by showcard A8, 96, 97

{IF 2 Adults in household who are not spouse/partner, or 3 or more adults in household}
OthInc

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

1 Yes
2 No

{IF Yes}
HHInc

SHOW CARD A8

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

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

Range: band numbers as given by showcard A8, 96, 97

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED

NHActiv

SHOW CARD A9

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

CODE **FIRST** TO APPLY.

1 Going to school or college full-time (including on vacation)
2 In paid employment or self-employed (or temporarily away)
3 On a Government scheme for employment training
4 Doing unpaid work for a business that you own, or that a relative owns
5 Waiting to take up paid work already obtained
6 Looking for paid work or a Government training scheme
7 Intending to look for work but prevented by temporary sickness or injury (CHECK MAX 28

DAYS)
8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-65 OR WOMEN AGED 16-62)
9 Retired from paid work
10 Looking after home or family
11 Doing something else (SPECIFY)

{IF NHActiv = Doing something else}
NHActivO

OTHER: PLEASE SPECIFY.
Text: Maximum 60 characters

{IF Going to school or college full-time}
HStWork

Did <*you/name* (Household Reference Person)> do any paid work in the seven days ending <*date last Sunday*>, either as an employee or self-employed?
1 Yes
2 No

{IF Intending to look for work but prevented by temporary sickness or injury, Retired from paid work, Looking after the home or family or Doing something else) OR (HstWork=No) AND (Household Reference Person aged 16-66))}
H4WkLook

Thinking now of the 4 weeks ending <*date last Sunday*>, were <*you/name* (Household Reference Person)> looking for any paid work or Government training scheme at any time in those four weeks?
1 Yes
2 No

{IF NHActiv=(Looking for paid work or a government training scheme) OR H4WkLook = Yes}
H2WkStrt

If a job or a place on a Government training scheme had been available in the *(four weeks)* ending <*date last Sunday*>, would <*you/name* (Household Reference Person)> have been able to start within two weeks?
1 Yes
2 No

{IF NHActiv = (Looking for work or a government training scheme ...Doing something else) OR (HStWork = No)}
HEverJob

Have <*you/name* (Household Reference Person)> ever been in paid employment or self-employed?
1 Yes
2 No

{IF Waiting to take up paid employment already obtained}
HOthPaid

Apart from the job <*you/name*> are waiting to take up, have <*you/name* (Household Reference Person)> ever been in paid employment or self-employed?
1 Yes
2 No

{IF NHActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook =Yes)}
HHowLong

How long have you been looking for paid work/a place in a government scheme?

1 Not yet started
2 Less than 1 month
3 1 month but less than 3 months
4 3 months but less than 6 months
5 6 months but less than 12 months
6 12 months or more.

ENDIF

{IF Ever been in paid employment or self employed}
HPayLast

Which year <did *you/name* (Household Reference Person) *your/his/her*> leave last paid job?
WRITE IN YEAR.
Numeric: 1920..2015 Decimals: 0

{IF Last paid job <= 8 years ago}
HPayMon

Which month in that year did <*you/he/she*> leave?
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December
13 Can't remember

{IF (HEverJob = Yes) OR (NHActiv = In paid employment or self-employment. Waiting to take up a job already obtained) OR (HstWork = Yes)}
HJobTitl

I'd like to ask you some details about *the job you were doing last week/your most recent job/the main job you had/the job you are waiting to take up*. What *is/was/will be* the name or title of the job?
Text: Maximum 60 characters

HFtPtime

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

HWtWork

What kind of work <*do/did/will*><*you/name* (Household Reference Person)> do most of the time?
Text: Maximum 50 characters

HMatUsed

IF RELEVANT: What materials or machinery <*do/did/will you/name* (Household Reference Person)> use
IF NONE USED, WRITE IN 'NONE'.
Text: Maximum 50 characters

HSkilNee

What skills or qualifications <*are/were*> needed for the job?

Text: Maximum 120 characters

HEmploye

<*Were/Are/Will you/name* (Household Reference Person)> *be*…READ OUT…

1 an employee
2 or, self-employed?

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

{IF HEmploye = self employed}
HDirctr

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

1 Yes
2 No

{IF Employee OR Director of a limited company}
HEmpStat

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

1 Manager
2 foreman or supervisor
3 or other employee?

HNEmplee

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

1 1 or 2
2 3 – 9
3 10 – 24
4 25 – 499
5 500+

{IF (HEmploye = SelfEmp) AND (HDirctr = No)}
HSNEmple

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

1 1 or 2
2 3 – 9
3 10 - 24
4 3-24
5 25-499
6 500+

{IF Employee}
HInd

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

Text: Maximum 100 characters

Sector

Is your organisation a private sector organisation such as a company, or a public sector body such as a local or national government, schools or the health service, or a non-profit organisation such as a

charity?

1 Private sector
2 Public sector
3 Non-profit organisation
4 Don't know
5 Refused

{IF Self Employed}
HSlfWtMa

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

Text: Maximum 100 characters

HRPOcc

INTERVIEWER: Did <*name* (Household Reference Person)> answer the occupation question himself?

1 Yes
2 No

{IF a reissue case}
Bring up conditional gift card module (one per household)
GiftL
Please get a gift card ready for the respondent. Write £10 in the top right-hand corner. Enter the last eight digits of the gift card number.

INTERVIEWER: END OF HOUSEHOLD SCHEDULE. NOW ADMINISTER INDIVIDUAL SCHEDULE(S).

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The Health Survey for England 2019 - Mainstage

Program Documentation

Individual Questionnaire

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General Health

ASK ALL

OwnDoB
What is your date of birth?
I'm just checking that I got this right in the household questionnaire.

oDoBD
"Date of birth :Day "
Range:1…31

ODoBM
"Date of Birth: Month"
Range: January, February, March, April, May, June, July, August, September, October, November, December

ODoBY
"Date of birth Year"
Range: 1890…..2100

OwnAge
Can I just check, your age is <*age*>?
1 Yes
2 No

ASK ALL
GenHelf
How is your health in general? Would you say it was ...READ OUT...
1 …very good,
2 good,
3 fair,
4 bad, or
5 very bad?

ILL12m
Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
1 Yes
2 No

{IF ILL12m = Yes}
IllAff
SHOW CARD B1
Do any of your conditions or illnesses affect you in any of the following areas? Please consider whether you are affected in any of these areas while receiving any treatment or medication or using devices to help you such as a hearing aid for example.

Please read out the number that applies.
CODE ALL THAT APPLY
1 Vision (e.g. blindness or partial sight)
2 Hearing (e.g. deafness or partial hearing)
3 Mobility (e.g. walking short distances or climbing stairs)
4 Dexterity (e.g. lifting and carrying objects, using a keyboard)
5 Learning or understanding or concentrating
6 Memory
7 Mental health
8 Stamina or breathing or fatigue

9 Socially or behaviourally (e.g. associated with autism, Attention Deficit Disorder or Asperger's syndrome)
10 Other (PLEASE SPECIFY)
11 None of the above (spontaneous only)
12 Refusal (spontaneous only)

{IF IllAff = Other}
ILLOth
What other area(s) do any of your conditions or illnesses affect you in?
Text : Maximum 100 characters

{IF ILL12m = Yes}
ReducAct
Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? Please consider whether you are affected while receiving any treatment or medication for your condition or illness and/or using any devices such as a hearing aid, for example.
1 Yes, a lot
2 Yes, a little
3 Not at all

{IF ReducAct=1 (yes a lot) or 2 (yes a little)}
AffLng
For how long has your ability to carry out day-to-day activities been reduced... READ OUT...
1 ...Less than six months,
2 six months but less than12 months,
3 or, 12 months or more?

ASK ALL
LastFort
Now I'd like you to think about the **two weeks** ending yesterday.
During those two weeks did you have to cut down on any of the things you **usually** do about the house or <at school* or work> or in your free time because of **{IF illness mentioned at ILL12m**} <a condition> you have just told me about or some other illness or injury/ **{IFno illness mentioned at ILL12m}** <illness or injury>?
*Text fill ^at school {IF aged 5-15}>.
1 Yes
2 No

{IF Lastfort = Yes}
DaysCut
How many days was this in all during these 2 weeks, including Saturdays and Sundays?
Range: 1..14

ASK ALL AGED 16+
GPReg
Are you registered with a GP or a family doctor?
1 Yes
2 No

{IF GPReg=Yes}
DocTalkYr
In the last 12 months, approximately how many times have you talked to, or visited a GP or family doctor about your own health? Please do not include any visits to a hospital. INTERVIEWER: Exclude consultations made on behalf of others.
1 None
2 One or two
3 Three to five
4 Six to ten
5 More than ten

{IF DocTalkYr = 2-5}
DocWhyYr
SHOW CARD B2
And which of the things on this card did you talk to the doctor about. Please read out the number that applies from this card?
SINGLE CODE

1 A physical health problem,
2 A mental health, nervous or emotional problem
3 Both of these

ASK ALL AGED 16+
ThCoUse
SHOW CARD B3
In the last 12 months have you had any of these types of counselling or therapy for a mental health, nervous or emotional problem. Please read out the numbers that apply from this card?
INTERVIEWER: CODE ALL THAT APPLY

1 Psychotherapy or psychoanalysis
2 Cognitive behavioural therapy
3 Art, music or drama therapy
4 Social skills training
5 Couples or family therapy
6 Sex therapy
7 Mindfulness therapy
8 Alcohol or drug counselling
9 Counselling (include bereavement)
10 Another type of therapy
11 None of these

Doctor-Diagnosed Hypertension

ASK ALL AGED 16+
EverBP
Do you now have, or have you ever had...READ OUT ...high blood pressure (sometimes called hypertension)?

1 Yes
2 No

{IF EverBP = Yes}
DocBP
Were you told **by a doctor or nurse** that you had high blood pressure?

1 Yes
2 No

{IF (DocBP = Yes) AND (Sex = Female)}
PregBP
Can I just check, were you pregnant when you were told that you had high blood pressure?

1 Yes
2 No

{IF PregBP = Yes}
OthBP
Have you ever had high blood pressure apart from when you were pregnant?

1 Yes
2 No

{IF (DocBP=Yes) AND (OthBP <> No)}
AgeBP
How old were you when you were first told by a (doctor/nurse) that you had high blood pressure?
Interviewer: Type in age in years.

Range: 0..100

Doctor Diagnosed Diabetes

ASK ALL AGED 16+
EverDi
Do you now have, or have you ever had diabetes?
1 Yes
2 No

{IF EverDi=YES}
Diabetes
Were you told by a doctor that you had diabetes?
1 Yes
2 No

TypeD
Have you been told by a doctor or nurse that you have Type 1 or Type 2 diabetes?
1 Yes, Type 1 diabetes
2 Yes, Type 2 diabetes
3 Not been told
4 Not sure which type

{IF FEMALE}
DiPreg
Can I just check, were you pregnant when you were told that you had diabetes?
1 Yes
2 No

{IF Di Preg=Yes}
DiOth
Have you ever had diabetes apart from when you were pregnant?
1 Yes
2 No

{IF EverDi=YES AND HAD DIABETES APART FROM WHEN PREGNANT}
DiAge
(Apart from when you were pregnant,) approximately how old were you when you were first told by a doctor that you had diabetes?
INTERVIEWER: Type in age in years.

Insulin
Do you currently inject insulin for diabetes?
1 Yes
2 No

DiMed
Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?
1 Yes
2 No

Dental Health

ASK ALL AGED 16+
NatTeeth
SHOW CARD C1
I am now going to ask you some questions about your natural teeth. Adults usually have up to 32 teeth, including the 4 wisdom teeth. How many natural teeth have you got?
INTERVIEWER- Include wisdom teeth but exclude implants to replace missing teeth.

1 20 or more natural teeth
2 Between 10 and 19
3 Between 1 and 9
4 None at all
5 Have some natural teeth but don't know how many (SPONTANEOUS ONLY)

ASK ALL CHILDREN AGED 0-15 SELECTED FOR THE SERVEY
FOR CHILDREN AGED 0-12 PARENT WILL ANSWER ON BEHALF OF CHILD. CHILDREN AGED 13-15 TO ANSWER FOR THEMSELVES.
ChildDH
SHOW CARD C2
In relation to <^your/name of child's> dental health, how often in the past six months have [you/they] had time off <^textfill – see below nursery/playgroup, nursery/pre-school/school or school> because of problems with <^your/their> teeth, mouth or gums? Please **don't** count appointments for check-ups or for braces.

1 No time off
2 One episode of time off
3 Two episodes of time off
4 Three or more episodes of time off
5 Does not attend {<textfill> nursery/playgroup, nursery/pre-school/school or school}

Textfills
IF child aged 0-2 = nursery or playgroup
IF child aged 3-4 = nursery, preschool or school
IF child aged 5-15 = school

Ask aged 16+ and a parent or guardians with children aged 0-15 participating in HSE. Repeat question for each selected child
OffWkDH [1-4]
SHOW CARD C3
In relation to [^child's name]'s dental health, how often in the past six months have you had time off work because of problems with [^his/her] teeth, mouth or gums? Please **don't** count appointments for check-ups or for braces.

1 No time off work
2 One episode of time off work
3 Two episodes of time off work
4 Three or more episodes of time off work
5 Do not work (SPONTANEOUS)

Social care - Receipt

From 2016, there will be two versions to be used in alternate years, one year the same as has been included to date (2016, 2018), and the next year a shorter version **(excluding questions in blue 2017 and 2019).**

HELP NEEDED AND HELP RECEIVED
ASK ALL AGED 65+
Intro
The next few questions are about tasks that some people may **need help with** and about help that you may have received in the **last month**. Please think only about help you need because of long-term physical or mental ill-health, disability or problems relating to old age.

For each task, I'd like you to tell me which option applies to you.
Press <1> and <Enter> to continue

TasksA
SHOW CARD D1
Thinking about ***getting in and out of bed*** *on your own*, please look at this card and tell me the option which best applies to you?
INTERVIEWER: Do not include help from special aids or equipment such as wheelchairs or stair lifts.

1 I can do this without help from anyone
2 I have difficulty doing this but manage on my own
3 I can only do this with help from someone
4 I cannot do this

[Repeat for tasks B to M]
TasksB-TasksM
Still looking at **Showcard D1**, what about…
(B) ***washing your face and hands***
(C) ***having a bath or a shower****, including getting in and out of the bath or shower*
(D) ***dressing or undressing****, including putting on shoes and socks*
(E) ***using the toilet***
(F) ***eating, including cutting up food***
(G) ***taking the right amount medicine at the right times***
(H) ***getting around indoors***
(I) ***getting up and down stairs***
(J) ***getting out of the house****, for example to go to the doctors or visit a friend*
(K) ***shopping for food*** *including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away*
(L) ***doing routine housework or laundry***
(M) ***doing paperwork or paying bills***

EXPLAIN IF NECESSARY: Do not include help from special aids or equipment such as wheelchairs or stair lifts *(only for tasks B, C, D, E, H, I, J)*.

INTERVIEWER: Do not include help that has always been received because of the way household responsibilities are divided *(only for tasks K, L, M).*

For following tasks include additional instruction:
(C) having a bath or a shower: INTERVIEWER: If respondent says they can do one but not the other, ask them to think about the washing facilities they have.
(G) taking the right amount of medicine at the right times. INTERVIEWER: Include prescribed medicines and medicines you can buy over the counter.

ASK IF NECESSARY: Thinking about *(insert shortened task B to M listed above in bold)*, please look at this card and tell me the option which best applies to you?

1 I can do this without help from anyone

2 I have difficulty doing this but manage on my own
3 I can only do this with help from someone
4 I cannot do this

{TaskHlpA section asked if any TasksA-M variables are 2-4. IFall TasksA-M=1 THEN skip}
TIntro
I'd like to ask you about any help you have received in the last month, even if you don't usually need any help. Please think only about help you have received because of long-term physical or mental ill health, disability or problems relating to old age.
Press <1> and <Enter> to continue

TaskHlpA
Have you received help from anyone with *getting in out of bed on your own*, in the **last month**?
EXPLAIN IF NECESSARY: Include help even if it was for a short time or provided by husband/ wife/ another family member
1 Yes
2 No

[Repeat for tasks B to M]
TaskHlpB-TaskHlpM
What about <*insert shortened task B to M listed in bold*>?
EXPLAIN IF NECESSARY: Include help even if it was for a short time or provided by husband/ wife/ another family member
ASK IF NECESSARY: Have you received help from anyone with <*insert shortened task B to M listed in bold*>, in the **last month**?
1 Yes
2 No

{IF (TaskHlpK=Yes) OR (TaskHlpL=Yes) OR (TaskHlpM = Yes) AND no other tasks (A-J)}
CheckA
Do you receive this help with <*insert tasks K/L/M*> because of long standing physical or mental ill-health, a disability or problems relating to old age?
1 Yes for some or all
2 No, none of this help is because long standing physical or mental ill-health, disability or problems relating to old age
ENDIF

Questions omitted in alternate years (2017 and 2019)
{ASK ALL AGE 65}
BladPrb
Do you suffer from problems with your bladder?
SHOWCARD D2

Please tell me the number which best applies to you.

EXPLANATION ON SHOWCARD - ONLY READ OUT IF NECCESSAY: This could be things like accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or problems using aids or appliances to manage bladder problems or incontinence. (If you can manage a catheter without assistance and manage this without problems please select 'No, no problems').
Please include problems with your bladder caused by any medicines that you take.

1 Yes I have problems
2 I just have the occasional accident
3 No, no problems

{ASK ALL AGE 65+}
BowelPrb

Do you suffer from problems with controlling your bowels?
SHOWCARD D3
Please tell me the number which best applies to you.

EXPLANATION ON SHOWCARD - ONLY READ OUT IF NECCESSARY: This could be things like accidentally having soiled pants, leakage from the bowel, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or problems using aids or appliances to manage bowel or incontinence.
Please include problems with your bowel caused by any medicines that you take.

1 Yes I have problems
2 I just have the occasional accident
3 No, no problems

WHO PROVIDES WITH CARE

For HelpInf and HelpForm, tasks A to M regrouped into following categories:

1 (C) Having a bath or a shower
2 Personal tasks (Activities of Daily Living)
(A) getting in and out of bed
(B) washing your face and hands
(D) dressing or undressing
(E) using the toilet
(F) eating, including cutting up food
(G) taking medication
(H) getting around indoors
(I) using stairs)
3 Other tasks (Instrumental Activities of Daily Living) (getting out of the house, shopping for food, housework or laundry, doing paperwork or paying bills)

{IF Yes to any of TaskHlpA – TaskHlpM}
Intro
I am now going to ask you some questions about who helps you with different things. I will show you **two** lists of people who may have helped you.

HelpInf
SHOW CARD D2
In the last month, who has helped you with *(insert list of tasks in group)*?
First, please tell me about all of the people from this list who have helped you? Please only think about help received because of long-term physical or mental ill-health, disability or problems relating to old age.
INTERVIEWER: Probe fully. CODE ALL THAT APPLY:

1 Husband/Wife/Partner
2 Son (including step son, adopted son or son in law)
3 Daughter (including step daughter, adopted daughter or daughter in law)
4 Grandchild (including Great Grandchildren)
5 Brother / Sister (including step / adopted / in laws)
6 Niece / Nephew
7 Mother /father (including mother-in-law/ father-in-law)
8 Other family member
9 Friend
10 Neighbour
11 None of the above

Repeat for task groups 1-3 where help has been received for at least one task within the group.

HelpForm
SHOW CARD D3

Now, please tell me about all of the people from this list who have helped you with <*insert list of tasks in group*> in the last month?
INTERVIEWER: Probe fully.
CODE ALL THAT APPLY.

1 Home care worker /home help/personal assistant
2 A member of the reablement / intermediate care staff team
3 Occupational Therapist / Physiotherapist
4 Voluntary helper
5 Warden / Sheltered housing manager
6 Cleaner
7 Council's handyman
8 Other (please specify)
9 None of the above

{IF HelpForm = Other}
HelpFormo
Who was the other person that helped you?
Text: Maximum 100 characters

Repeat for task groups 1-3 where help has been received for at least one task within the group.

{IF Helpinf = Response 1-8]
HelpFam
You've told me that your *(person who helped)* helped you. Can I just check, does this person live in this household?

1 Yes
2 No

{IF HelpFam = Yes}
NumFam
Please enter person number

Questions omitted in alternate years (2017 and 2019)
(HelpFam = No) AND (Helpinf = Response 1-10) THEN
NamFam
What is your (person who helped) name?
Text: Maximum 100 characters
ENDIF

{IF Helpinfo = Response 4 to 10 and Helpfam<>1}
SexFam
INTERVIEWER CODE OR ASK SEX OF PERSON WHO HELPS

1 Male
2 Female

ENDIF
ENDIF

MoreFam
INTERVIEWER: Code whether any more relationships at HelpInf 2-8, if so repeat HelpFam/NumFam/NamFam/SexFam for each (up to three in total).

Questions omitted in alternate years (2017 and 2019)
{IF HelpForm= Home care worker /home help/personal assistant}
Hhelp
You have told me that a home care worker/home help/personal assistant helped you in the last month. Do you have just one person helping you, or do you have more than one?

1 One

2 More than one

{IF Hhelp = More than one}
Hhelpb
Do they all help with the same kinds of things, or do you have different people helping with different things?
1 All help with same kind of things
2 Different people help with different things

{IF Hhel = Different people help with different things}
Hhelpc1
I'd like you to think about the home care workers, home helps or personal assistants who help with different things, so that I can ask you about each of them later. Thinking of the **first** home care worker/ home help/ personal assistant, what sort of thing do they help you with?
CODE MAIN TASK
1 Getting up in the morning
2 Going to bed
3 Washing/ bathing/personal care
4 Meals/ eating
5 Getting out of the house/shopping
6 Cleaning/ laundry
7 Other

Hhelpc2
Thinking of the **second** home care worker/ home help/ personal assistant, what sort of thing do they help you with?
CODE MAIN TASK
1 Getting up in the morning
2 Going to bed
3 Washing/ bathing/personal care
4 Meals/ eating
5 Getting out of the house/shopping
6 Cleaning/ laundry
7 Other

MoreHC
Are there any more home care workers, home helps or personal assistants who help you with different kinds of things?
1 Yes
2 No

{IF MoreHC = Yes}
Hhelpc3
Thinking of the third home care worker/ home help/ personal assistant, what sort of thing do they help you with? CODE MAIN TASK
1 Getting up in the morning
2 Going to bed
3 Washing/ bathing/personal care
4 Meals/ eating
5 Getting out of the house/shopping
6 Cleaning/ laundry
7 Other

Hours of care

FOR FORMAL PROVIDERS IDENTIFIED AT Helpform ALLOW A PRECISE ANSWER (because likely to be linked to payment amounts which are not asked in SHORT):
{ASK FOR EVERYONE IDENTIFIED AT HelpForm}

HrsForm
Thinking about [person who helps], in the last week how many hours have they helped you in person with these kinds of tasks?
INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet
IF 2 PEOPLE HELP AT THE SAME TIME, CODE DOUBLE THE HOURS

ENTER NUMBER OF HOURS AND MINUTES.
IF RESPONDENT DOES NOT GIVE PRECISE ANSWER INTERVIEWER CODE DK

ASK FOR EVERYONE IDENTIFIED AT HelpInf AND ANY AT HelpForm WHERE HrsForm=DK/REFUSED
HelpHours
SHOW CARD D4
Thinking about <*helper's role/name*>, in the last week how many hours have they helped you in person with these kinds of tasks?

(IF person who cares for respondent lives in the household)
Please only think about the hours they were helping you with these kinds of tasks and not about the time they were around in the house or there to help you if you needed it]
[Add in alternate years] IF MORE THAN ONE PERSON IN CATEGORY (EG 2 DAUGHTERS), ASK ABOUT THE ONE THAT HELPS FOR THE MOST HOURS

INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet or doing occasional errands or odd jobs without the respondent

INTERVIEWER NOTE:
ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE '1-4 hours'
IF 2 PEOPLE HELP AT THE SAME TIME, CODE DOUBLE THE HOURS
[If identified at HelpForm:
INTERVIEWER INSTRUCTION: If Home care worker/ Personal Assistant or other care staff 'live in'/'sleep in', INCLUDE ALL hours they are on duty]

1 No help in the last week
2 Less than one hour
3 1-4 hours
4 5-9 hours
5 10-19 hours
6 20-34 hours
7 35-49 hours
8 50-99 hours
9 100 hours or more

{IF HelpHours = don't know or refusal}
HelpHourB
Can you tell me whether in the last week your <*helper's name*> helped you in person with these tasks for:....READ OUT….

1 Less than 20 hours
2 20-34 hours
3 Or for 35 hours or more?

ASK ALL RECEIVING HELP AT TaskHlpA
Duration
How long have you been receiving any of the kinds of help we have been talking about? Would you say it is for less than a year, or one year or more?
INTERVIEWER EXPLAIN IF NECESSARY: Help from [insert formal/informal helpers]

1 Less than one year
2 One year or more

ASK IF Yes to any of TaskHlpA – TaskHlpM

Intro
Now I am going to ask you a few questions about paying for the care you receive."

New question
{IF HelpHours=1 (no help in last week}
HlpUsHrs
SHOW CARD D5
How many hours does (helper's name/role) help you in a **usual** week?

1 Less than one hour
2 1-4 hours
3 5-9 hours
4 10-19 hours
5 20-34 hours
6 35-49 hours
7 50-99 hours
8 100 hours or more

Payment

New section of questions on payment for care, to be asked every year
ASK IF Yes to any of TaskHlpA – TaskHlpM
CareAss
Has the council or local authority made an assessment or review of your care needs in the last 12 months?

1 Yes
2 No

PersBudg
SHOW CARD D6
This card describes a personal budget that your local authority may have allocated for you. Have you been given one of these?

1 Yes
2 No

CARD DESCRIPTIONS
Personal budget – When the local authority finds that you are eligible for support for your social care needs, your **personal budget** is the amount they calculate is needed to meet these. This might cover the full cost of your social care or part of it.

{IF PersBudg= 1}
BudgVal
What is the value of your [Personal budget] per week or per month?
ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION
RECORD AMOUNT £:

BudgPer
ASK OR RECORD: Is that amount per week or per month?

1 Per week
2 Per month

{IF PersBudg=1}
AnyDP
SHOW CARD D7
Are you taking any of your Personal Budget as a Direct Payment?
IF YES, PROBE: Is that all or your Personal Budget or part of it?

1 Yes, all of personal budget as a Direct Payment
2 Yes, part of personal budget as Direct Payment
3 No, none of personal budget as direct payment
4 SPONTANEOUS: Not being paid my personal budget yet.

CARD DESCRIPTION
Direct Payments where the council gives you a payment to meet some or all of your social care needs. You can then choose how to spend the money. (This should not be confused with benefits paid directly into a bank account which may also be called direct payments.)

{IF PersBudg=1}
UserChg
How much do you contribute in user charges for your Personal Budget?
ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION
RECORD AMOUNT £:
OR CODE 0.00 for 'None'

{IF UserChg > 0.00}
UserPer
ASK OR RECORD: Is that amount per week or per month?
1 Per week
2 Per month

{IF PersBudg=1}
PBTopUp
[**{IF UserChg is greater than 0.00 then}** "In addition to your user charges,"] do you pay to top up your Personal Budget at all? This might be to pay for a more expensive option than the council has allowed for, or to pay for more care than the council suggested.
1 Yes
2 No

{IF PBTopUp=1}
TopUpVal
How much do you pay per week or per month to top up your Personal Budget?
ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION
RECORD AMOUNT £:

{IF answer given at TopUpVal}
TopUpPer
ASK OR RECORD: Is that amount per week or per month?
1 Per week
2 Per month

{IF PersBudg NOT 1}
LAcare
Do you receive any care paid for by the council or the Local Authority?
1 Yes
2 No

{IF LAcare = 1}
LAVal
Do you know how much the local authority pays for your care, per week or per month?
ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION
RECORD AMOUNT £:
OR RECORD: Don't know

LAPer
ASK OR RECORD: Is that amount per week or per month?

1 Per week
2 Per month

ASK ALL AGED 65+
PayPriv
SHOWCARD D8
Thinking about the things listed on this card, [[**{IF LACare=1}** "Apart from any care paid for by the local authority,] Do you pay for any care privately at the moment?

1 Yes
2 No

ON **SHOWCARD D8**:
Include care for things such as:

- Getting in and out of bed on your own
- Washing your face and hands
- Having a bath or a shower, including getting in and out of the bath or shower
- Dressing or undressing, including putting on shoes and socks
- Using the toilet
- Eating, including cutting up food
- Taking the right amount medicine at the right times
- Getting around indoors
- Getting up and down stairs
- Getting out of the house
- Shopping for food
- Doing routine housework or laundry
- Doing paperwork or paying bills

{IF Yes AT PayPriv}
PrivVal
How much do you pay for the care you purchase privately?
ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION
RECORD AMOUNT £:

PrivPer
ASK OR RECORD: Is that amount per week or per month?

1 Per week
2 Per month

{IF HelpInf=1-10) (any help from informal carers in the last month)}
UnpdIntr
SHOW CARD D9
Now I'd like to ask you about all the hours of **unpaid care** that you receive from the people on this card.

1 Husband / Wife / Partner
2 Son (incl. stepson, adopted son or son-in-law
3 Daughter (incl. stepdaughter, adopted daughter or daughter-in-law)
4 Grandchild (incl. great-grandchild)
5 Brother / Sister (incl. step / adopted / in-laws)
6 Niece / Nephew
7 Mother / Father (incl. mother-in-law or father-in-law)
8 Other family member
9 Friend
10 Neighbour
11 None of the above

{IF OTHER ADULTS IN HOUSEHOLD}
HrsUnpd

First of all, I'd like you to think about anyone who lives here with you. In a typical week, how many hours of **unpaid care** do you receive from others living here?
RECORD NO. OF HOURS. 'IF NONE, ENTER '0'

{IF HelpInf=1-10}
UnpdOth
And in a typical week, how many hours of **unpaid care** do you receive from people who do not live in the same household as you?
RECORD NO. OF HOURS. 'IF NONE, ENTER '0'

Whoans
INTERVIEWER: WHO ANSWERED THE QUESTIONS IN THIS SECTION ON PAYMENTS?
1 Respondent only
2 Respondent with assistance of another person

Comments
INTERVIEWER: Do you have any comments about this section?
1 Yes
2 No

{IF Comments = Yes}
CommentX
INTERVIEWER: PLEASE ENTER COMMENTS HERE.
Text: Maximum 100 characters

ENDIF

Care services use

Questions omitted in alternate years (2017)
ASK ALL AGED 65+
Intro
I'm going to ask you about services that people can make use of.
Press <1> and <Enter> to continue

MealProv
In the last month, have you regularly had your main meals provided for you?
EXPLAIN IF NECESSARY: Provided by someone who is not living here with you?
INTERVIEWER: Don't count meals eaten elsewhere.
1 Yes
2 No

{IF MealProv = Yes}
Meals
SHOWCARD D12
Who provided your meals? PROBE: Who else?
INTERVIEWER EXPLAIN IF NECESSARY: Meals on Wheels may be provided by the council or another organization
CODE ALL THAT APPLY
1 Meals on Wheels
2 Private frozen meal provider such as Wiltshire farm foods
3 Family/friend/neighbour brought me ready prepared meals
4 Other
5 None of these

LnchClub
In the last month did you attend a lunch club run by the council or a voluntary body?
1 Used in the last month
2 Not used in the last month

DayCen

And in the last month did you attend a Day Centre? Please include groups or classes run by a day centre but not necessarily held at the day centre building.

1 Used in the last month
2 Not used in the last month

Social care - Provision

ASK ALL AGED 16+
Intro
The next few questions are about help or support that people provide for others.
Press <1> and <Enter> to continue

ProvHlp
Have you personally provided help or support to anyone **in the last month** because they have long-term physical or mental ill-health, a disability or problems relating to old age? Do not include help given in a professional capacity or as part of a job, but include help or support given to your family, friends or neighbours.
INTERVIEWER: Include help for wife/husband/partner
1 Yes
2 No

{IF ProvHlp = Yes}
Checkhlp
Can I just check, are you only including help or support that you give this person/these people because they have long-term physical or mental ill-health, disability or problems relating to old age, or were you thinking about help more generally?
1 Yes, thinking of help/support given because of health/old age
2 No, was thinking about help more generally

{IF Checkhlp = Yes}
HelpNo
How many people do you provide this kind of help and support to?
Range: 0..97

{IF HelpNo = >=4}
Intro
Now I'd like you to think about the three people you provide the most help and support to.
Press <1> and <Enter> to continue

PrNameA
Just so I can refer to them later on, I'd like to take down their first names. What are their names?
WRITE IN FIRST NAME OF FIRST PERSON CARED FOR
Text: Maximum 50 characters

PrNameB
What are their names?
WRITE IN FIRST NAME OF SECOND PERSON CARED FOR
Text: Maximum 50 characters

PrNameC
What are their names?
WRITE IN FIRST NAME OF THIRD PERSON CARED FOR
Text: Maximum 50 characters

ENDIF

{IF HelpNo >=1}
PrRel
SHOWCARD E1
Thinking about (name of person respondent helps), what is their relationship to you?
They are my…
1 Husband/Wife/Partner

2 Mother (including mother-in-law)
3 Father (including father-in-law)
4 Son (including step son, adopted son or son in law)
5 Daughter (including step daughter, adopted daughter or daughter in law)
6 Grandparent
7 Grandchild (including Great Grandchildren)
8 Brother / Sister (including step / adopted / in laws)
9 Other family member
10 Friend
11 Neighbour
12 Somebody I help as a professional carer
13 Somebody I help as a voluntary carer
14 Other (PLEASE SPECIFY)

{IF PrRel = Other}
RelOth
Please specify the other relationship.
Text: Maximum 50 characters

No further follow up if professional care giver (PrRel=12) – go to end of the module.

Questions PrHelp through to Gendhlp to be asked in a loop for each person aged 65+ cared for.

{IF (PrRel = Responses 1-10) AND (HelpNo >=1)}
PrHHold
Does (name of person respondent helps) live in the same household as you or in a different household?
1 Same household
2 Different household

{IF PrHHold=Same household}
NumHlp
Please enter person number.
(CODE HH GRID No. age and sex will be taken from household grid)

{IF PrHHold= Different household}
Agehlp
How old is (name of person respondent helps)?
INTERVIEWER: If necessary ask respondent to estimate.
Range: 1..130

Gendhlp:
INTERVIEWER CODE OR ASK: Is <name of person respondent helps> male or female?
1 Male
2 Female

ENDIF
ENDIF

Repeated for each person respondent helps

Derived variable: Askint = yes IF any part of PrRel = 1-11 or 13 or 14 or DK or Refused

FOR EACH PERSON WHO IS HELPED LOOP PrHours AND PrHours AS APPLICABLE

{IF AskInt=Yes}
IntroB

SHOW CARD E2
I'm going to ask you about the amount of time you spend helping. Please look at **SHOW CARD E2**, the next question is about the time you spend in person helping with tasks like this.
INTERVIEWER: Please ensure respondent has sufficient time to look at **Show card E2**.
Press <1> and <Enter> to continue

PrHours
SHOW CARD E3
Thinking only about the types of tasks and activities I showed you on Showcard E3, how many hours did you spend helping (name of person respondent helps) in the last week?
INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet, or doing occasional errands or odd jobs without the respondent
INTERVIEWER EXPLAIN IF NECESSARY: Please exclude travel time
INTERVIEWER: IF YOU THINK THE ANSWER MAY BE A DAILY AMOUNT, CHECK 'So that is xx hours in the last week?', CHANGE ANSWER IF NECESSARY
INTERVIEWER NOTE: ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE 1-4 hours'

1 No help in the last week
2 Less than one hour
3 1-4 hours
4 5-9 hours
5 10-19 hours
6 20-34 hours
7 35-49 hours
8 50-99 hours
9 100 hours or more

{IF PrHours= don't know or refusal}
PrHoursB
Thinking of the same type of help you give <name of person respondent helps> can you tell me whether in the last week you helped him/her:....READ OUT...
INTERVIEWER EXPLAIN IF NECESSARY: Please exclude travel time."

1 Less than 10 hours
2 10-19 hours
3 20-34 hours
4 Or, for 35 hours or more?

{IF PrHours= no help in the last week}
PrUsHrs
SHOW CARD E4
How many hours do you help (name of person respondent helps) in a usual week?
INTERVIEWER EXPLAIN IF NECESSARY: Please exclude travel time

1 Less than one hour per week
2 1-4 hour per week
3 5-9 hours per week
4 10-19 hours per week
5 20-34 hours per week
6 35-49 hours per week
7 50-99 hours per week
8 100 hours or more per week

Repeated for each person respondent helps

ASK IF CARE FOR MORE THAN ONE PERSON AGED 65+
PrAllHour
Thinking about the total time you spend providing support or help to <text fill (if also some younger) the older people that you care for>, <name of person cared for>, about how many hours altogether did you spend last week helping them?
INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet, or doing occasional errands/odd jobs without the respondent

INTERVIEWER: IF YOU THINK THE ANSWER MAY BE A DAILY AMOUNT, CHECK 'So that is xx hours in the last week?', CHANGE ANSWER IF NECESSARY
INTERVIEWER NOTE: ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE '1-4 hours' ENTER NUMBER

{IF RrAllHour=Don't know}
PRAllRng
SHOW CARD E4
Thinking about the total time you spend providing support or help to <text fill (if also some younger) the older people that you care for>, <name of person cared for>, about how many hours altogether did you spend last week helping them?

1 Less than one hour per week
2 1-4 hour
3 5-9 hours
4 10-19 hours
5 20-34 hours
6 35-49 hours
7 50-99 hours
8 100 hours or more

{IF (PrRel <> 12) [i.e. not a professional carer for this person] AND (PrHours =>10 hours in the last week) OR (PrHoursB =>10 hours in the last week) OR (PrUsHrs =>10 hours in the last week) }– {THIS QUESTION IS IN A LOOP FOR UP TO TWO PEOPLE}
Prtask
SHOW CARD E5
And looking at card E5, which of the activities do you help or support <name of person respondent helps>? Please think only of help or support given because of long-term physical or mental ill-health, disability or problems relating to old age.
CODE ALL THAT APPLY

1 Getting the person in and out of bed
2 Washing their face and hands
3 Having a bath or a shower, including getting in and out of the bath or shower
4 Dressing or undressing, including putting on shoes and socks
5 Using the toilet
6 Eating, including cutting up food
7 Taking the right amount of medicine at the right times
8 Getting around indoors (please don't include using the stairs)
9 Getting up and down stairs
10 Getting out of the house, for example to go to the doctors or to visit a friend
11 Shopping for food, including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away
12 Doing routine housework or laundry
13 Doing paperwork or paying bills

{IF (PrRel <> 12) [i.e. not a professional carer for this person] AND (PrHours =>10 hours in the last week) OR (PrHoursB =>10 hours in the last week) OR (PrUsHrs =>10 hours in the last week)}
Recpay
{THIS QUESTION IS IN A LOOP FOR UP TO TWO PEOPLE}
SHOW CARD E6
Do you receive any money for helping [your answer at PrRel]/ [answer from PrName1/2/3]?
INTERVIEWER DO NOT INCLUDE GIFTS, TREATS OR OCCASIONAL PAYMENTS OF EXPENSES SUCH AS PETROL MONEY OR LUNCH
CODE ALL THAT APPLY

1 Yes, this person pays me from their own income, pensions or savings
2 Yes, this person pays me from a personal budget or direct payment
3 Yes, I receive a carer's allowance
4 Yes, I receive money in another way
5 No, I receive no money for helping this person.

{IF Recpay=1,2,3 or 4}
RecPAmt17
How much do you receive per week or per month?

{IF RecPAmt17 = RESPONSE}
RecPFrq17
ASK OR RECORD. Is that per week or per month?
1 Per week
2 Per month

Repeated for up to 3 people respondent helps

Effects of Care

{ASK OF EACH PERSON CARED FOR}

Intro
The next few questions are about the effects on you of caring and about any support you may receive with your care responsibilities
Press <1> and <Enter> to continue

Support
SHOW CARD E7
Do you receive any of these types of support in caring for (name of person respondent helps)?
Please think only about help or support given directly to you.
Please read out the numbers that apply from this card
CODE ALL THAT APPLY
1 Help from GP or nurse
2 Access to respite care
3 Help from professional care staff
4 Help from carers' organisation or charity
5 Help from other family members
6 Advice from local authority/ social services
7 Help from friends/neighbours
8 No, I don't receive any of these

Repeat for one or all people respondent helps

{IF HelpNo = RESPONSE}
HealthA
SHOW CARD E8
In the last three months, has your own health been affected, in any of the ways listed on this card, by the help or support that you give **{IF HelpNo=1**} *<textfill relation from PrRel* **{IF HelpNo>=2}** *^to the people you care for>*.
Please read out the numbers that apply from this card?
CODE ALL THAT APPLY
1 Feeling tired
2 Feeling depressed
3 Loss of appetite
4 Disturbed sleep
5 General feeling of stress
6 Physical strain
7 Short tempered
8 Developed my own health condition
9 Made an existing condition worse
10 Other

11 No, none of these

{IF(HealthA=1 -10) AND (IF HelpNo=RESPONSE)}
HealthGP
Have you seen your GP because your health has been affected by the support you give **to {IF HelpNo=1}** <textfill relation from PrRel **{IF HelpNo>=2}>** the people that you care for?

1 Yes
2 No

ASK IF AGE 16-65
{IF HelpNo = 1}
HlthEmp
SHOW CARD E9
Has your ability to take up or stay in employment been affected, in any of the ways listed on this card, by the help or support that you give to your **{IF HelpNo=1}** <*textfill relation from PrRel* **{IF HelpNo>=2}** ^*the people you care for*>.
Please read out the numbers that apply from this card?
CODE ALL THAT APPLY

1 Left employment altogether
2 Took new job
3 Worked fewer hours
4 Reduced responsibility at work
5 Flexible employment agreed
6 Changed to work at home
7 Other
8 Employment not affected

ASK ONCE FOR ALL WHO CARE FOR SOMEONE
{IF HelpNo=RESPONSE}
LAass
Have the Local Authority (council) carried out a carer's assessment as a result of the help or support that you provide **{IF HelpNo=1}** <*textfill relation from PrRel* **{IF HelpNo>=2**} ^*to the people you care for*>?

1 Yes
2 No

Carers

{IF HelpNo >= 1}
Time
SHOW CARD F1
Thinking about the other people you have caring responsibilities for, which of the following best describes your current situation. Please exclude the person you spend most time helping?

1 I always have enough time to care for them
2 I sometimes have enough time to care for them
3 I never have enough time to care for them
4 I don't have caring responsibilities for anyone else

FinDiff
SHOW CARD F2 XX
In the last 12 months, has caring caused you any financial difficulties. Please read out the number that applies from this card?

1 No, not at all
2 Yes, to some extent
3 Yes, a lot

CurrSit
SHOW CARD F3
Thinking about combining your paid work and caring responsibilities, which of the following statements best describes your current situation? Please tick one box

Not in Paid Work

1 I am not in paid employment because of my caring responsibilities
2 I am not in paid employment for other reasons (e.g. Retired, Student)

In Paid Employment

3 I am in paid employment and I feel supported by my employer
4 I am in paid employment but I don't feel supported by my employer
5 I do not need any support from my employer to combine my work and caring responsibilities

Self Employed

6 I am self-employed and I am able to balance my work and caring responsibilities
7 I am self-employed but I am unable to balance my work and caring responsibilities

QUESTIONS REPEATED FOR EACH PERSON RESPONDENT CARES FOR AT PRNameA, PRNameB, PRNameC
WhchHelp
SHOW CARD F4
In the last month, which of these tasks have you helped [^name of person cared for] with. Please think only of help or support given because of long-term physical or mental ill-health, disability or problems relating to old age?

A Personal Care (e.g. washing yourself, having a bath or shower)
B Physical help (e.g. to get around indoors, to get up and down stairs)
C Helping with dealing with care services and benefits
D Helping with other paperwork or financial matters
E Other practical help (e.g. shopping for food)
F Keeping him/her company
G Taking him/her out
H Giving medicines
I Keeping an eye on him/her to see he/she is all right
J None of these

REPEAT for each {IF WhchHelp <> J None of these
OftenA-I
SHOW CARD F5
How often do you help [^name of person cared for] with [^task selected at WhchHelp]?"
REPEAT FOR ALL TASKS SELECTED AT WhchHelp

1 More than once a day
2 Once a day
3 Most days
4 2-3 times a week
5 Once a week
6 Less than once a week, but at least once a month
7 Less often

Long
SHOW CARD F6
About how long have you been looking after or helping [^name of person cared for]…?
1 Less than 6 months
2 6-12 months
3 1-3 years
4 3-5 years
5 5-10 years
6 10-15 years
7 15-20 years
8 20 years plus

RegVis
SHOW CARD F7
Does <^name of person cared for> receive regular visits at least once a month from any of these people?" CODE ALL THAT APPLY
1 Doctor
2 Community/district nurse / Community Matron
3 Health visitor
4 Social worker/care manager
5 Home help/care worker
6 Meals on wheels
7 Voluntary worker
8 Occupational therapist
9 Educational Professional
10 Specialist / nursing care / palliative care
11 Community mental health services
12 Gardener / caretaker / warden
13 Other professional visitor
14 No, none (SPONTANEOUS)

RegCont
SHOW CARD F7
Does <^name of person cared for> have regular contact from anyone else on this list?
INTERVIEWER: EXCLUDE RESPONSES GIVEN AT PREVIOUS QUESTION REGVIS.
CODE ALL THAT APPLY
1 Doctor
2 Community/district nurse / Community Matron
3 Health visitor
4 Social worker/care manager
5 Home help/care worker
6 Meals on wheels
7 Voluntary worker
8 Occupational therapist
9 Educational Professional
10 Specialist / nursing care / palliative care
11 Community mental health services
12 Gardener / caretaker / warden
13 Other professional visitor
14 No, none (SPONTANEOUS)

{IF RegVis=No AND RegCont=No}
SHOW CARD F8
NoRegVis
What are the reasons for [^name of person cared for] not receiving regular visits at least once a month from the people listed on the last card?
CODE ALL THAT APPLY

1 Not available/not offered
2 Not needed
3 Tried, but not helpful
4 Not wanted by you
5 Not wanted by the person you care for
6 Not at a convenient time
7 Too expensive
8 Not eligible
9 Don't know who to ask
10 Other

DTrnsp
Does <^name of cared for person> regularly make use of a community or voluntary transport scheme?

1 Yes
2 No

CareImpct
SHOW CARD F9
Why did you start looking after or giving special help to [^name of cared for person]?
CODE ALL THAT APPLY

1 No one else available
2 I was willing / I wanted to help out
3 I had the time because I was not working
4 I had the time because I was working part time
5 I have particular skills / ability to care
6 Social Services (local Authority) suggested I should provide care
7 It was expected of me (it's what families do)
8 He/she wouldn't want anyone else caring for them
9 Cared for person requested my help/care
10 I took over caring responsibilities from someone else
11 Other (SPECIFY)

{IF CareImpct=other}
CarImOth
What other reasons did you start looking after <^name of cared for person>?
Text: Maximum 250 characters

CareLeis
SHOW CARD F10
How, if at all, has your ability to spend time doing leisure or social activities been affected by the assistance you give to [^name of person cared for]…Please read out the numbers that apply from this card?
CODE ALL THAT APPLY

1 Unable to socialise
2 Reduced time with spouse or partner
3 Reduced time with other family members
4 Reduced time with friends
5 Difficulties making new friends
6 Reduced time spent doing sport or physical activity
7 Reduced time spent doing pastime or hobby
8 Other
9 None of these (SPONTANEOUS)

{IF HelpNo=>1 AND CARER IS NOT IN EMPLOYMENT (CurrSit=1,2) BUT IS OF WORKING AGE (Age<70)}
TakEmp
SHOW CARD F11
Do you have any interest in taking up paid employment?"

1 Yes, in the near future
2 Yes, when my caring responsibilities are reduced
3 No plans to return to work

{IF TakeEmp= 1 or 2}
HelpEmp
SHOW CARD F12
Which of the following things would help you take up paid employment?
CODE ALL THAT APPLY

1 The ability to work from home
2 Having some flexibility in the hours you want to work
3 Access to affordable childcare
4 Access to affordable care for the person you care for
5 Better public transport
6 Other

{IF TakeEmp= 1 or 2}
Barr1-10
SHOW CARD F13
Do you either agree or disagree with the following statements about potential barriers you might face in taking up paid employment…. [Loop for each statement]

- I cannot work because of my disability or health condition
- I cannot work because of my caring responsibilities.
- I am not sure I would be able to work regularly
- At my age it is unlikely that I would find a suitable job
- I don't feel confident about working
- I haven't got enough qualifications and experience to find the right work
- There aren't enough suitable job opportunities locally
- I'm not sure I would be better off in work than on benefits
- I cannot work because of my childcare responsibilities
- My family/dependent/s don't want me to work

1 Agree strongly
2 Tend to agree
3 Neither agree nor disagree
4 Tend to disagree
5 Disagree strongly
6 Not applicable (SPONTANEOUS)

{IF HelpNo>=1}
FlexWk
Were you aware that if you look after or give special help to sick, disabled or elderly people and you have worked for the same employer for at least 26 weeks you are now legally entitled to request flexible working (e.g. flexitime or working from home), and that all employers are required to give consideration to any such requests?

1 Yes
2 No

{IF HelpNo>=1 AND CurrSit=in paid employment or self employed (3,4,5, 6,7) AND FlexWk = Yes}
ReqFlex
And have you made a request to work flexibly?

1 Yes
2 No

{IF HelpNo>=1 AND CurrSit=in paid employment or self employed (3,4,5, 6,7) AND FlexWk = Yes }

FtPTime

On average how many hours of paid work do you do per week? Please include any paid or unpaid overtime but exclude meal breaks.

RANGE: 1-100

Good thinking

(Asked of London regions only – GOR E12000007)

ASK ALL AGED 16+
GoodT
SHOW CARD G1
Do you think you have ever seen or heard of GOOD THINKING?
INTERVIEWER: PLEASE ALLOW THE RESPONDENT PLENTY OF TIME TO LOOK AT THE PICTURE

1 Yes - seen or heard some of GOOD THINKING
2 No - Not seen

{IF GoodT=Yes}
GTUse
How many times, before this interview, have you used GOOD THINKING online?
INTERVIEWER ADD IF NECESSARY: Please answer as best you can even if it is just an estimate.

1 Once
2 Twice
3 Three to five times
4 Six times or more
5 Never

Every Mind Matters

(Asked in all regions)

ASK ALL AGED 16+
Aware
SHOW CARD H1
INTERVIEWER: Show campaign materials.
Do you think you have ever seen or heard of Every Mind Matters ?

1 Yes – seen or heard some of the campaign
2 No – not seen

[IF AWARE=1]
CamUse
How many times before this interview have you looked at Every Mind Matters videos or information online?

1 Once
2 Twice
2 Three to five times
3 Six times or more

Smoking (Aged 16+)

{IF Age of Respondent = 18 to 24. All 16-17 year olds to be given CASI }
CASIchk
INTERVIEWER CHECK: <*name of respondent*> IS AGED <*age of respondent*>. RESPONDENT TO BE...:

1 Asked Smoking/Drinking questions in CAPI
2 Participant to be given laptop to complete smoking/drinking questions

{IF (Age of Respondent is 25 years or over) OR (CASIchk = Asked)}
SmokEver19
Now we are moving on to a different topic. May I just check, have you ever smoked a cigarette, a cigar or a pipe? We are referring here to tobacco cigarettes, not e-cigarettes or other vaping devices that use e-liquids

1 Yes
2 No

{IF SmokEver19 = Yes}
SmokeNow
Do you smoke cigarettes at all nowadays?

1 Yes
2 No

{If SmokEver19 = Yes}
SmokeLMon
Can I just check, did you smoke any cigarettes in the last month?

1 Yes
2 No

{IF SmokeLMon= Yes}
SmokeOft
SHOWCARD I1
How often have you smoked a cigarette during the last month?

1 Every day or almost every day
2 About twice a week
3 About once a week
4 About once a fortnight
5 About once in the last month
6 Not at all in the last month

{IF SmokeNow = Yes}
DlySmoke
About how many cigarettes a day do you smoke on a typical weekday?
INTERVIEWER: IF LESS THAN ONE A DAY, ENTER 0. IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS TAKE ESTIMATE OF NUMBER OF CIGARETTES.

Range: 0..97

DHRoll
And about how many of these are hand-rolled?

Range: 0..97

ENDIF

WKndSmok
And about how many cigarettes a day do you smoke on a typical weekend day?

INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS TAKE ESTIMATE OF NUMBER OF CIGARETTES.
Range: 0..97

WEHRoll
And about how many of these are hand-rolled?
Range: 0..97

CigType
Do you mainly smoke ...READ OUT…CODE ONE
1 ... filter-tipped cigarettes
2 plain or untipped cigarettes,
3 or hand-rolled cigarettes?

{IF SmokeNow=Yes}
SmokPl
SHOW CARD I2
In which of these places, if any, did you smoke in during the last 7 days ending yesterday? CODE ALL THAT APPLY
1 At my home, indoors
2 At my home, outside, eg. in garden or on doorstep
3 Outside in the street, or out and about
4 Outside at work
5 Outside at other people's homes
6 Outside pubs, bars, restaurants or shops
7 In public parks
8 Inside other people's homes
9 While travelling by car
10 Inside other places

FirstCig
How soon after waking do you **usually** smoke your first cigarette of the day?
PROMPT AS NECESSARY.
1 Less than 5 minutes
2 5-14 minutes
3 15-29 minutes
4 30 minutes but less than 1 hour
5 1 hour but less than 2 hours
6 2 hours or more

SmYrAgo
Would you say that you are smoking about the same number of cigarettes as a year ago, or more than a year ago or fewer than a year ago?
1 Same as a year ago
2 More than a year ago
3 Fewer than a year ago

{IF SmokeNow = Yes}
SmNoDay
How easy or difficult would you find it to go without smoking for a whole day? Would you find it …READ OUT …
1 … very easy,
2 … fairly easy,
3 … fairly difficult,
4 … or, very difficult?

GiveUp
Would you like to give up smoking altogether?
1 Yes

2 No

{IF SmokeNow=Yes AND GiveUp=Response}
WhenStp2
SHOW CARD I3
Which of the statements on this card best describes you?
1 I REALLY want to stop smoking and intend to in the next month
2 I REALLY want to stop smoking and intend to in the next 3 months
3 I want to stop smoking and hope to soon
4 I REALLY want to stop smoking but I don't know when I will
5 I want to stop smoking but haven't thought about when
6 I think I should stop smoking but don't really want to
7 I don't want to stop smoking

SerQuit
Have you ever made a serious attempt to stop smoking completely?
1 Never
2 Yes, in the last 12 months
3 Yes, but not in the last 12 months

{IF SerQuit = Yes in last 12 months}
NumQuit
How many attempts to stop smoking completely have you made in the last 12 months?
Range: 1-25

{IF GiveUp = YES}
GvUpWhy
SHOW CARD I4
What are your main reasons for wanting to give up?
1 Better for my health
2 Financial reasons/ can't afford it
3 Family/friends want me to stop
4 Worried about the effect on other people
5 Something else

{IF SmokeNow<>Yes AND SmokeLMon<> Yes *(Smoked but doesn't smoke cigarettes nowadays AND didn't smoke a cigarette in the last month)}*
SmokeCig19
INTERVIEWER: THIS QUESTION IS SPECIFICALLY ABOUT CIGARETTES, NOT CIGARS OR PIPES
Have you ever smoked cigarettes?
1 Yes
2 No

{IF SmokeCig19 = Yes OR (SmokeNow<>Yes AND SmokeLMon=Yes) (Smoked but doesn't smoke cigarettes nowadays, including those who smoked a cigarette in the last month)}
ResQuit19
SHOW CARD I5
Why did you decide to give up smoking?
CODE ALL THAT APPLY
1 For health reasons
2 Pregnancy
3 Financial reasons/ couldn't afford it
4 Family or friends wanted me to stop
5 Worried about the effect on other people
6 My own motivation
7 Something else
8 SPONTANEOUS: Cannot remember
9 SPONTANEOUS: Haven't stopped smoking

{IF SmokeCig19 = Yes OR (SmokeNow<>Yes AND SmokeLMon=Yes) *(Smoked but doesn't smoke cigarettes nowadays, including those who smoked a cigarette in the last month)*
SmokeReg19
Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally?

1 Smoked cigarettes regularly, at least 1 per day
2 Smoked them only occasionally
3 SPONTANEOUS: Never really smoked cigarettes, just tried them once or twice
4 SPONTANEOUS: Haven't stopped smoking

{IF SmokeReg = Smoked cigarettes regularly}
NumSmok
About how many cigarettes did you smoke in a day?
INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS TAKE ESTIMATED NUMBER OF CIGARETTES.
Range: 0..97

XDHRoll
And about how many of those were hand-rolled?
Range: 0..97

{IF (SmokeNow=Yes) OR (SmokeReg19=Smoked cigarettes regularly or haven't stopped smoking)}
StartSmk19
How old were you when you started to smoke cigarettes regularly?
INTERVIEWER: IF 'Never smoked regularly' CODE 97.
Range: 0..97

ENDIF

{IF SmokeReg19=[Regularly OR Occasionally]}
EndSmoke
How long ago did you stop smoking cigarettes?
INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR AGO, CODE 0.
Range: 0..97

ENDIF

{IF EndSmoke=0}
LongEnd2
How long ago was that?

1 In the last week
2 More than a week and up to a month
3 More than 1 month and up to 2 months
4 More than 2 months and up to 3 months
5 More than 3 months and up to 6 months
6 More than 6 months and up to a year

ENDIF

SmokYrs
And for approximately how many years did you smoke cigarettes regularly? Please exclude any periods where you did not smoke when giving your answer,
INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR, CODE 0.
Range: 0..97

TO BE ASKED IN ALTERNATE YEARS.

ASK ALL AGED 16+
Hookah
SHOW CARD I6
May I just check, have you ever smoked hookah/shisha? INTERVIEWER: IF ASKED 'This **does not** include e-cigarettes or other vaping devices that use e-liquids.'

1 Yes
2 No

{IF Hookah=Yes}
HookNow
Have you used hookah/shisha in the last month?

1 Yes
2 No

ASK ALL
SmLss May I just check, have you ever used any forms of non-smoked tobacco that you put in your mouth, with or without other ingredients? (This includes any chewing tobacco, snus, paan, gutka).

1 Yes
2 No

{IF SmLss =Yes}
SmLssN Have you used non-smoked tobacco that you put in your mouth in the last month??

1 Yes
2 No

ASK EVERY YEAR
ASK ALL
EvVape
SHOW CARD I7
Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?
EXPLAIN IF NECESSARY: A vaping device is any product that you can use to inhale vapour rather like you would a cigarette. It includes ones that have a battery as well as ones that do not such as voke.

1 Yes
2 Yes - Only tried once or twice
3 No

{IF EvVape =Yes OR Yes - Only tried once or twice}
VapeNow
Do you use an e-cigarette or vaping device at all nowadays?

1 Yes
2 No

{IF EvVape =Yes}
StartVape
How old were you when you started to use an e-cigarette or vaping device regularly?
INTERVIEWER: IF 'Never vaped regularly' CODE 97.

Range: 1..97

{IF VapeNow= YES}
VapeFrq
SHOW CARD I8
How often have you used an e-cigarette or vaping device in the last month?

1 Less than once a month
2 At least once a month but less than once a week

3 At least once a week but less than every day
4 Every day

{IF VapeNow= YES}
WeekVp
SHOW CARD I9
How many times do you use your e-cigarette or vaping device on a typical weekday?
INTERVIEWER READ OUT: 'How many times' refers to a 'session' i.e. picking it up, taking some puffs and putting it down again, NOT the number of puffs a day.

1 Less than once a day
2 Once
3 2 to 3 times
4 4 to 5 times
5 6 or more times
6 SPONTANEOUS I vape for most of the time during the day

{IF VapeNow= YES}
WkVpTm
SHOW CARD I10
In total, how much time do you spend using your e-cigarette or vaping device on a typical weekday?

1 Less than 5 minutes
2 5 minutes to 30 minutes
3 More than 30 minutes but up to 1 hour
4 More than 1 hour but up to 2 hours
5 More than 2 hours

{IF VapeNow= YES}
WkendVp
SHOW CARD I9
How many times do you use your e-cigarette or vaping device on a typical weekend day?
INTERVIEWER READ OUT: 'How many times' refers to a 'session' i.e. picking it up, taking some puffs and putting it down again, NOT the number of puffs a day.

1 Less than once a day
2 Once
3 2 to 3 times
4 4 to 5 times
5 6 or more times
6 SPONTANEOUS I vape for most of the time during the day

{IF VapeNow= YES}
WeVpTm
SHOW CARD I10
In total, how much time do you spend using your e-cigarette or vaping device on a typical weekend day?

1 Less than 5 minutes
2 5 minutes to 30 minutes
3 More than 30 minutes but up to 1 hours
4 More than 1 hour but up to 2 hours
5 More than 2 hours

{IF VapeNow= YES}
ECigTyp
SHOW CARD I11
Which of these do you mainly use?

1 A disposable electronic cigarette (non-rechargeable)
2 An electronic cigarette kit which is refillable with pre-filled cartridges
3 An electronic cigarette kit which is refillable with liquids

4 A modular system (I use my own combination of separate devices: batteries, atomizers, etc.)

{IF VapeNow= YES ECigCart19}
SHOW CARD I12
E-cigarette liquids and cartridges generally come in a variety of strengths. What strength do you typically use?

1 0 mg nicotine
2 6 mg nicotine – often described as low
3 11 mg or 12 mg nicotine – often described as medium or mild
4 18 mg nicotine – often described as high or regular
5 24 mg nicotine- often described as strong
6 Other strength (please specify)

{IF ECigCart19=6 (Other strength)}
ECigCartO
INTERVIEWER: Please specify the other strength
Range: 0..97

{IF VapeNow=Yes}
VapePl
SHOW CARD I13
In which of these places, if any, have you used your e-cigarette or vaping device in the last 7 days ending yesterday? CODE ALL THAT APPLY

1 At my home, indoors
2 At my home, outside, eg. in garden or on doorstep
3 Outside in the street, or out and about
4 Outside at work
5 Outside at other people's homes
6 Outside pubs, bars, restaurants or shops
7 In public parks
8 Inside other people's homes
9 While travelling by car
10 Inside other places

{IF VapeNow= YES}
FirstVp
How soon after waking do you **usually** have your first e-cigarette or vape of the day?
PROMPT AS NECESSARY.

1 Less than 5 minutes
2 5-14 minutes
3 15-29 minutes
4 30 minutes but less than 1 hour
5 1 hour but less than 2 hours
6 2 hours or more

{IF VapeNow= YES}
VapeStp
Would you like to give up using e-cigarettes or vaping altogether?

1 Yes
2 No

{IF (SmokeNow=Yes OR SmokeReg= Regular, Occasional or haven't Stopped) AND (EvVape=1)}
WhchFrst19
You said that you <^used to – **see text fill below**> smoke cigarettes, and that you <^used to – **see text fill below**> use an e-cigarette or vaping device. Can I just check, did you start smoking cigarettes before, or after, you started using e-cigarettes or vaping devices?

1 Before
2 After

Text-fills

- **The first 'used to':**
  'you used to smoke' - IF SmokeReg19 = 1 OR 2 (is displayed for participants who smoked cigarettes regularly or occasionally (SmokeReg) in the past but don't smoke nowadays (SmokeNow).)
  'you smoke' – IF SmokeNow=1 (is NOT displayed for people who smoke nowadays (SmokeNow).
- **The second 'used to':**
  'you used to use' – IF EvVape=1 AND VapeNow=2 (is displayed for people who have vaped before (EvVape) but don't vape nowadays (VapeNow).
  'you use an e-cig' – IF EvVape=1 AND VapeNow=1 (is NOT displayed for people who have vaped before (EvVape) and vape nowadays (VapeNow).

{IF ((SmokeNow=Yes) AND (EvVape=1 or 2) AND (WhchFrst19=1))}
VapeAffect
Compared to before you started using e-cigarettes or vaping devices, do you currently smoke fewer, the same number, or more cigarettes?

1 Fewer
2 Same number
3 More

ASK ALL
NRNow
SHOW CARD I14
<Textfill: If SmokeEver=No: 'Some people who have never regularly smoked sometimes use nicotine replacement products. Can I just check…> Are you using any of these products nowadays?
PROBE: Which others? PROBE UNTIL RESPONDENT SAYS 'NO OTHERS'.
CODE ALL THAT APPLY

1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None

{IF NOT (all of 1-8) AT NRNow}
NREv
SHOW CARD I14
And have you ever used any of these products in the past that you are not using nowadays?
PROBE FULLY: Which others? PROBE FULLY. CODE ALL THAT APPLY

1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray

6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None

ENDIF
ENDIF

AnyProd is a derived variable in the CAPI. It is set to 1 if any nicotine replacement products are used at NRNow or NREV

{IF (Gum IN NREv) OR (Lozenge IN NREv) OR (Patch IN NREv) OR (Inhaler IN NREv) OR (Spray IN NREv) OR (Nasal IN NREv) OR (OthNic IN NREv) OR (Elect IN NREv) AnyProd := Yes}

{IF (SmokEver19 = Yes) AND IF (SmokeNow <> Yes) AND (SmokeCig19=Yes OR SmokeLMon = Yes) AND NOT (ResQuit19=NotStop AND SmokeReg19=NotStop) AND (AnyProd=Yes)}
HelpQuit19
SHOW CARD I14
Did you use any of these products to help you stop smoking?
PROBE: Which others? CODE ALL THAT APPLY

1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None

ENDIF

{IF (SmokeNow=Yes) AND (AnyProd=Yes)}
CutDwn
Are you currently trying to cut down on how much you smoke but not currently trying to stop?

1 Yes
2 No

{IF CutDwn = Yes}
NRCut
SHOW CARD I14
Which, if any, of these products are you currently using to help you cut down the amount you smoke?
PROBE FULLY: Which others? PROBE UNTIL RESPONDENT SAYS NO OTHERS, CODE ALL THAT APPLY

1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None

{IF (SmokeNow=Yes) AND (AnyProd=Yes)}

NRTemp
SHOW CARD I14
Do you regularly use any of these products in situations when you are not allowed to smoke?
PROBE FULLY : Which others? PROBE UNTIL RESPONDENT SAYS NO OTHERS
CODE ALL THAT APPLY

1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette or vaping device
9 None

{IF (SmokeNow=Yes) AND (AnyProd=Yes)}
PastQuit
Have you ever used any of these products to help you stop smoking
during a serious quit attempt?
SHOW CARD I14
PROBE: Which others? CODE ALL THAT APPLY

1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette or vaping device
9 None

{IF (SmokeNow = Yes OR SmokeLMon = Yes)}
DrSmk1219
In the last 12 months, has a medical person, for example a doctor or nurse advised you to stop smoking completely?

1 Yes
2 No

{IF (SmokEver19 = Yes)}
CigarNow
Do you smoke cigars at all nowadays?

1 Yes
2 No

{IF CigarNow = Yes}
CigarReg
Do you smoke cigars regularly, that is at least one cigar a month, or do you smoke them only occasionally?

1 Smoke at least one cigar a month
2 Smoke them only occasionally

{IF (SmokEver19 = Yes)}
PipeNowA
Do you smoke a pipe at all nowadays?

1 Yes
2 No

{IF (Page >=25) OR (CASIchk= Asked)}
ParSm

Did your parents ever smoke regularly when you were a child?
INTERVIEWER: IF YES, Was it one or both parents?

1 No, neither
2 Yes, one
3 Yes, both
4 Not applicable

{IF (PAge >= 25 OR CASIchk = Asked smoking/drinking questions in CAPI)}
Passive
SHOW CARD I15
Are you regularly exposed to other people's tobacco smoke in any of these places?
PROBE: Where else? CODE ALL THAT APPLY.

1 At own home
2 At work
3 In other people's homes
4 Travelling by car/van
5 Outdoor smoking areas of pubs/restaurants/cafes
6 In other places
7 No, none of these

{IF Passive=1-6}
Bother
Does this bother you at all?

1 Yes
2 No

{IF (PAge >= 25 OR CASIchk = Asked smoking/drinking questions in CAPI)
ExpSm
Can I just check, in most weeks, how many hours a week are (you/name of child) exposed to other people's tobacco smoke?
INTERVIEWER: IF EXPOSED FOR SOME TIME BUT LESS THAN ONE HOUR ENTER 1, OTHERWISE RECORD TO THE NEAREST HOUR.

Range: 0..168

{IF age = 0-12}
ChExpSm
Is (name of child) looked after for more than two hours per week by anyone who smokes while looking after (him/her), including anyone in this household?

1 Yes
2 No

{IF (PAge >= 25 OR CASIchk = Asked smoking/drinking questions in CAPI)}
EPassv
Are you regularly exposed to other people's vapour from e-cigarettes or vaping devices?

1 Yes
2 No

{IF EPassv=YES}
EBother
Does this bother you at all?

1 Yes
2 No

Drinking (Aged 18+)

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

1 Yes
2 No

{IF Drink = No}
DrinkAny
Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

1 Very occasionally
2 Never

{IF DrinkAny = Never}
AlwaysTT
Have you always been a non-drinker or did you stop drinking for some reason?

1 Always a non-drinker
2 Used to drink but stopped

{IF AlwaysTT = Used to drink but stopped}
WhyTT
Did you stop drinking because of a particular health condition that you had at the time?
INTERVIEWER: If respondent says pregnancy, code Yes.

1 Yes
2 No

{IF (Drink = Yes) OR (DrinkAny = very occasionally)}
DrinkOft
SHOW CARD J1
Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

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

{IF DrinkOft <> Not at all in the last 12 months}
DrinkL7
Did you have an alcoholic drink in the seven days ending yesterday?

1 Yes
2 No

{IF DrinkL7 =Yes}
DrnkDay
On how many days out of the last seven did you have an alcoholic drink?

Range: 1..7

{IF DrnkDay = 2 to 7 days}
DrnkSame
Did you drink more on *one of the days/some days than others*, or did you drink about the same on *both/each of those* days?

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

{IF DrinkL7 =Yes}
WhichDay
Which day *last week* did you *<have the **most** to drink/>last have an alchloic drink*?
1 Sunday
2 Monday
3 Tuesday
4 Wednesday
5 Thursday
6 Friday
7 Saturday

{IF DrinkL7 =Yes}
DrnkType
SHOW CARD J2
Thinking about last <*answer to WhichDay>*, what types of drink did you have that day?
CODE ALL THAT APPLY
1 Normal strength beer/lager/stout/cider/shandy (less than 6 % alcohol) (excluding cans or bottles of shandy)
2 Strong beer/lager/stout/cider (6% alcohol or more) (e.g. Tennents Super, Special Brew, Diamond White)
3 Spirits or liqueurs
4 Sherry or martini
5 Wine
6 Alcopops/pre-mixed alcoholic drinks
7 Other alcoholic drinks
8 Low alcohol drinks only

{IF DrnkType = Normal strength beer/lager/cider/shandy}
NBrL7
Still thinking about last <*answer to WhichDay>*, how much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day? INTERVIEWER: Code measures that you are going to use..
1 Pints
2 Small cans
3 Large cans
4 Bottles

{IF NBRL7=Pints}
NBrL7Q19a
ASK OR CODE: How many pints of **normal strength beer, lager, stout, cider or shandy** *(excluding cans and bottles of shandy)* did you drink that day?
INTERVIEWER: For half pints enter 0.5
Range: 0.5..97.5

{IF NBrL7Q = Small cans}
NBrL7Q19b
ASK OR CODE: How many small cans of **normal strength beer, lager, stout, cider or shandy** did you drink that day?
Range: 1..97

{IF NBrL7=Large cans}
NBrL7Q19c
ASK OR CODE: How many large cans of **normal strength beer, lager, stout, cider or shandy** did you drink that day?
Range: 1..97

{IF NBrL7=Bottles}
NBrL7Q19d
ASK OR CODE: How many bottles of **normal strength beer, lager, cider or shandy** did you drink that day?
Range: 1..97

NBotL7
ASK OR CODE: What make of **normal strength beer, lager, stout, cider or shandy** did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.
Text: Maximum 21 characters

{IF DrnkType = Strong beer/lager/cider}
SBrL7
Still thinking about last <*answer to WhichDay*>, how much **strong beer, lager, stout or cider** did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
1 Pints
2 Small cans
3 Large cans
4 Bottles

{IF SBRL7=Pints}
SBrL7Q19a
ASK OR CODE: How many pints of **strong beer, lager, stout or cider** did you drink on that day?
INTERVIEWER: For half pints enter 0.5
Range: 0.5..97.5

{IF SBrL7=Small cans}
SBrL7Q19(b)
ASK OR CODE: How many small cans of **strong beer, lager, stout or cider** did you drink on that day?
Range: 1..97

{IF SBrL7=Large cans}
SBrL7Q19(c)
ASK OR CODE: How many large cans of strong beer, lager, stout or cider did you drink on that day?
Range: 1..97

{IF SBrL7=Bottles}
SBrL7Q19(d)
ASK OR CODE: How many bottles of strong beer, lager, stout or cider did you drink on that day?
Range: 1..97

SBotL7
ASK OR CODE: What make of **strong beer, lager, stout or cider** did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST
Text: Maximum 21 characters

{IF DrnkType = Spirits}
SpirL7
Still thinking about last *(answer to WhichDay),* how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day?
Code the number of singles – count doubles as two singles.
Range: 1..97

{IF DrnkType = Sherry}

ShryL7
Still thinking about last *(answer to WhichDay)*, how much sherry or martini, including port, vermouth, Cinzano and Dubonnet did you drink on that day? INTERVIEWER: Code the number of glasses.

Range: 1..97

{IF DrnkType = Wine}
WineL719
Still thinking about last *(answer to WhichDay)*, how much wine, including sparkling wines such as champagne or prosecco, did you drink on that day?
INTERVIEWER: CODE MEASURES THAT THE RESPONDENT USED.
Please note that respondent may give answer in bottles and glasses.
Please code the relevant options.

1 Bottle or parts of bottle
2 Glasses

{IF WineL719= 1 (Bottles or part of bottle)}
WL7Bt
INTERVIEWER: Code the number of 125ml glasses drunk **from the bottle** by the respondent. E.g. If they drank half a bottle, code 3 glasses. Press <F9> for information

CODE THE NUMBER OF GLASSES.
1 BOTTLE =6 GLASSES
½ BOTTLE=3 GLASSES
1/3 BOTTLE=2 GLASSES
¼ BOTTLE=1.5 GLASSES

1 LITRE =8 GLASSES
½ LITRE=4 GLASSES
1/3 LITRE=2.5 GLASSES
¼ LITRE=2 GLASSES

Range: 1..97 (ALLOW FRACTIONS)

F9 for WL7Bt
If respondent has answered in bottles or litres convert to glasses using the information provided on the screen. For example if a respondents said they shared a bottle with one other person and they shared it equally code 3 glasses.

{IF WineL719=2 (Glasses)}
WL7Glz19
SHOW CARD J3 {Picture of WGls125ml, WGls175ml, WGls250ml}
Were you drinking from a large, standard or small glass?
INTERVIEWER: If respondent drank from two or three different size glasses, please code all that apply.
INTERVIEWER: please note that if respondent was drinking in a pub or wine bar and had a small glass, this would usually be 175ml.

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

{IF WL7Glz=1 and other}
ml250Glz
How many large glasses <250 ml> did you drink?

{IF WL7Glz=2 and other}
ml175mGlzl
How many standard glasses <175 ml> did you drink?

{IF WL7Glz=3 and other}
ml125Glz
How many small glasses <125 ml> did you drink?

{IF WL7Glz = Don't know}
WL7GlzDK
How many glasses did you drink?
Type in a number using the number keys, then press enter to move on.
Range: 1..98

{IF DrnkType = Alcopops/pre-mixed alcoholic drink}
PopsL711
Still thinking about last <*answer to WhichDay*>, how much **alcoholic soft drink** <'alcopop'> did you drink on that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE
1 Small cans
2 Standard Bottles (275ml)
3 Large Bottles (700ML)

{IF PopsL711 = Small cans}
PopsL7Q(1)
ASK OR CODE: How many small cans of alcoholic soft drink <'alcopop'> did you drink on that day?
Range: 1..97

{IF PopsL7= standard sized Bottles}
PopsL7Q(2)
ASK OR CODE: How many standard bottles of alcoholic soft drink <'alcopop'> did you drink on that day?:
Range: 1..97

{IF PopsL7= LargeBottles}
PopsL7Q(3)
ASK OR CODE: How many large bottles of alcoholic soft drink <'alcopop'> did you drink on that day?:
Range: 1..97

{IF DrnkType=Other}
OthL7TA
Still thinking about last <*answer to WhichDay*>, what other type of alcoholic drink did you drink on that day? Code first mentioned only.
Text: Maximum 30 characters

OthL7QA
How much <*name of 'other' alcoholic drink*> did you drink on that day?
INTERVIEWER: Write in how much. Remember to specify half pints/ singles/ glasses/ bottles.
Text: Maximum 30 characters

OthL7B
Did you drink any other type of alcoholic drink on that day?
1 Yes
2 No

{IF OthL7B=Yes}
OthL7TB
Still thinking about last <*answer to WhichDay*>, what other type of alcoholic drink did you drink on that day? Code first mentioned only.
Text: Maximum 30 characters

OthL7QB
How much <*name of 'other' alcoholic drink*> did you drink on that day?
INTERVIEWER: Write in how much. Remember to specify half pints/ singles/ glasses/ bottles.
Text: Maximum 30 characters

OthL7C
Did you drink any other type of alcoholic drink on that day?
1 Yes
2 No

{IF OthL7C=Yes}
OthL7TC
Still thinking about last <*answer to WhichDay*>, what other type of alcoholic drink did you drink on that day?
Code first mentioned only.

OthL7QC
How much *(name of 'other' alcoholic drink)* did you drink on that day?
INTERVIEWER: Write in how much. Remember to specify half pints/ singles/ glasses/ bottles.
Text: Maximum 30 characters

{IF (Drink = 1) OR (DrinkAny = 1)}
DrAmount
Compared to five years ago, would you say that on the whole you drink more, about the same or less nowadays?
1 More nowadays
2 About the same
3 Less nowadays

ENDIF
ENDIF

{IF Drink = 1 or DrinkAny = 1}
Intro
I'd like to ask you whether you have drunk different types of alcoholic drink in the **last 12 months**. I'd like to hear about ALL types of alcoholic drinks you have had.

If you are not sure whether a drink you have had goes into a category, please let me know. I do not need to know about non-alcoholic or low alcohol drinks.
INTERVIEWER: PRESS <F9> AT FOLLOWING QUESTIONS FOR MORE INFORMATION ABOUT WHAT SHOULD BE INCLUDED AT THE DIFFERENT DRINKS CATEGORIES.

NBeer
SHOW CARD J1
I'd like to ask you first about normal strength beer, lager, stout, cider or shandy which has less than 6% alcohol. How often have you had a drink of normal strength beer, lager, stout, cider **or** shandy (excluding cans and bottles of shandy) during the last 12 months?
(NORMAL = LESS THAN 6% ALCOHOL BY VOLUME.)
<F9> FOR INFO ON DRINKS TO BE INCLUDED HERE.
1 Almost every day
2 Five or six days a week
3 Three or four days a week
4 Once or twice a week
5 Once or twice a month
6 Once every couple of months
7 Once or twice a year
8 Not at all in last 12 months

{IF NBeer = 1 – 7}

NBeerM19
How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?
INTERVIEWER: FIRST CODE TYPE OF MEASURE AND THEN CODE NUMBER OF EACH MEASURE. CODE ALL THAT APPLY.

1 Pints
2 Small cans
3 Large cans
4 Bottles

{IF NBeerM19= pints}
NBeerQ19a
How many pints of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?
INTERVIEWER: For half pints enter 0.5

Range 0.5..97.5

{IF NBeerM19= small can}
NBeerQ19b
How many small cans of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

Range 1-97

{IF NBeerM19= large cans}
NBeerQ19c
How many large cans of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

Range 1-97

{IF NBeerM19= bottles}
NBeerQ19d
How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

Range 1-97

{IF Drinknow = 1 or DrinkAny = 1}
SBeer
SHOW CARD J1
Now I'd like to ask you about STRONG BEER OR CIDER which has 6% or more alcohol (eg Tennant's Extra, Special Brew, Diamond White). How often have you had a drink of strong BEER, LAGER, STOUT or CIDER during the last 12 months? STRONG=6% AND OVER ALCOHOL BY VOLUME. USE HELP SCREEN FOR OTHER DRINKS TO BE INCLUDED HERE.

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

{IF SBeer = 1 – 7}
SBeerM19
How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?

INTERVIEWER: FIRST CODE TYPE OF MEASURE AND THEN CODE NUMBER OF EACH MEASURE.

1 Pints
2 Small cans
3 Large cans
4 Bottles

{IF SBeerM19 = Pints}
SBeerQ19a
ASK OR RECORD, How many pints of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?
INTERVIEWER: For half pints enter 0.5
Range: 0.5..97.5

{IF SBeerM19 = small cans}
SBeerQ19b
ASK OR RECORD, How many small cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?
Range: 1..97

{IF SBeerM19 = large cans}
SBeerQ19c
ASK OR RECORD, How many large cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?
Range: 1..97

{IF SBeerM = bottles}
SBeerQ19d
ASK OR RECORD, How many bottles of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?
Range: 1..97

{IF Drinknow = 1 or DrinkAny = 1}
Spirits
SHOW CARD J1
How often have you had a drink of SPIRITS OR LIQUEURS, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?
<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.

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

{IF Spirits = 1 – 7}
SpritsQ
How much SPIRITS OR LIQUEURS, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF SINGLES -
Range: 1..97

{IF Drinknow = 1 or DrinkAny = 1}
Sherry
SHOW CARD J1
How often have you had a drink of SHERRY OR MARTINI including port, vermouth, Cinzano and Dubonnet, during the last 12 months?

<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.

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

{IF Sherry = 1 – 7}
SherryQ
How much SHERRY OR MARTINI, including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF GLASSES
Range: 1..97

{IF Drinknow = 1 or DrinkAny = 1}
Wine
SHOW CARD J1
How often have you had a drink of wine, including sparkling wines such as champagne or prosecco, during the last 12 months?
<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.
1 Almost every day
2 Five or six days a week
3 Three or four days a week
4 Once or twice a week
5 Once or twice a month
6 Once every couple of months
7 Once or twice a year
8 Not at all in last 12 months

{IF Wine = 1 – 7}
WineQ
How much wine, including sparkling wines such as champagne or prosecco, have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF GLASSES.

INTERVIEWER: code the number of 125ml glasses drunk **from the bottle** by the respondent. E.g. If they drank half a bottle, code 3 glasses. Press <F9> for information

CODE THE NUMBER OF GLASSES.
1 BOTTLE =6 GLASSES
½ BOTTLE=3 GLASSES
1/3 BOTTLE=2 GLASSES
¼ BOTTLE=1.5 GLASSES

1 LITRE=8 GLASSES
½ LITRE=4 GLASSES
1/3 LITRE=2.5 GLASSES
¼ LITRE=2 GLASSES
Range: 1..97

BWineQ2
SHOW CARD J3
Were those mainly ...READ OUT…
INTERVIEWER: IF RESPONDENT USUALLY DRINKS IN A PUB OR WINE BAR AND HAD A SMALL GLASS, THIS WOULD USUALLY BE 175ML.
1 Small Glasses (approx. 125ml)
2 Standard (approx. 175ml)

3 Or Large Glasses (approx. 250ml)
4 Bottles (Spontaneous Only)

{IF Drinknow = 1 or DrinkAny = 1}
Pops
SHOW CARD J1
How often have you had a drink of ALCOPOPS (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks for e.g. Smirnoff Ice, Bacardi Breezer, WKD, Metz etc), during the last 12 months?

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

{IF Pops = 1 – 7}
PopsLY11
How much ALCOPOPS or pre-mixed alcoholic drinks (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months?
INTERVIEWER: Code the measure(s) that you are going to use.

1 Small cans
2 Standard Bottles (275ml)
3 Large Bottles (700ml)

{IF PopsLY11 = Small cans}
PopsQ11[1]
ASK OR CODE: How many small cans of alcoholic or pre-mixed drink have you usually drunk on any one day?
Range: 1..97

{IF PopsLY11=standard Bottles}
PopsQ11[2]
ASK OR CODE: How many standard sized bottles of alcoholic or pre-mixed drink have you usually drunk on any one day?
Range: 1..97

{IF PopsLY11= large Bottles}
PopsQ11[3]
ASK OR CODE: How many large bottles of alcoholic or pre-mixed drink have you usually drunk on any one day?
Range: 1..97

Classification (socio-demographic questions)

{IF RESPONDENT AGED 16+ AND NOT HOUSEHOLD REFERENCE PERSON or IF RESPONDENT IS HOUSEHOLD REFERENCE PERSON BUT DID NOT ANSWER OCCUPATION QUESTIONS IN HOUSEHOLD QUESTIONNAIRE
(IF (Age of Respondent is >=16) AND NOT (PerNum=PHRPNo AND PHRPOcc=Yes))}
NActiv
SHOW CARD K1
Which of these descriptions applies to what you were doing last week, that is in the seven days ending <*date seven days ago*>?
CODE FIRST TO APPLY

1 Going to school or college full-time (including on vacation)
2 In paid employment or self-employment (or away temporarily)
3 On a Government scheme for employment training
4 Doing unpaid work for a business that you own, or that a relative owns
5 Waiting to take up paid work already obtained
6 Looking for paid work or a Government training scheme
7 Intending to look for work but prevented by temporary sickness or injury (CHECK MAX 28DAYS)
8 Permanently unable to work because of long-term sickness or disability (USE ONLY FORMEN AGED 16-65 OR WOMEN AGED 16-62)
9 Retired from paid work
10 Looking after the home or family
95 Doing something else (SPECIFY)

{IF NActiv=Doing something else}
NActivO
INTERVIEWER: Please specify
Text: Maximum 60 characters

ENDIF
{IF (NActiv=School)}
StWork
Did you do any paid work in the seven days ending *(date last Sunday)*, either as an employee or self-employed?

1 Yes
2 No

{IF ((NActiv=Intending to look for work, Retired from paid work, Looking after the home or family or Doing something else OR StWork=No) AND ((Age = 16 to 66 years))}
I4WkLook
Thinking now of the four weeks ending <*date last Sunday*>. Were you looking for any paid work or Government training scheme at any time in those four weeks?

1 Yes
2 No

{IF NActiv=Looking for paid work/training scheme OR 4WkLook=Yes}
I2WkStrt
If a job or a place on a Government training scheme had been available in the <*7 days/four weeks*> ending <*date last Sunday*>, would you have been able to start within two weeks?

1 Yes
2 No

{IF (NActiv = [Looking for paid work or a Government training scheme...Doing something else] OR StWork=No)}

EverJob
Have you ever been in paid employment or self-employed?
1 Yes
2 No

{IF NActiv=Waiting to take up paid work already obtained}
OthPaid
Apart from the job you are waiting to take up, have you ever been in paid employment or self-employed?
1 Yes
2 No

{IF NActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook =Yes)}
HowLong
How long have you been looking/were you looking for paid work/a place on a government scheme?
1 Not yet started
2 Less than 1 month
3 1 month but less than 3 months
4 3 months but less than 6 months
5 6 months but less than 12 months
6 12 months or more

{IF (Everjob=Yes)}
PayLast
Which year did you leave your last **paid** job?
WRITE IN.
Range: 1920..2014

{IF Last paid job less than or equal to 8 years ago (from PayLast)}
PayMon
Which month in that year did you leave?
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December
13 Can't remember

PayAge
<*Computed: Age when last had a paid job.*>

{IF (EverJob=Yes) OR (NActiv = [In paid employment or self-employment...Waiting to take up paid work already obtained]) OR (StWork = Yes)
JobTitle
I'd like to ask you some details about *your most recent job/the main job you had/the job you are waiting to take up)*. What is <*was/will be*> the name or title of the job?
Text: Maximum 60 characters

FtPTime
Are you <*were you/will you be*> working full-time or part-time?
(FULL-TIME = MORE THAN 30 HOURS PART-TIME = 30 HOURS OR LESS)

1 Full-time
2 Part-time

WtWork
What kind of work do <*did/will*> you do most of the time?
Text: Maximum 50 characters

MatUsed
IF RELEVANT: What materials or machinery do <*did/will*> you use?
INTERVIEWER: If none used, write in 'None'.
Text: Maximum 50 characters

SkilNee
What skills or qualifications <are *(were)*> needed for the job?
Text: Maximum 120 characters

Employe
Are you <*were you/will you be*> ...READ OUT...
1 an employee,
2 or, self-employed
INTERVIEWER: If in doubt, check how this employment is treated for tax & NI purposes.

{IF Employe = Self-employed}
Dirctr
Can I just check, in this job are you *(were you/will you be)* a Director of a limited company?
1 Yes
2 No

ENDIF
{IF Employe=an employee OR Dirctr=Yes}
EmpStat
Are you <*were you/will you be*> a ...READ OUT...
1 manager,
2 foreman or supervisor,
3 or other employee?

NEmplee
Including yourself, about how many people <are *(were)*> employed at the place where you usually work <*usually worked/will work*>?
1 1 or 2
2 3 - 9
3 10 - 24
4 25 - 499
5 500+

{IF Employe = Self-employed AND Dirctr=No}
SNEmplee
Do <*did/will*> you have any employees?
1 1 or 2
2 3 - 9
3 10 - 24
4 25 - 499
5 500+

{IF Employe=Employee}
Ind
What <does *(did)*> your employer make or do at the place where you <*usually worked/will work*>?
Text: Maximum 100 characters

ISector
Is your organisation a private sector organisation such as a company, or a public sector body such as a local or national government, school or the health service, or a non-profit organisation such as a charity?

1 Private sector
2 Public sector
3 Non-profit organisation
4 Don't know
5 Refused

SlfWtMad
What <do/did> you make or do in your business?

{IF Age of Respondent is 16+ }
EducEnd
At what age did you finish your continuous full-time education at school or college?

1 Not yet finished
2 Never went to school
3 14 or under
4 15
5 16
6 17
7 18
8 19 or over

Qual
SHOW CARD K2
Do you have any of the qualifications listed on this card? Please look down the whole list before telling me.

1 Yes
2 No

{IF Qual = Yes}
QualA
SHOW CARD K2
Which of the qualifications on this card do you have? Just tell me the number written beside each one.
INTERVIEWER: RECORD ALL THAT APPLY. PROBE: Any others?

1 Degree/degree level qualification (including higher degree)
2 Teaching qualification
3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
4 HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
5 ONC/OND/BEC/TEC/BTEC not higher
6 City and Guilds Full Technological Certificate
7 City and Guilds Advanced/Final Level
8 City and Guilds Craft/Ordinary Level
9 A-levels/Higher School Certificate
10 AS level
11 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
12 O-level passes taken in 1975 or earlier
13 O-level passes taken after 1975 GRADES A-C
14 O-level passes taken after 1975 GRADES D-E
15 GCSE GRADES A*-C
16 GCSE GRADES D-G
17 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
18 CSE GRADES 2-5/SCE Ordinary BANDS D-E
19 CSE Ungraded
20 SLC Lower
21 SUPE Lower or Ordinary

22 School Certificate or Matric
23 NVQ Level 5
24 NVQ Level 4
25 NVQ Level 3/Advanced level GNVQ
26 NVQ Level 2/Intermediate level GNVQ
27 NVQ Level 1/Foundation level GNVQ
28 Recognised Trade Apprenticeship completed
29 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)

{IF QualA = code 1 OR 2}
Degree
SHOW CARD K3
And do you have any of the following qualifications listed on this card?
CODE ALL THAT APPLY

1 Doctorate,
2 Masters,
3 An undergraduate or first degree,
4 A foundation degree,
5 Graduate membership of a professional institution,
6 Other post graduate degree or professional qualification

{IF NOT (Degree IN QualA)}
OthQual
Do you have any qualifications not listed on this card?

1 Yes
2 No

{IF OthQual = Yes}
QualB
What qualifications are these?
INTEVIEWER: Record all other qualifications in full. PROBE: Any others?
Text: maximum 60 characters

ASK ALL
NatID
SHOW CARD K4
How would you describe your national identity?
Choose your answer from this card. Choose as many or as few answers as apply.
INTERVIEWER: RECORD ALL THAT APPLY.

1 English
2 Welsh
3 Scottish
4 Irish
5 British
6 Other (please describe)

{IF National id = Other }
XNational id
Please describe.
Text: Maximum 60 characters

Origin
SHOW CARD K5
What is your ethnic group? Please choose your answer from this card.

1 White – English / Welsh / Scottish / Northern Irish / British
2 White – Irish
3 White – Gypsy or Irish Traveller
4 Any other white background (please describe)

Mixed / multiple ethnic groups:

5 White and Black Caribbean
6 White and Black African
7 White and Asian
8 Any other mixed / multiple ethnic background (please describe)

Asian / Asian British:

9 Indian
10 Pakistani
11 Bangladeshi
12 Chinese
13 Any other Asian background (please describe)

Black / African / Caribbean / Black British:

14 African
15 Caribbean
16 Any other Black / African / Caribbean background (please describe)

Other ethnic group

17 Arab
18 Any other ethnic group (please describe)

{IF Origin = Any other ethnic group}
XOrigWh
Please describe

ASK ALL AGED 16+
NHSSat
SHOW CARD K6
All in all, how satisfied or dissatisfied would you say you are with the way in which the NHS runs nowadays?

1 Very satisfied
2 Quite satisfied
3 Neither satisfied or dissatisfied
4 Quite dissatisfied
5 Very dissatisfied

ASK ALL AGED 16+
OpenCom
Just before we move on, do you have any comments you would like to make?
INTERVIEWER: IF NO COMMENTS, PRESS <ENTER>."
Text: Maximum 250 characters

Self-completion placement (Aged 8+)

{IF Age of Respondent is 8 years and over }
SCIntro
PREPARE <*colour*> SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 8-12/13-15/FOR YOUNG ADULTS /FOR ADULTS) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER**.**

{IF Age of Respondent is 8 years or over}
SComp2
I would now like you to answer some more questions by completing this booklet on your own.
INTERVIEWER: Explain how to complete booklet and show example in booklet.
{IF age <15} If asked, show booklet to parent(s).

SCCheck
INTERVIEWER: WAIT UNTIL RESPONDENT(S) HAVE FINISHED AND THEN CHECK IF EACH BOOKLET COMPLETED. IF NOT, ASK IF QUESTIONS MISSED IN ERROR. IF IN, ASK RESPONDENT TO COMPLETE.

ENDIF

{IF Age of respondent is 8 years or over}
SComp3
INTEVIEWER CHECK: Was the <colour> booklet for adults completed?

1 Fully completed
2 Partially completed
3 Not completed

{IF SComp3 = Fully completed OR Partially completed}
SC3Acc
Was it completed without assistance?

1 Completed independently
2 Assistance from other household member
3 Assistance from interviewer
4 Interviewer administered

{IF SComp3 = Partially completed OR Not completed}
SComp6
INTERVIEWER: RECORD WHY BOOKLET NOT COMPLETED / PARTIALLY COMPLETED. CODE ALL THAT APPLY:

1 Eyesight problems
2 Language problems
3 Reading/writing/comprehension problems
4 Respondent bored/fed up/tired
5 Questions too sensitive/invasion of privacy
6 Too long/too busy/taken long enough already
7 Refused to complete booklet (no other reason given)
8 Illness/disability (physical or mental)
9 Child asleep
10 Not in/not available (for child 2-13, use codes 0 or 9 if possible)
11 Proxy refusal
12 No self completion booklet available
95 Other (SPECIFY)

{IF SComp6=Other}
SComp6O
PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

{IF SComp3 = Fully completed OR Partially completed}
SComp5A
INTERVIEWER: CODE WHO WAS PRESENT IN ROOM WHILE <*name of respondent*> COMPLETED SELF-COMPLETION. INCLUDE YOURSELF, ANYONE INTERVIEWED AT THE SAME TIME AS RESPONDENT, PARENT ANSWERING ON BEHALF OF 8-12 YEAR OLDS OR OTHERS IN THE ROOM.
CODE ALL THAT APPLY.

1 Spouse / partner
2 Parent(s) (incl step-/foster-)
3 Brother(s)/Sister(s)
4 Own/Related child(ren) (incl step-/ foster-/ partner's)
5 Other relative(s)
6 Unrelated adult(s)
7 Unrelated child(ren)
8 Interviewer
9 Completed alone in room

Measurements

ASK ALL
Intro
PREAMBLE: I would now like to measure your height and weight. There is interest in how people's weight, given their height, is associated with their health.
INTERVIEWER: Make out ***{IF EligibleNurse=0 ^height and weight card <colour card>} or {IF EligibleNurse=1 ^measurement record card <colour card>}***
for each person.
for each person.

{IF Age >=2}
RespHts
MEASURE HEIGHT AND CODE. INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: Height refused.

1 Height measured
2 Height refused
3 Height attempted, not obtained
4 Height not attempted

{IF RespHts = Height measured}
Height
ENTER HEIGHT.
Range: 60.0..244.0

RelHite
INTERVIEWER CODE ONE ONLY

1 No problems experienced reliable height measurement obtained

Problems experienced - measurement likely to be:
2 Reliable
3 Unreliable

{IF RelHite = Unreliable}
HiNRel
INTERVIEWER: WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

1 Hairstyle or wig
2 Turban or other religious headgear
3 Respondent stooped
4 Child respondent refused stretching
5 Respondent would not stand still
6 Respondent wore shoes
95 Other, please specify

{IF HiNRel = Other}
OHiNRel
INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.
Text: Maximum 60 characters

MBookHt
INTERVIEWER: CHECK HEIGHT RECORDED ON ***{IF EligibleNurse=0 ^Height and weight card <colour card>} or {IF EligibleNurse=1 ^Measurement record card <colour card>}***
HEIGHT: *(x)* cm OR *(x)* feet *(x)* inches.

{IF RespHts = Height refused}
ResNHi
GIVE REASONS FOR REFUSAL.

1 Cannot see point/Height already known/Doctor has measurement
2 Too busy/Taken too long already/ No time

3 Respondent too ill/frail/tired
4 Considered intrusive information
5 Respondent too anxious/nervous/shy/embarrassed
6 Refused (no other reason given)
7 Other

{IF RespHts = Height attempted, not obtained OR Height not attempted}
NoHtBC
INTERVIEWER: CODE REASON FOR NOT OBTAINING HEIGHT.
1 Child 2-13: away from home during fieldwork period (specify in a Note)
2 Respondent is unsteady on feet
3 Respondent cannot stand upright/too stooped
4 Respondent is unable to get out of a chair/in a wheelchair
5 Respondent is unable to get out of bed
6 Respondent unable to remove shoes
7 Child: subject would not stand still
8 Ill or in pain/has disability (physical or mental)
9 Stadiometer faulty/not available/couldn't be used
10 Child 2-13 asleep
11 Not in/not available (for child 2-13, use codes 01 or 10 if possible)
12 Proxy refusal
13 Other – specify

{IF OTHER IN NoHtBC}
NoHitCO
PLEASE SPECIFY OTHER REASON
Text: Maximum 60 characters

{IF (Sex = Female) AND (Age of Respondent is 16 to 49)}
PregNowB
May I check, are you pregnant now?
1 Yes
2 No

ENDIF

{IF Age >=2}
RespWts
INTERVIEWER: Measure weight and code.
Include 'disguised' refusals such as 'It will take too long', 'I have to go out' etc. at code 2: Weight refused.
If respondent weighs more than 200 kg (31 ½ stones) do not weigh. Code as weight not attempted.
Include 'disguised' refusals such as 'It will take too long', 'I have to go out' etc. at code 2: Weight refused.
1 Weight obtained
2 Weight refused
3 Weight attempted, not obtained
4 Weight not attempted

{(IF RespWtsMeas=Weight obtained (subject on own) OR Weight obtained (child held by adult)) OR(IF RespWts = Weight obtained (subject on own))}
XWeight
RECORD WEIGHT.
Range: 10.0..200.0

{IF RespWts = Weight obtained (child held by adult)}
WtAdult
ENTER WEIGHT OF ADULT ON HIS/HER OWN.
Range: 15.0..200.0

WtChAd
ENTER WEIGHT OF ADULT HOLDING CHILD.
Range: 15.0..200.0

ENDIF

Weight
<Computed: Measured weight, either Weight or WtChAd – WtAdult>
Range: 0.0..140.0

FloorC
SCALES PLACED ON?
1 Uneven floor
2 Carpet
3 Neither

RelWaitB
INTERVIEWER CODE ONE ONLY.
1 No problems experienced, reliable weight measurement obtained

Problems experienced - measurement likely to be:
2 Reliable
3 Unreliable

MBookWt
INTERVIEWER: CHECK WEIGHT RECORDED ON ***{IF EligibleNurse=0 ^height and weight card <colour card>} or {IF EligibleNurse=1 ^measurement record card <colour card>}***
WEIGHT: (x) kg OR (x) stones (x) pounds. IF WEIGHT LOOKS WRONG, GO BACK TO XWeight' AND REWEIGH.

ENDIF

{IF RespWts = Weight refused}
ResNWt
INTERVIEWER: Give reasons for refusal.
1 Cannot see point/Weight already known/Doctor has measurement
2 Too busy/Taken long enough already/No time
3 Respondent too ill/frail/tired
4 Considered intrusive information
5 Respondent too anxious/nervous/shy/embarrassed
6 Child refused to be held by parent
7 Parent refused to hold child
8 Refused (no other reason given)
9 Other

{IF RespWts = Weight attempted, not obtained OR Weight not attempted}
NoWtBC
INTERVIEWERE: Code reason for not obtaining weight.
1 Child 0-13: away from home during fieldwork period (specify in a Note)
2 Respondent is unsteady on feet
3 Respondent cannot stand upright
4 Respondent is unable to get out of a chair/in a wheelchair
5 Confined to bed
6 Respondent unable to remove shoes
7 Respondent weighs more than 200 kg
8 Ill or in pain/has disability (physical or mental)
9 Scales not working/not available/couldn't be used
10 Parent unable to hold child

11 Child 0-13 asleep
12 Not in/not available (for child 0-13, use codes 01 or 11 if possible)
13 Proxy refusal
95 Other - specify

{IF NoWtBC = Other}
NoWatCO
PLEASE SPECIFY OTHER REASON.
Text: Maximum 60 characters

Self-reported height and weight

IF PARTICIPANTS HEIGHT NOT MEASURED (AFTER EVERYONE IN THAT SESSION HAS COMPLETED MEASUREMENT) IF RESPHTS= REFUSE/NOT OBTAINED/NOT ATTEMPTED (CODE 2,3,4)

EHtCh

INTERVIEWER: Ask <YouName[PNo]> for an estimated height. How tall are you without shoes? You can tell me in metres or in feet and inches.

INTERVIEWER: RECORD IN METRES OR IN FEET AND INCHES. IF RESPONDENT DOESN'T KNOW HEIGHT USE <CTRL+K>. IF RESPONDENT ISN'T WILLING TO GIVE HEIGHT USE <CTRL+R>.

1 Metres
2 Feet and inches

{IF EHtCh = Metres}

EHtM

INTERVIEWER: PLEASE RECORD HEIGHT IN METRES.

Range: 0.01..2.44

{IF EHtCh = Feet and inches}

EHtFt

INTERVIEWER: PLEASE RECORD HEIGHT. ENTER FEET.

Range: 0..7

EHtIn

INTERVIEWER: PLEASE RECORD HEIGHT. ENTER INCHES. YOU CAN ENTER HALF INCHES, IF GIVEN, WITH A .5 DECIMAL.

Range: 0..11

ENDIF

{IF PARTICIPANTS WEIGHT NOT MEASURED (AFTER EVERYONE IN THAT SESSION HAS COMPLETED MEASUREMENT) IF YRespWts=3,4,5 (refused, not obtained, not attempted)}

EWtCh

INTERVIEWER: Ask < YouName[PNo]> for an estimated weight. How much do you weigh without clothes and shoes? You can tell me in kilograms or in stones and pounds.

INTERVIEWER: RECORD IN KILOGRAMS OR IN STONES AND POUNDS. IF RESPONDENT DOESN'T KNOW WEIGHT USE <CTRL+K>. IF RESPONDENT ISN'T WILLING TO GIVE WEIGHT USE <CTRL+R>.

1 Kilograms
2 Stones and pounds

{IF EWtCh = Kilograms}

EWtKg

INTERVIEWER: PLEASE RECORD WEIGHT IN KILOGRAMS.

Range: 1.0..210.0

{IF EWtCh = Stones and pounds}

EWtSt

INTERVIEWER: PLEASE RECORD WEIGHT. ENTER STONES.

Range: 1..32

EWtL

INTERVIEWER: PLEASE RECORD WEIGHT. ENTER POUNDS.

Range: 0..13

ENDIF

Nurse Appointment

{IF EligibleNurse=1 and Age of respondent < 16 AND No legal parent in household}
NurseA
Now follows the Nurse Appointment module.
Press <1> and <Enter> to continue

{IF EligibleNurse=0}
NoNurse
INTERVIEWER: There is no nurse visit for this case.

{IF EligibleNurse=1)}
Nurse
There are two parts to this survey. You have just helped us with the first part. We hope you will also help us with the second part, which is a visit by a qualified nurse to collect some medical information and carry out some measurements.Would you be happy for the nurse to make contact and arrange an appointment and explain some more about what is required?

INTERVIEWER: Check whether the respondent agrees to the nurse visit. **Always** mention the nurse by name (if known). Press <F9> for help explaining about the nurse visit.

INTERVIEWER: HAND OUT STAGE 2 LEAFLET <COLOUR> TO PARTICIPANTS THAT AGREE TO A VISIT,Explain that the nurse will go through the leaflet with them and answer any questions.

IF ASKED FOR DETAILS, EXPLAIN: The nurse will ask some more questions, for example, whether they are taking any medications, and take some measurements, for example, blood pressure.

1 Agreed nurse could contact
2 Maybe – agreed nurse could contact
3 Refused nurse contact

{IF Nurse = Agreed nurse could contact}
NrsAppt
INTERVIEWER: CODE WHETHER YOU HAVE MADE AN APPOINTMENT FOR THE NURSE TO VISIT (OR WHETHER THE NURSE WILL CALL TO MAKE THEIR OWN APPOINTMENT).

1 Able to make an appointment for the nurse
2 Unable to make an appointment for the nurse

{IF NrsAppt = Agreed nurse could contact OR Maybe – agreed nurse could contact}
NrsDate
INTERVIEWER: ENTER DATE OF THE NURSE APPOINTMENT

NrsDate
INTERVIEWER: ENTER TIME OF THE NURSE APPOINTMENT.
USE 24 HOUR CLOCK. FOR EXAMPLE, 9AM WOULD BE RECORDED AS 09:00.

AptRec
INTERVIEWER: IF YOU HAVE MADE AN APPOINTMENT, RECORD DETAILS OF THE NURSE APPOINTMENT ON THE BACK OF THE **MEASUREMENT RECORD CARD.**

ENTER THE NURSE'S NAME, APPOINTMENT DATE AND TIME.

EVEN IF YOU HAVE NOT MADE AN APPOINTMENT, ALWAYS WRITE DOWN THE NAME OF NURSE ON THE BACK OF THE MEASUREMENT RECORD CARD.

{IF Nurse = Refused nurse contact}
NurseRef
INTERVIEWER: RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT **F1** ON A.R.F

0 Own doctor already has information
1 Given enough time already to this survey/expecting too much
2 Too busy, cannot spare the time (if Code 1 does not apply)
3 Had enough of medical tests/medical profession at present time
4 Worried about what nurse may find out/'might tempt fate'
5 Scared/of medical profession/ particular medical procedures (e.g. blood sample)
6 Not interested/Can't be bothered/No particular reason
95 Other (record at next question)

{IF NurseRef=Other reason}
NrsRefO
PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT **F1** ON A.R.F.

Text: Maximum 60 characters

Consents

ASK ALL AGED 16+
NHSCan18
We would like to ask for your permission to add information from some medical and health records to the answers you have provided in the survey. The information we would like to add is from Hospital Episode Statistics data, civil registration mortality data and Cancer Registration. Please read this form, it explains more about what is involved.
INTERVIEWER: Give the respondent the **<colour>** consent form (linking survey answers to other information) and allow them time to read the information.

1 At least one consent given
2 Consent not given to any

{IF NHSCan18=At least one consent given}
HES
Before we can add some medical and health records to your survey answers, I have to obtain written consent from you.
INTERVIEWER: Enter the respondent's serial number on the top of the consent form.
Ask the respondent to **tick** the appropriate box(es) and sign the form.
INTERVIEWER: CODE IF **HOSPITAL EPISODE STATISTICS** CONSENT BOX TICKED

1 Yes (ticked)
2 No (not ticked)

Mort
INTERVIEWER: CODE IF **CIVIL REGISTRATION MORTALITY DATA** CONSENT BOX TICKED

1 Yes (ticked)
2 No (not ticked)

CanReg
INTERVIEWER: CODE IF **CANCER REGISTRATION DATA** CONSENT BOX TICKED

1 Yes (ticked)
2 No (not ticked)

{IF HES=Yes or Mort=Yes or CanReg=Yes}
NHSSig18
Give the white copy of the form to the respondent.
INTERVIEWER: CODE IF CONSENT FORM SIGNED

1 Consent signed
2 No consent obtained (not signed)

SOFT CHECK: {IF HES=Yes or Mort=Yes or CanReg=Yes} AND NHSSig18=No consent obtained
INTERVIEWER: YOU HAVE SELECTED NO CONSENT OBTAINED. PLEASE CHECK. IS THIS CORRECT?

ResNHSD18
In the future, NatCen or NHS Digital may want to carry out follow-up research about health or health services.
Please read this form, it explains more about what is involved.

INTERVIEWER: USE <*COLOUR*> FOLLOW-UP RESEARCH CONSENT FORM.

Would you be happy for **NatCen or NHS Digital** to contact you for the purpose of future research?

1 Yes (ticked)
2 No (not ticked)

{IF ResNHSD18=yes}
ResSig18
Before I can pass on your details, I have to obtain written consent from you.
INTERVIEWER: Enter the respondent's serial number on the top of the follow-up research consent form.

AName⋯⋯⋯⋯Point⋯Address⋯Hhold ⋯Check letter⋯Person
^SCLine
Ask the respondent to **inital** the relevant boxes and sign the form.
Give the white copy of the form to the respondent.
Code which consents obtained."

CODE ALL THAT APPLY

1 Consent given for NatCen or NHS Digital to make recontact (initialled box 1)
2 Consent form signed
3 No consent obtained

Soft Checks for ResSig18
• Code 3 - no consent obtained: This is an exclusive code (IF multi coded with codes 1 or 2) "'No consent obtained' is an exclusive code. Please change."

• Code 1 selected only "INTERVIEWER: The respondent has given consent for NatCen or NHS Digital to make recontact BUT you have not selected code 2 'Consent form signed'. PLEASE CHECK."

• Code 2 selected only "INTERVIEWER: The respondent has signed the consent form (code 2) BUT you have not selected code 1 'consent given for NatCen or NHS Digital to make recontact'. PLEASE CHECK

ResSig18=consent given to NatCen/NHSD
Email
Do you have an email address we can contact you on? This would only be used for research purposes.

1 Yes
2 No

{IF Email = Yes}
EmaAdd
ENTER EMAIL ADDRESS
INTERVIEWER: enter email address or ask respondent to type it in. Check with the respondent that it is correct.

Text: Maximum 100 characters

{IF Email = Yes}
EmaChk
Just to make sure the email address is correct, please enter again.
INTERVIEWER: enter email address or ask respondent to type it in. Check with the respondent that it is correct.

Text: Maximum 100 characters

SOFTCHECK: IF EmaAdd AND EmaChk are different: INTERVIEWER: THE EMAIL ADDRESSES ARE DIFFERENT AT EmaAdd and EmaChk. PLEASE CHECK.

ENDIF

Thank
Thank you for your help. Before we end the interview I need to collect a little more information for our records.

INTERVIEWER: HAND OUT THANK YOU LEAFLET. THE LEAFLET SIGNPOSTS PARTICIPANTS TO ORGANISATIONS THAT CAN HELP THEM WITH DIFFERENT HEALTH RELATED QUERIES THAT THEY MAY HAVE (OR IF THEY HAVE BEEN AFFECTED BY ANYTHING DURING THE INTERVIEW).

TPhone
Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.
INTERVIEWER: If given, enter telephone number (landline or mobile) as well as writing it on the front of the ARF.

1 Number given
2 Number refused
3 No telephone
4 Number unknown

{IF TPhone=Number given}
TelNo
INTERVIEWER: ENTER THE TELEPHONE NUMBER GIVEN

ASK ALL
FstNm
INTERVIEWER: At the Household Grid you recorded the first name of this person as:^textfill name
Is this the respondent's full, complete, first name (ie not initials, not abbreviated, not a nickname)?
ASK IF NECESSARY: Can I check, is ^textfill name your complete first name?

1 Yes, complete first name recorded at Household Grid
2 No, complete first name not yet recorded

{IF FstNm = 2}
NewNm
INTERVIEWER: Please type in the complete first name of this person.

SurnmChk
INTERVIEWER: Check whether the surname is the same for <respondent>.
Person 1: <Respondent's first name>
Is this the same surname?
ENDIF

SurNam
Can I check, <^first name from HH grid>, what is your surname?

ResSig18=consent given to NatCen/NHSD
– Loop until no further numbers to enter
FiltTel
Do you have any other number we can contact you on? This would only be used for research purposes.

1 Yes
2 No

{IF FilTel=Yes}
OtherTel
ENTER NUMBER

{IF OtherTel = Number entered}
TypeTel
INTERVIEWER: CODE TYPE OF TELEPHONE NUMBER

1 Home phone
2 Work phone
3 Mobile (any)

{IF PNurse = agree AND (TelNo=response OR OtherTel=response)}
NurCon
Would it be okay to pass these phone numbers(s) on to the nurse that will be contacting you?
1 Yes
2 No

INDEND
This is the end of the interview. Use to compute outcome codes and end of interview time stamp
Press <1> and <Enter> to continue

{ASK ALL}
FullNme
INTERVIEWER: At ARF AA GRID A:
- Record the person number and age of each respondent.
- Record their full name (Initials and Surname).
- Record the outcome code for each person.
- Record if nurse visit agreed or not.

At ARF AA GRID B:
- Record details of non-respondents.

Press <1> and <Enter> to continue

CASI Introduction

{IF Age of Respondent = 18 to 24. All 16-17 year olds answer smoking and drinking questions in CASI}

CASIchk

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

1 Asked Smoking/Drinking questions in CAPI
2 Participant to be given laptop to complete smoking/drinking questions

{IF Age of Respondent = 16 to 17 OR IF CASIchk=2}
CASI module to appear in parallel blocks
YAIntro19

INTERVIEWER: START OF LAPTOP SELF COMPLETION
"READ OUT: The next set of questions is for you to fill in yourself on the computer. The questions cover smoking and drinking. Your answers will be completely confidential and I won't see them. When you have finished, the whole section will get automatically locked up inside the computer so that I can't look back at it. If you have any problems using it, just let me know and I can help. I will need to ask you a few more questions from the laptop in a little while

Press <1> and <enter>

SCAccept

INTERVIEWER CODE:

1 Respondent accepted CASI
2 CASI to be asked face to face by interviewer
3 Respondent refused CASI

{IF (SCAccept = Accept)}
InPrac

It is very important that you answer honestly and accurately so please take your time.
Before you start I will show you how to enter your answers into the computer.
INTERVIEWER: PRESS 1 AND ENTER, THEN TURN THE SCREEN TO THE RESPONDENT AND LET THEM ENTER THEIR ANSWERS WHILE YOU OBSERVE AND HELP IF NECESSARY.

Tcontinue

CASIPra2

Which of the following statements best describes how often you watch a news programme on the television in a typical week?
Enter the number next to your answer and press enter. Type in 98 for don't know
For questions like this one, please choose **one** answer. Enter the number next to the answer you want to give (for example, press 1 for yes and 2 for no) then press enter. If you don't know the answer or you prefer not to answer, you can type in 98 and then hit enter to move on to the next question.

1 Every day
2 5 or 6 days a week
3 3 or 4 days a week
4 1 or 2 days a week
5 Less often than once a week
6 Never watch TV news programmes
98 Don't know

CASIPra3

Which of these do you have in your home?

You can choose **more than one** answer.
After each answer you need to press the space bar (the large bar at the bottom of the keyboard). When you have given all of your answers, press enter to move on. Type in 98 for 'don't know

For questions like this one, you can choose more than one answer if you want. For example, if you have a tv, radio and a computer at home, press: 1 – space – 2 – space - 5 – enter. And if you only have a radio at home, press 2 and enter.

1 TV,
2 Radio,
3 Washing machine
4 Dishwasher,
5 Computer
6 Microwave

CASIPra4
How many times have you visited the cinema in the last 4 weeks?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know.

For example, if you have visited the cinema twice, type in 2 using the number keys and press enter. As for all types of questions, if you don't know the answer or don't want to answer the question, you can type in 98 and press enter to move on.

Range: 0..98

CASIPra5
Name the last television programme you watched.
Type your answer and then press enter. Enter 98 if you don't know

This time you can type in your answer using the letter keys. Once you have typed in your answer press enter to move on.
For example, if the last tv programme you watched was the Dr Who, type in 'Dr Who' and then press enter.or type in 98 if you don't know the answer or don't want to answer this question.

Text : Maximum 30 characters

EndPrac
This is the end of the practice questions, now please answer the next set of questions by yourself. If at any point you would like to change an answer, you can go back to previous questions using the arrow keys.
If you need any further help or explanations, or are not sure how to answer a question, do ask the interviewer.

Press <1> and <enter> to move on.

TContinue

Smoking

{IF CASIchk = 2}
CSmokEver
Have you ever smoked a cigarette, a cigar or a pipe?
We are referring here to tobacco cigarettes, not e-cigarettes or other vaping devices that use e-liquids
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Yes
2 No
98 Don't know

{IF CSmokEver = Yes}
CSmokeNow
Do you smoke cigarettes at all nowadays?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Yes
2 No
98 Don't know

{If CSmokEver = Yes}
CSmokeLMon
Did you smoke any cigarettes in the last month?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Yes
2 No
98 Don't know

{IF CSmokeLMon= Yes}
CSmokeOft
How often have you smoked a cigarette during the last month?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Every day or almost every day
2 About twice a week
3 About once a week
4 About once a fortnight
5 About once in the last month
6 Not at all in the last month
98 Don't know

{IF CSmokeNow = Yes}
CDlySmoke
About how many cigarettes a day do you smoke on a typical **weekday**?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know. If you smoke less than one a day, enter 0.

Range: 0..98

CDHRoll
And about how many of these are hand-rolled?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know.

Range: 0-98

ENDIF

CWKndSmok
And about how many cigarettes a day do you smoke on a typical **weekend day**?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know. If you smoke less than one a day, enter 0.
Range: 0..98

CWEHRoll
And about how many of these are hand-rolled?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know.
Range: 0..98

CCigType
Do you mainly smoke ...
Enter the number next to your answer and press enter. Type in 98 for don't know
1 Filter-tipped cigarettes
2 Plain or untipped cigarettes
3 Hand-rolled cigarettes
98 Don't know

{IF CSmokeNow=Yes}
CSmokPl
In which of these places, if any, did you smoke in during the last 7 days ending yesterday?
You can choose **more than one** answer.
After each answer you need to press the space bar (the large bar at the bottom of the keyboard). When you have given all of your answers, press enter to move on. Type in 98 for 'don't know
1 At my home, indoors
2 At my home, outside, eg. in garden or on doorstep
3 Outside in the street, or out and about
4 Outside at work
5 Outside at other people's homes
6 Outside pubs, bars, restaurants or shops
7 In public parks
8 Inside other people's homes
9 While travelling by car
10 Inside other places
98 Don't know

CFirstCig
How soon after waking do you **usually** smoke your first cigarette of the day?
Enter the number next to your answer and press enter.Type In 98 For Don't Know
1 Less than 5 minutes
2 5-14 minutes
3 15-29 minutes
4 30 minutes but less than 1 hour
5 1 hour but less than 2 hours
6 2 hours or more
98 Don't know

CSmYrAgo
Would you say that you are smoking about the same number of cigarettes as a year ago, or more than a year ago or fewer than a year ago?
Enter the number next to your answer and press enter. Type in 98 for don't know
1 Same as a year ago
2 More than a year ago
3 Fewer than a year ago
98 Don't know

{IF CSmokeNow = Yes}
CSmNoDay
How easy or difficult would you find it to go without smoking for a whole day?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Very easy
2 Fairly easy
3 Fairly difficult
4 Very difficult
98 Don't know

CGiveUp
Would you like to give up smoking altogether?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Yes
2 No
98 Don't know

{IF CSmokeNow=Yes AND CGiveUp=Response}
CWhenStp2
Which of the following statements best describes you?
Enter the number next to your answer and press enter. Type in 98 for don't know.

1 I **really** want to stop smoking and intend to in the next month
2 I **really** want to stop smoking and intend to in the next 3 months
3 I want to stop smoking and hope to soon
4 I **really** want to stop smoking but I don't know when I will
5 I want to stop smoking but haven't thought about when
6 I think I should stop smoking but don't really want to
7 I don't want to stop smoking
98 Don't know

CSerQuit
Have you ever made a serious attempt to stop smoking completely?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Never
2 Yes, in the last 12 months
3 Yes, but not in the last 12 months
98 Don't know

{IF CSerQuit = Yes in last 12 months}
CNumQuit
How many attempts to stop smoking completely have you made in the last 12 months?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know.

Range: 1-98

{IF CGiveUp = YES}
CGvUpWhy
What are your main reasons for wanting to give up?
You can choose **more than one** answer.
After each answer you need to press the space bar (the large bar at the bottom of the keyboard).
When you have given all of your answers, press enter to move on. Type in 98 for 'don't know

1 Better for my health
2 Financial reasons/can't afford it
3 Family/friends want me to stop
4 Worried about the effect on other people
5 Something else
98 Don't know

{IF CSmokeNow<>Yes AND CSmokeLMon<> Yes *(Smoked but doesn't smoke cigarettes nowadays AND didn't smoke a cigarette in the last month)}*
CSmokeCig
Have you ever smoked cigarettes?
Enter the number next to your answer and press enter. Type in 98 for don't know
1 Yes
2 No
98 Don't know

{IF CSmokeCig = Yes} OR (CSmokeNow<>Yes AND CSmokeLMon=Yes) (Smoked but doesn't smoke cigarettes nowadays, including those who smoked a cigarette in the last month)}
CResQuit
Why did you decide to give up smoking?
You can choose **more than one** answer.
After each answer you need to press the space bar (the large bar at the bottom of the keyboard).
When you have given all of your answers, press enter to move on. Type in 98 for 'don't know
1 For health reasons
2 Pregnancy
3 Financial reasons/couldn't afford it
4 Family/friends wanted me to stop
5 Worried about the effect on other people
6 My own motivation
7 Something else
8 Cannot remember
9 I haven't stopped smoking
98 Don't know

{IF CSmokeCig = Yes} OR (CSmokeNow<>Yes AND CSmokeLMon=Yes) *(Smoked but doesn't smoke cigarettes nowadays, including those who smoked a cigarette in the last month)*
CSmokeReg
Did you smoke cigarettes regularly or occasionally?
Enter the number next to your answer and press enter. Type in 98 for don't know
1 Regularly, that is at least one cigarette per day
2 Occasionally
3 I never really smoked cigarettes, just tried them once or twice
4 I haven't stopped smoking
98 Don't know

{IF CSmokeReg = Smoked cigarettes regularly}
CNumSmok
About how many cigarettes did you smoke in a day?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know.
Range: 0..98

CXDHRoll
And about how many of those were hand-rolled?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know.
Range: 0-98

{IF (CSmokeNow=Yes) OR (CSmokeReg=Smoked cigarettes regularly or haven't stopped smoking)}
CStartSmk
How old were you when you started to smoke cigarettes regularly?
Type in a number using the number keys, then press enter to move on. Type in 98 if you never smoked regularly or don't know.
Range: 1..98

ENDIF

{IF CSmokeReg=[Regularly OR Occasionally]}
CEndSmoke
How long ago did you stop smoking cigarettes?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know. If you stopped smoking less than one year ago, type in 0.
Range: 0..98

ENDIF

{IF CEndSmoke=0}
CLongEnd2
How long ago was that?
Enter the number next to your answer and press enter. Type in 98 for don't know.
1 In the last week
2 More than a week and up to a month
3 More than 1 month and up to 2 months
4 More than 2 months and up to 3 months
5 More than 3 months and up to 6 months
6 More than 6 months and up to a year
98 Don't know

ENDIF

CSmokYrs
And for approximately how many years did you smoke cigarettes regularly?
Please exclude any periods when you did not smoke when giving your answer.
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know. If you smoked for less than one year, code 0.
Range: 0..98

TO BE ASKED IN ALTERNATE YEARS.

ASK ALL AGED 16+
CHookah
PICTURE
Have you ever smoked hookah/shisha?
This **does not** include e-cigarettes or other vaping devices that use e-liquids.
Enter the number next to your answer and press enter. Type in 98 for don't know
1 Yes
2 No
98 Don't know

{IF CHookah=Yes}
CHookNow
Have you used hookah/shisha in the last month?
Enter the number next to your answer and press enter. Type in 98 for don't know
1 Yes
2 No
98 Don't know

ASK ALL
CSmLss
Have you ever used any forms of non-smoked tobacco that you put in your mouth, with or without other ingredients?
This includes any chewing tobacco, snus, paan, gutka.

Enter the number next to your answer and press enter. Type in 98 for don't know

1 Yes
2 No
98 Don't know

{IF SmLss =Yes}
CSmLssN
Have you used non-smoked tobacco that you put in your mouth in the last month?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Yes
2 No
98 Don't know

ASK EVERY YEAR
E-cigarettes
ASK ALL
CEvVape
PICTURE
Have you ever used an electronic cigarette (e-cigarette) or any other vaping device?
A vaping device is any product that you can use to inhale vapour rather like you would a cigarette. It includes ones that have a battery as well as ones that do not such as voke.

Enter the number next to your answer and press enter. Type in 98 for don't know

1 Yes
2 Yes - Only tried once or twice
3 No
98 Don't know

{IF CEvVape =Yes OR Yes - Only tried once or twice}
CVapeNow
Do you use an e-cigarette or vaping device at all nowadays?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Yes
2 No
98 Don't know

{IF CEvVape =Yes}
CStartVape
How old were you when you started to use an e-cigarette or vaping device regularly?
Type in a number using the number keys, then press enter to move on. Type in 98 if you have never vaped regularly or don't know.

Range: 1..98

{IF CVapeNow= YES}
CVapeFrq
How often have you used an e-cigarette or vaping device in the last month?
Enter the number next to your answer and press enter. Type in 98 for don't know.

1 Less than once a month
2 At least once a month but less than once a week
3 At least once a week but less than every day
4 Every day
98 Don't know

{IF CVapeNow= YES}
CWeekVp
How many times do you use your e-cigarette or vaping device on a typical **weekday**?
'How many times' refers to a 'session' i.e. picking it up, taking some puffs and putting it down again, **not** the number of puffs a day.

Enter the number next to your answer and press enter. Type in 98 for don't know.

1 Less than once a day
2 Once
3 2 to 3 times
4 4 to 5 times
5 6 or more times
6 I vape for most of the time during the day
98 Don't know

{IF CVapeNow= YES}
CWkVpTm
In total, how much time do you spend using your e-cigarette or vaping device on a typical **weekday**?
Enter the number next to your answer and press enter. Type in 98 for don't know.

1 Less than 5 minutes
2 5 minutes to 30 minutes
3 More than 30 minutes but up to 1 hour
4 More than 1 hour but up to 2 hours
5 More than 2 hours
98 Don't know

{IF CVapeNow= YES}
CWkendVp
How many times do you use your e-cigarette or vaping device on a typical **weekend day**?
'How many times' refers to a 'session' i.e. picking it up, taking some puffs and putting it down again, NOT the number of puffs a day.
Enter the number next to your answer and press enter. Type in 98 for don't know.

1 Less than once a day
2 Once
3 2 to 3 times
4 4 to 5 times
5 6 or more times
6 I vape for most of the time during the day
98 Don't know

{IF CVapeNow= YES}
CWeVpTm
In total, how much time do you spend using your e-cigarette or vaping device on a typical **weekend day**?
Enter the number next to your answer and press enter. Type in 98 for don't know.

1 Less than 5 minutes
2 5 minutes to 30 minutes
3 More than 30 minutes but up to 1 hour
4 More than 1 hour but up to 2 hours
5 More than 2 hours
98 Don't know

{IF CVapeNow= YES}
CECigTyp
Which of these do you mainly use?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 A disposable electronic cigarette (non-rechargeable)
2 An electronic cigarette kit which is refillable with pre-filled cartridges
3 An electronic cigarette kit which is refillable with liquids
4 A modular system (I use my own combination of separate devices: batteries, atomizers, etc.)
98 Don't know

{IF CVapeNow= YES}
CECigCart
E-cigarette liquids and cartridges generally come in a variety of strengths. What strength do you typically use?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 0 mg nicotine
2 6 mg nicotine – often described as low
3 11 mg or 12 mg nicotine – often described as medium or mild
4 18 mg nicotine – often described as high or regular
5 24 mg nicotine- often described as strong
6 Other strength (please specify)
98 Don't know

{IF CECigCart=6 (Other strength (please specify)}
CECigCartO
Please enter the strength you typically use using the number keys and press Enter to move on.
For example, for 6mg, type in '6'. Type in 98 for 'Don't know'.
Range: 0..98

{IF CVapeNow=Yes}
CVapePl
In which of these places, if any, have you used your e-cigarette or vaping device in the last 7 days ending yesterday?
You can choose **more than one** answer.
After each answer you need to press the space bar (the large bar at the bottom of the keyboard).
When you have given all of your answers, press enter to move on. Type in 98 for 'don't know

1 At my home, indoors
2 At my home, outside, eg. in garden or on doorstep
3 Outside in the street, or out and about
4 Outside at work
5 Outside at other people's homes
6 Outside pubs, bars, restaurants or shops
7 In public parks
8 Inside other people's homes
9 While travelling by car
10 Inside other places
98 Don't know

{IF CVapeNow= YES}
CFirstVp
How soon after waking do you **usually** have your first e-cigarette or vape of the day?
Enter the number next to your answer and press enter. Type in 98 for don't know.

1 Less than 5 minutes
2 5-14 minutes
3 15-29 minutes
4 30 minutes but less than 1 hour
5 1 hour but less than 2 hours
6 2 hours or more
98 Don't know

{IF CVapeNow= YES}
CVapeStp
Would you like to give up using e-cigarettes or vaping altogether?
Enter the number next to your answer and press enter. Type in 98 for don't know.

1 Yes
2 No
98 Don't know

{IF (CStartSmk=CStartVape OR CStartSmk=Don't know OR CStartVape=Don't know) AND (CSmokeNow=Yes OR CSmokeReg= Regular, Occasional or haven't Stopped OR CResQuit= Haven't stopped) AND (CEvVape=1)}
CWhchFrst
You said that you [^used to – **see text fill below**] smoke cigarettes, and that you [^used to – **see text fill below**] use an e-cigarette or vaping device. Did you start smoking cigarettes before, or after, you started using e-cigarettes or vaping devices?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Before
2 After
98 Don't know

Text-fills

- **The first 'used to':**
  'you used to smoke' - IF SmokeReg = 1 OR 2 (is displayed for participants who smoked cigarettes regularly or occasionally (SmokeReg) in the past but don't smoke nowadays (SmokeNow).)
  'you smoke' – IF SmokeNow=1 (is NOT displayed for people who smoke nowadays (SmokeNow).
- **The second 'used to':**
  'you used to use' – IF EvVape=1 AND VapeNow=2 (is displayed for people who have vaped before (EvVape) but don't vape nowadays (VapeNow).
  'you use an e-cig' – IF EvVape=1 AND VapeNow=1 (is NOT displayed for people who have vaped before (EvVape) and vape nowadays (VapeNow).

{IF ((CSmokeNow=Yes OR CSmokeReg= Haven't Stopped OR CResQuit= Haven't stopped) AND (CEvVape=1) AND (CStartSmk<CStartVape)) OR (CWhchFrst=1)}
CVapeAffect
Compared to before you started using e-cigarettes or vaping devices, do you currently smoke fewer, the same number, or more cigarettes?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Fewer
2 Same number
3 More
98 Don't know

ASK ALL
CNRNow
<Textfill: IF SmokeEver=No: 'Some people who have never regularly smoked sometimes use nicotine replacement products.> Are you using any of these products nowadays?
You can choose **more than one** answer.
After each answer you need to press the space bar (the large bar at the bottom of the keyboard).
When you have given all of your answers, press enter to move on. Type in 98 for 'don't know

1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 E-cigarette or vaping device
9 None
98 Don't know

{IF NOT (all of 1-8) AT NRNow}
CNREv
Have you ever used any of these products in the past that you are not using nowadays?

You can choose **more than one** answer.
After each answer you need to press the space bar (the large bar at the bottom of the keyboard).
When you have given all of your answers, press enter to move on. Type in 98 for 'don't know
[Codes selected at CNRNow are hidden.]

1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 E-cigarette or vaping device
9 None
98 Don’t know

ENDIF
ENDIF

CAnyProd is a derived variable in the CAPI. It is set to 1 if any nicotine replacement products are used at CNRNow or CNREV

{IF (Gum IN CNRNow) OR (Lozenge IN CNRNow) OR (Patch IN CNRNow) OR (Inhaler IN CNRNow) OR (Spray IN CNRNow) OR (Nasal IN CNRNow) OR (OthNic IN CNRNow) OR (Elect IN CNRNow) AnyProd := Yes}

{IF (Gum IN CNREv) OR (Lozenge IN CNREv) OR (Patch IN CNREv) OR (Inhaler IN CNREv) OR (Spray IN CNREv) OR (Nasal IN CNREv) OR (OthNic IN CNREv) OR (Elect IN CNREv) AnyProd := Yes}

{IF (CSmokEver = Yes)}
[IF (CSmokeNow <> Yes) AND (CSmokeCig=Yes OR CSmokeLMon = Yes) AND NOT (Haven’t stopped IN CSmokeReg) OR (Haven’t stopped IN CResQuit) AND (AnyProd=Yes)}
CHelpQuit
Did you use any of these products to help you stop smoking?
You can choose **more than one** answer.
After each answer you need to press the space bar (the large bar at the bottom of the keyboard).
When you have given all of your answers, press enter to move on. Type in 97 for 'don't know

1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 E-cigarette or vaping device
9 None
98 Don’t know

ENDIF

{IF (CSmokeNow=Yes) AND (CAnyProd=Yes)}
CCutDwn
Are you currently trying to cut down on how much you smoke but not currently trying to stop?
Enter the number next to your answer and press enter. Type in 98 for 'don't know

1 Yes
2 No
98 Don’t know

{IF CCutDwn = Yes}

CNRCut
Which, if any, of these products are you currently using to help you cut down the amount you smoke?
You can choose **more than one** answer.
After each answer you need to press the space bar (the large bar at the bottom of the keyboard).
When you have given all of your answers, press enter to move on. Type in 98 for 'don't know

1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 E-cigarette or vaping device
9 None
98 Don’t know

{IF (CSmokeNow=Yes) AND (CAnyProd=Yes)}
CNRTemp
Do you regularly use any of these products in situations when you are not allowed to smoke?
You can choose **more than one** answer.
After each answer you need to press the space bar (the large bar at the bottom of the keyboard).
When you have given all of your answers, press enter to move on. Type in 98 for 'don't know

1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 E-cigarette or vaping device
9 None
98 Don’t know

{IF (CSmokeNow=Yes) AND (CAnyProd=Yes)}
CPastQuit
Have you ever used any of these products to help you stop smoking during a serious quit attempt?
You can choose **more than one** answer.
After each answer you need to press the space bar (the large bar at the bottom of the keyboard).
When you have given all of your answers, press enter to move on. Type in 98 for 'don't know

1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 E-cigarette or vaping device
9 None
98 Don’t know

{IF (CSmokeNow = Yes OR CSmokeLMon = Yes)}
CDrSmk12
In the last 12 months, has a medical person, for example a doctor or nurse advised you to stop smoking completely?
Enter the number next to your answer and press enter. Type in 98 for don’t know.

1 Yes
2 No
98 Don’t know

{IF (CSmokEver = Yes)}
CCigarNow
Do you smoke cigars at all nowadays?
Enter the number next to your answer and press enter. Type in 98 for don't know.
1 Yes
2 No
98 Don't know

{IF CCigarNow = Yes}
CCCigarReg
Do you smoke cigars regularly, that is at least one cigar a month, or do you smoke them only occasionally?
Enter the number next to your answer and press enter. Type in 98 for don't know.
1 Smoke at least one cigar a month
2 Smoke them only occasionally
98 Don't know

{IF (CSmokEver = Yes)}
CPipeNowA
Do you smoke a pipe at all nowadays?
Enter the number next to your answer and press enter. Type in 98 for don't know
1 Yes
2 No
98 Don't know

{IF CASIchk=2}
CParSm
Did your parents ever smoke regularly when you were a child?
Enter the number next to your answer and press enter. Type in 98 for don't know
1 No, neither
2 Yes, one
3 Yes, both
4 Not applicable
98 Don't know

{IF CASIchk=2]
CPassive
Are you regularly exposed to other people's tobacco smoke in any of these places?
You can choose **more than one** answer.
After each answer you need to press the space bar (the large bar at the bottom of the keyboard).
When you have given all of your answers, press enter to move on. Type in 98 for 'don't know
1 At own home
2 At work
3 In other people's homes
4 Travelling by car/van
5 Outdoor smoking areas of pubs/restaurants/cafes
6 In other places
7 No, none of these
98 Don't know

{IF CPassive=1-6}
CBother
Does this bother you at all?
Enter the number next to your answer and press enter. Type in 98 for don't know
1 Yes
2 No
98 Don't know

{IF CASIchk=2}
CExpSm
And can we just check, in most weeks, how many hours a week are you exposed to other people's tobacco smoke?
Type in a number using the number keys, then press enter to move on. Type in **998** for 'don't know. If you are exposed for some time but less than one hour type in 1.
Range: 0..998

{IF CASIchk=2}
CEPassv
Are you regularly exposed to other people's vapour from e-cigarettes or vaping devices?
Enter the number next to your answer and press enter. Type in 98 for don’t know
1 Yes
2 No
98 Don’t know

{IF CEPassv=YES}
CEBother
Does this bother you at all?
Enter the number next to your answer and press enter. Type in 98 for don’t know
1 Yes
2 No
98 Don’t know

Drinking: CASI questions

{IF CASIchk = 2}
CDrink
Now are a few questions about what you drink - that is if you drink. Do you ever drink alcohol nowadays, including drinks you brew or make at home?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Yes
2 No
98 Don't know

{IF CDrink = No}
CDrinkAny
Does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Very occasionally
2 Never
98 Don't know

{IF CDrinkAny = Never}
CAlwaysTT
Have you always been a non-drinker or did you stop drinking for some reason?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Always a non-drinker
2 Used to drink but stopped
98 Don't know

{IF CAlwaysTT = Used to drink but stopped}
CWhyTT
Did you stop drinking because of a particular health condition that you had at the time?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Yes
2 No
98 Don't know

{IF (CDrink = Yes) OR (CDrinkAny = very occasionally)}
CDrinkOft
Thinking now about all kinds of drinks, how often have you had an **alcoholic drink** of any kind during the last 12 months.
Please choose **one** answer.
Enter the number next to your answer and press enter. Enter 98 for 'don't know'

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

{IF CDrinkOft <> Not at all in the last 12 months or Don't know}
CDrinkL7
Did you have an alcoholic drink in the seven days ending yesterday?
Enter the number next to your answer and press enter. Type in 98 for don't know

1 Yes

2 No
98 Don't know

{IF CDrinkL7 =Yes}
CDrnkDay
On how many days out of the last seven did you have an alcoholic drink?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CDrnkDay = 2 to 7 days}
CDrnkSame
Did you drink more on *one of the days/some days than others*, or did you drink about the same on *both/each of those* days?
Please choose **one** answer. Enter the number next to your answer and press enter. Type in 98 for 'don't know
1 Drank more on one/some day(s) than other(s)
2 Same each day
98 Don't know

{IF CDrinkL7 =Yes}
CWhichDay
Which day *last week* did you *<have the **most** to drink/>last have an alcoholic drink*?
Please choose **one** answer. Enter the number next to your answer and press enter. Type in 98 for 'don't know
1 Sunday
2 Monday
3 Tuesday
4 Wednesday
5 Thursday
6 Friday
7 Saturday
98 Don't know

{IF CWhichDay=1-7}
CDrnkType
Thinking about last *<answer to WhichDay>*, what types of drink did you have that day?
You can choose **more than one** answer.
After each answer you need to press the space bar (the large bar at the bottom of the keyboard). When you have given all of your answers, press enter to move on. Type in 98 for 'don't know
1 Normal strength beer/lager/stout/cider/shandy
2 Strong beer/lager/stout/cider
3 Spirits or liqueurs
4 Sherry or martini
5 Wine
6 Alcopops/pre-mixed alcoholic drinks
7 Other alcoholic drinks
8 Low alcohol drinks only
98 Don't know

{IF CDrnkType = Normal strength beer/lager/cider/shandy}
CNBrL7
Still thinking about last *(answer to WhichDay)*, how much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day?
First, please choose the measure or measures that you would like to give your answer in.You can choose **more than one** answer.Enter the number for the measures you used. After each answer you need to press the space bar (the large bar at the bottom of the keyboard). When you have given all of your answers, press enter to move on. Type in 98 for 'don't know
1 Pints
2 Small cans

3 Large cans
4 Bottles
98 Don’t know

{IF CNBRL7=Pints }
CNBrL7Qa
How many **pints** of **normal strength beer, lager, stout, cider or shandy** *(excluding cans and bottles of shandy)* did you drink that day?
If, for example, you had half a pint of beer enter 0.5. If you had a pint enter 1. If you had a pint and a half enter 1.5.
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 0.5..98

{IF CNBRL7= Small cans}
CNBrL7Qb
How many **small cans of normal strength beer, lager, stout, cider or shandy** *(excluding cans and bottles of shandy)* did you drink that day?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CNBRL7= Large cans}
CNBrL7Qc
How many **large cans of normal strength beer, lager, stout, cider or shandy** *(excluding cans and bottles of shandy)* did you drink that day?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CNBRL7= bottles}
CNBrL7Qd
How many **bottles of normal strength beer, lager, stout, cider or shandy** *(excluding cans and bottles of shandy)* did you drink that day?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CNBRL7= Bottles}
CNBotL7
What **make** of **normal strength beer, lager, stout, cider or shandy** did you drink from bottles on that day? If you drank different makes, please enter the make of the drink that you drank **the most**.
TYPE YOUR ANSWER AND THEN PRESS ENTER. ENTER 98 IF YOU DON’T KNOW.
Text: Maximum 21 characters

{IF CDrnkType = Strong beer/lager/cider}
CSBrL7
Still thinking about last <*answer to WhichDay*>, how much **strong beer, lager, stout or cider** did you drink that day?
First, please choose the measure or measures that you would like to give your answer in.
You can choose **more than one** answer.
Enter the number for the measures you used. After each answer you need to press the space bar (the large bar at the bottom of the keyboard). When you have given all of your answers, press enter to move on. Type in 98 for 'don't know
1 Pints
2 Small cans
3 Large cans
4 Bottles
98 Don’t know

{IF CSBRL7=Pints }
CSBrL7Qa
How many **pints** of **strong beer, lager, stout or cider** did you drink on that day?

If, for example, you had half a pint of beer enter 0.5. If you had a pint enter 1. If you had a pint and a half enter 1.5.
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 0.5..98

{IF CSBRL7= Small cans }
CSBrL7Qb
How many **small cans of strong beer, lager, stout or cider** did you drink on that day?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CSBRL7= large cans }
CSBrL7Qc
How many **large cans of strong beer, lager, stout or cider** did you drink on that day?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CSBRL7= bottles}
CSBrL7Qd
How many **bottles of strong beer, lager, stout or cider** did you drink on that day?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CSBrL7=Bottles}
CSBotL7
What **make** of **strong beer, lager, stout or cider** did you drink from bottles on that day?
If you drank different makes, please enter the make of the drink that you drank **the most**. Type your answer and then press enter. enter 98 if you don't know.
Text: Maximum 21 characters

{IF CDrnkType = Spirits}
CSpirL7
Still thinking about last <*answer to WhichDay*>, how much **spirits or liqueurs** (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day?
Please type in the number of **singles** – count doubles as two singles.
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CDrnkType = Sherry}
CShryL7
Still thinking about last <*answer to WhichDay*>, how much **sherry or martini**, including port, vermouth, Cinzano and Dubonnet did you drink on that day. Please type in the number of **glasses**.
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CDrnkType = Wine}
CWineL7
Still thinking about last <*answer to WhichDay*>, how much **wine**, including sparkling wines such as champagne or prosecco, did you drink on that day?
First, please choose the measure or measures that you would like to give your answer in.
You can choose **more than one** answer.
Enter the number for the measures you used. After each answer you need to press the space bar (the large bar at the bottom of the keyboard). Type in 98 for 'don't know. When you have given all of your answers, press enter to move on.

1 Bottle or parts of bottle
2 Glasses
98 Don't know

{IF CWineL7= 1 (Bottles or part of bottle)}
CWL7Bt
How many **bottles** of **wine** did you drink?
For example, if you had half a bottle, type in 0.5, if you had a third of a bottle, type in 0.33, if you had a quarter of a bottle, type in 0.25, if you had one and a half bottles, type in 1.5, etc.
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 0.1..98 (ALLOW FRACTIONS)

{IF CWineL7= 2 (Glasses)}
CWL7Glz
IMAGE OF WINE GLASSES
When you were drinking wine from glasses, were you drinking from a large, standard or small glass or glasses?
You can choose **more than one** answer.
After each answer you need to press the space bar (the large bar at the bottom of the keyboard). When you have given all of your answers, press enter to move on. Type in 98 for 'don't know.

1 Large glass (250ml)
2 Standard glass (175 ml)
3 Small glass (125 ml)
98 Don't know

{IF CWL7Glz=1 }
Cml250Glz
How many **large glasses** (250 ml) did you drink?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CWL7Glz=2 }
Cml175mGlzl
How many **standard glasses** (175 ml) did you drink?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CWL7Glz=3 }
Cml125Glz
How many **small glasses** (125 ml) did you drink?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CWL7Glz = 98 (Don't know)}
CWL7GlzDK
How many **glasses** did you drink?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CDrnkType = Alcopops/pre-mixed alcoholic drink}
CPopsL711
Still thinking about last <answer to WhichDay>, how much **alcoholic soft drink ('alcopop')** did you drink on that day?
First, please choose the measure or measures that you would like to give your answer in.
You can choose **more than one** answer. Enter the number for the measures you used. After each answer you need to press the space bar (the large bar at the bottom of the keyboard). When you have given all of your answers, press enter to move on. Type in 98 for 'don't know'.

1 Small cans
2 Standard bottles (275ml)
3 Large bottles (700ml)
98 Don't know

{IF CPopsL711 = Small cans}

CPopsL7Q(1)
How many **small cans** of **alcoholic soft drink ('alcopop')** did you drink on that day?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CPopsL7= standard sized Bottles}
CPopsL7Q(2)
How many **standard bottles** of **alcoholic soft drink ('alcopop')** did you drink on that day?
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Range: 1..98

{IF CPopsL7= LargeBottles}
CPopsL7Q(3)
How many **large bottles** of **alcoholic soft drink ('alcopop')** did you drink on that day?
Type in a number using the number keys, then press enter to move on.type in 98 for 'don't know
Range: 1..98

{IF CDrnkType=Other}
COthL7TA
Still thinking about last <*answer to WhichDay*>, what **other type of alcoholic drink** did you drink on that day?
Type your answer and then press enter. Enter 98 if you don't know.
Text: Maximum 30 characters

{IF COthL7TA<>98}
COthL7QA
How much <*name of 'other' alcoholic drink*> did you drink on that day? You can give your answer in half pints/pints/ singles/ glasses/ bottles
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Text: Maximum 30 characters

COthL7B
Did you drink any **other type of alcoholic drink** on that day?
Enter the number next to your answer and press enter. Type in 98 for don't know
1 Yes
2 No
98 Don't know

{IF COthL7B=Yes}
COthL7TB
Still thinking about last <*answer to WhichDay*>, what **other type of alcoholic drink** did you drink on that day? Please enter **one** answer. Type your answer and then press enter. Enter 98 if you don't know
Text: Maximum 30 characters

{IF COthL7TB<>98}
COthL7QB
How much <*name of 'other' alcoholic drink*> did you drink on that day? You can give your answer in half pints/pints/ singles/ glasses/ bottles.
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Text: Maximum 30 characters

COthL7C
Did you drink any **other type of alcoholic drink** on that day?
Enter the number next to your answer and press enter. Type in 98 for don't know
1 Yes
2 No
98 Don't know

{IF COthL7C=Yes}
COthL7TC
Still thinking about last <*answer to WhichDay*>, what **other type of alcoholic drink** did you drink on that day? Please type **one** answer. Type your answer and then press enter. Enter 98 if you don't know

{IF COthL7TC<>98}
COthL7QC
How much <name of 'other' alcoholic drink> did you drink on that day? You can give your answer in half pints/pints/ singles/ glasses/ bottles.
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know
Text: Maximum 30 characters

{IF (CDrink = 1) OR (CDrinkAny = 1)}
CDrAmount
Compared to five years ago, would you say that on the whole you drink more, about the same or less nowadays?
Enter the number next to your answer and press enter. Type in 98 for don't know
1 More
2 About the same
3 Less
98 Don't know

ENDIF
ENDIF

{IF CDrink = 1 or CDrinkAny = 1}
CIntro
Please now think about whether you have drunk different types of alcoholic drinks in the last 12 months. Please think about all types of alcoholic drinks you have had. Each type of alcoholic drink will be asked about separately.

Exclude all non-alcoholic or low-alcoholic drinks, except shandy.

CNBeer
Thinking first about **normal strength beer, lager, stout, cider or shandy** which has less than 6% alcohol. How often have you had a drink of **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) during the last 12 months?
Please enter **one** answer.
Enter the number next to your answer and press enter. Enter 98 for 'don't know'
1 Almost every day
2 Five or six days a week
3 Three or four days a week
4 Once or twice a week
5 Once or twice a month
6 Once every couple of months
7 Once or twice a year
8 Not at all in last 12 months
98 Don't know

{IF CNBeer = 1 – 7}
CNBeerM
How much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?
First, please choose the measure or measures that you would like to give your answer in.
You can choose **more than one** answer. Enter the number for the measures you used. After each answer you need to press the space bar (the large bar at the bottom of the keyboard). Type in 98 for 'don't know. When you have given all of your answers, press enter to move on.
1 Pints
2 Small cans

3 Large cans
4 Bottles
98 Don't know

{IF CNBeerM=Pints }
CNBeerQa
How many **pints** of **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?
If, for example, you had half a pint of beer enter 0.5. If you had a pint enter 1. If you had a pint and a half enter 1.5.
Type in a number using the number keys, then press enter to move on.type in 98 for 'don't know
Range 0.5..98

{IF CNBeerM= 2=small cans}
CNBeerQb
How many **small cans of normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?
Type in a number using the number keys, then press enter to move on.type in 98 for 'don't know
Range 1..98

{IF CNBeerM= 2=large cans}
CNBeerQc
How many **large cans of normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?
Type in a number using the number keys, then press enter to move on.type in 98 for 'don't know
Range 1..98

{IF CNBeerM= 2=bottles}
CNBeerQd
How many **bottles of normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?
Type in a number using the number keys, then press enter to move on.type in 98 for 'don't know
Range 1..98

{IF CDrinknow = 1 or CDrinkAny = 1}
CSBeer
Thinking about **strong beer or cider** which has 6% or more alcohol (eg Tennant's Extra, Special Brew, Diamond White) now. How often have you had a drink of **strong beer, lager, stout or cider** during the last 12 months? Please enter one answer. Enter the number next to your answer and press enter. enter 98 for 'don't know'

1 Almost every day
2 Five or six days a week
3 Three or Four days a week
4 Once or twice a week
5 Once or twice a month
6 Once every couple of months
7 Once or twice a year
8 Not at all in last 12 months
98 Don't know

{IF CSBeer = 1 – 7}
CSBeerM
How much **strong beer, lager, stout or cider** have you usually drunk on any one day during the last 12 months?
First, please choose the measure or measures that you would like to give your answer in.
You can choose **more than one** answer.
Enter the number for the measures you are going to use. After each answer you need to press the space bar (the large bar at the bottom of the keyboard). Type in 98 for 'don't know.

1 Pints

2 Small cans
3 Large cans
4 Bottles
98 Don't know

{IF CSBeerM = Pints
CSBeerQa
How many **pints** of **strong beer, lager, stout or cider** have you usually drunk on any one day during the last 12 months?
If, for example, you had half a pint of beer enter 0.5. If you had a pint enter 1. If you had a pint and a half enter 1.5.
Type in a number using the number keys, then press enter to move on.type in 98 for 'don't know
Range: 0.5..98

{IF CSBeerM = small cans}
CSBeerQb
How many **small cans** of **strong beer, lager, stout or cider** have you usually drunk on any one day during the last 12 months?
Type in a number using the number keys, then press enter to move on.type in 98 for 'don't know
Range: 1..98

{IF CSBeerM =large cans}
CSBeerQc
How many **large cans** of **strong beer, lager, stout or cider** have you usually drunk on any one day during the last 12 months?
Type in a number using the number keys, then press enter to move on.type in 98 for 'don't know
Range: 1..98

{IF CSBeerM =bottles}
CSBeerQd
How many **bottles** of **strong beer, lager, stout or cider** have you usually drunk on any one day during the last 12 months?
Type in a number using the number keys, then press enter to move on.type in 98 for 'don't know
Range: 1..98

{IF CDrinknow = 1 or CDrinkAny = 1}
CSpirits
How often have you had a drink of **spirits or liqueurs**, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?
Please enter **one** answer. Enter the number next to your answer and press enter. Enter 98 for 'don't know'
1 Almost every day
2 Five or six days a week
3 Three or four days a week
4 Once or twice a week
5 Once or twice a month
6 Once every couple of months
7 Once or twice a year
8 Not at all in last 12 months
98 Don't know

{IF CSpirits = 1 – 7}
CSpritsQ
How much **spirits or liqueurs**, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months?
Please enter the number of **singles** you had. Type in a number using the number keys, then press enter to move on.type in 98 for 'don't know
Range: 1..98

{IF CDrinknow = 1 or CDrinkAny = 1}
CSherry
How often have you had a drink of **sherry or martini** including port, vermouth, Cinzano and Dubonnet, during the last 12 months?
Please enter **one** answer. Enter the number next to your answer and press enter. Enter 98 for 'don't know'

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

{IF CSherry = 1 – 7}
CSherryQ
How much **sherry or martini**, including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day during the last 12 months?
Please enter the number of **glasses** you had. Type in a number using the number keys, then press enter to move on.type in 98 for 'don't know

Range: 1..98

{IF CDrinknow = 1 or CDrinkAny = 1}
CWine
How often have you had a drink of **wine**, including sparkling wines such as champagne or prosecco, during the last 12 months?
Please enter **one** answer. Enter the number next to your answer and press enter. enter 98 for 'don't know'

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

{IF CWine = 1 – 7}
CWineQ
How much **wine**, including sparkling wines such as champagne or prosecco, have you usually drunk on any one day during the last 12 months?
First, please choose the measure or measures you would like to give your answer in.

You can choose **more than one** answer.
Enter the number for the measures you are going to use. After each answer you need to press the space bar (the large bar at the bottom of the keyboard). Type in 98 for 'don't know.

1 Bottle or parts of bottle
2 Glasses
98 Don't know

{IF WineQ= 1 (Bottles or part of bottle)}

CWineQBt
How many **bottles** of **wine** have you usually drunk on any one day during the last 12 months? For example, if you had half a bottle, type in 0.5, if you had a third of a bottle, type in 0.33, if you had a quarter of a bottle, type in 0.25, if you had one and a half bottles, type in 1.5, etc.
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know.
Range: 0.1..98 (ALLOW FRACTIONS)

{IF WineQ= 2 (Glasses)}
CWineQGl
Please enter the number of **glasses** you have usually drunk.
Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know.
Range: 1..98

{IF CWineQGl<>98 (Don't know)}
CBWineQ2
IMAGE OF WINE GLASSES
Were those mainly…
Please enter **one** answer. Enter the number next to your answer and press enter. Enter 98 for 'don't know'
1 Small glasses (approx. 125ml)
2 Standard glasses (approx. 175ml)
3 Large glasses (approx. 250ml)
98 Don't know

{IF Drinknow = 1 or DrinkAny = 1}
CPops
How often have you had a drink of **alcopops** (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks for e.g. Smirnoff Ice, Bacardi Breezer, WKD, Metz etc), during the last 12 months?
Please enter **one** answer. Enter the number next to your answer and press enter. Enter 98 for 'don't know'
1 Almost every day
2 Five or six days a week
3 Three or four days a week
4 Once or twice a week
5 Once or twice a month
6 Once every couple of months
7 Once or twice a year
8 Not at all in last 12 months
98 Don't know

{IF CPops = 1 – 7 }
CPopsLY11
How much **alcopops or pre-mixed alcoholic drinks** (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months?
First, please choose the measure or measures that you would like to give your answer in.
You can choose **more than one** answer. Enter the number for the measures you used. After each answer you need to press the space bar (the large bar at the bottom of the keyboard). type in 98 for 'don't know.
1 Small cans
2 Standard bottles (275ml)
3 Large bottles (700ml)
98 Don't know

{IF CPopsLY11 = Small cans}

CPopsQ11[1]
How many **small cans** of **alcopopsor pre-mixed alcoholic drink** have you usually drunk on any one day? Type in a number using the number keys, then press enter to move on. Type in 98 for 'don't know.

Range: 1..98

{IF CPopsLY11=standard bottles}
CPopsQ11[2]
How many **standard sized bottles** of **alcopop or pre-mixed alcoholic drink** have you usually drunk on any one day?
Type in a number using the number keys, then press enter to move on.type in 98 for 'don't know

Range: 1..98

{IF CPopsLY11= large Bottles}
CPopsQ11[3]
How many **large bottles** of **alcopop or pre-mixed alcoholic drink** have you usually drunk on any one day? Type in a number using the number keys, then press enter to move on.Type in 98 for 'don't know

Range: 1..98

END OF CASI

EndCASI1
Thank you very much for answering these questions.
Please now type <1> and press <ENTER>.
TContinue

EndCASI2
Now please type 1 and press <ENTER> again. (This will lock up your answers).
Then hand the computer back to the interviewer.@L":
TContinue

ResSC
INTERVIEWER CODE:
1 CASI section only partially completed (SPECIFY REASON AT NEXT QUESTION)",
2 CASI section completed with no help/advice asked for during completion
3 CASI section completed with some help/advice during completion
NODK, NORF

XResSC
Type in reason for partial/non-completion.
Text: Maximum 60 characters

Hidesc
Hide self-completion?
1 Yes
2 No

HSE 2019

INTERVIEWER SHOWCARDS

&

Coding Frame

HEIGHT CONVERSION CHART

1 inch = 2.54 cm

Centimetres	Feet	Inches
46	1	6
48	1	7
51	1	8
53	1	9
56	1	10
58	1	11
61	2	0
64	2	1
66	2	2
69	2	3
71	2	4
74	2	5
76	2	6
79	2	7
81	2	8
84	2	9
86	2	10
89	2	11
91	3	0
94	3	1
97	3	2
99	3	3
102	3	4
104	3	5
107	3	6
109	3	7
112	3	8
114	3	9
117	3	10
119	3	11
122	4	0
124	4	1
127	4	2
130	4	3
132	4	4
135	4	5
137	4	6
140	4	7
142	4	8
145	4	9
147	4	10
150	4	11
152	5	0
155	5	1
157	5	2
160	5	3
163	5	4
165	5	5
168	5	6
170	5	7

Centimetres	Feet	Inches
173	5	8
175	5	9
178	5	10
180	5	11
183	6	0
185	6	1
188	6	2
191	6	3
193	6	4
196	6	5
198	6	6
201	6	7
203	6	8
206	6	9

WEIGHT CONVERSION CHART

1 kg = 2.2 lbs

Kg	st	lbs
6.4	1	0
6.8	1	1
7.3	1	2
7.7	1	3
8.2	1	4
8.6	1	5
9.1	1	6
9.5	1	7
10.0	1	8
10.5	1	9
10.9	1	10
11.4	1	11
11.8	1	12
12.3	1	13
12.7	2	0
13.2	2	1
13.6	2	2
14.1	2	3
14.5	2	4
15.0	2	5
15.5	2	6
15.9	2	7
16.4	2	8
16.8	2	9
17.3	2	10
17.7	2	11
18.2	2	12
18.6	2	13
19.1	3	0
19.5	3	1
20.0	3	2
20.5	3	3
20.9	3	4
21.4	3	5
21.8	3	6
22.3	3	7
22.7	3	8
23.2	3	9
23.6	3	10
24.1	3	11
24.5	3	12
25.0	3	13
25.5	4	0
25.9	4	1
26.4	4	2
26.8	4	3
27.3	4	4
27.7	4	5
28.2	4	6
28.6	4	7

Kg	st	lbs
29.1	4	8
29.5	4	9
30.0	4	10
30.5	4	11
30.9	4	12
31.4	4	13
31.8	5	0
32.3	5	1
32.7	5	2
33.2	5	3
33.6	5	4
34.1	5	5
34.5	5	6
35.0	5	7
35.5	5	8
35.9	5	9
36.4	5	10
36.8	5	11
37.3	5	12
37.7	5	13
38.2	6	0
38.6	6	1
39.1	6	2
39.5	6	3
40.0	6	4
40.5	6	5
40.9	6	6
41.4	6	7
41.8	6	8
42.3	6	9
42.7	6	10
43.2	6	11
43.6	6	12
44.1	6	13
44.5	7	0
45.0	7	1
45.5	7	2
45.9	7	3
46.4	7	4
46.8	7	5
47.3	7	6
47.7	7	7
48.2	7	8
48.6	7	9
49.1	7	10
49.5	7	11
50.0	7	12
50.5	7	13
50.9	8	0
51.4	8	1

Kg	st	lbs
51.8	8	2
52.3	8	3
52.7	8	4
53.2	8	5
53.6	8	6
54.1	8	7
54.5	8	8
55.0	8	9
55.5	8	10
55.9	8	11
56.4	8	12
56.8	8	13
57.3	9	0
57.7	9	1
58.2	9	2
58.6	9	3
59.1	9	4
59.5	9	5
60.0	9	6
60.5	9	7
60.9	9	8
61.4	9	9
61.8	9	10
62.3	9	11
62.7	9	12
63.2	9	13
63.6	10	0
64.1	10	1
64.5	10	2
65.0	10	3
65.5	10	4
65.9	10	5
66.4	10	6
66.8	10	7
67.3	10	8
67.7	10	9
68.2	10	10
68.6	10	11
69.1	10	12
69.5	10	13
70.0	11	0
70.5	11	1
70.9	11	2
71.4	11	3
71.8	11	4
72.3	11	5
72.7	11	6
73.2	11	7
73.6	11	8
74.1	11	9

WEIGHT CONVERSION CHART

1 kg = 2.2 lbs

Kg	st	lbs
74.5	11	10
75.0	11	11
75.5	11	12
75.9	11	13
76.4	12	0
76.8	12	1
77.3	12	2
77.7	12	3
78.2	12	4
78.6	12	5
79.1	12	6
79.5	12	7
80.0	12	8
80.5	12	9
80.9	12	10
81.4	12	11
81.8	12	12
82.3	12	13
82.7	13	0
83.2	13	1
83.6	13	2
84.1	13	3
84.5	13	4
85.0	13	5
85.5	13	6
85.9	13	7
86.4	13	8
86.8	13	9
87.3	13	10
87.7	13	11
88.2	13	12
88.6	13	13
89.1	14	0
89.5	14	1
90.0	14	2
90.5	14	3
90.9	14	4
91.4	14	5
91.8	14	6
92.3	14	7
92.7	14	8
93.2	14	9
93.6	14	10
94.1	14	11
94.5	14	12
95.0	14	13
95.5	15	0
95.9	15	1
96.4	15	2
96.8	15	3

Kg	st	lbs
97.3	15	4
97.7	15	5
98.2	15	6
98.6	15	7
99.1	15	8
99.5	15	9
100.0	15	10
100.5	15	11
100.9	15	12
101.4	15	13
101.8	16	0
102.3	16	1
102.7	16	2
103.2	16	3
103.6	16	4
104.1	16	5
104.5	16	6
105.0	16	7
105.5	16	8
105.9	16	9
106.4	16	10
106.8	16	11
107.3	16	12
107.7	16	13
108.2	17	0
108.6	17	1
109.1	17	2
109.5	17	3
110.0	17	4
110.5	17	5
110.9	17	6
111.4	17	7
111.8	17	8
112.3	17	9
112.7	17	10
113.2	17	11
113.6	17	12
114.1	17	13
114.5	18	0
115.0	18	1
115.5	18	2
115.9	18	3
116.4	18	4
116.8	18	5
117.3	18	6
117.7	18	7
118.2	18	8
118.6	18	9
119.1	18	10
119.5	18	11

Kg	st	lbs
120.0	18	12
120.5	18	13
120.9	19	0
121.4	19	1
121.8	19	2
122.3	19	3
122.7	19	4
123.2	19	5
123.6	19	6
124.1	19	7
124.5	19	8
125.0	19	9
125.5	19	10
125.9	19	11
126.4	19	12
126.8	19	13
127.3	20	0
127.7	20	1
128.2	20	2
128.6	20	3
129.1	20	4
129.5	20	5
130.0	20	6
130.5	20	7
130.9	20	8
131.4	20	9
131.8	20	10
132.3	20	11
132.7	20	12
133.2	20	13
133.6	21	0
134.1	21	1
134.5	21	2
135.0	21	3
135.5	21	4
135.9	21	5
136.4	21	6
136.8	21	7
137.3	21	8
137.7	21	9
138.2	21	10
138.6	21	11
139.1	21	12
139.5	21	13

For a respondent who is blind or cannot read:

Add at the bottom of the consent form

For the respondent:

"This form has been read to me and I confirm that I understand the information and give consent."

Respondent's signature

(write in their name if they cannot sign)

For yourself:

"I confirm that I read this consent form word for word to [insert name] who understood the information and gave informed consent."

Interviewer signature and date

If someone else is available as a witness:

"I confirm that the interviewer read out the form and explained it to [insert name], and that [name] understood and agreed."

Witness signature and date

HSE 2019

SHOWCARDS

CARD A1

1. **Husband / Wife**
2. **Partner / Cohabitee**
3. **Natural son / daughter**
4. **Adopted son / daughter**
5. **Foster son / daughter**
6. **Stepson / Stepdaughter / Child of partner**
7. **Son-in-law / Daughter-in-law**
8. **Natural parent**
9. **Adoptive parent**
10. **Foster parent**
11. **Step-parent/parent's partner**
12. **Parent-in-law**
13. **Natural brother / Natural sister** (i.e. both natural parents the same)
14. **Half-brother / Half-sister** (i.e. one natural parent the same)
15. **Step-brother / Step-sister** (i.e. no natural parents the same)
16. **Adopted brother / Adopted sister**
17. **Foster brother / Foster sister**
18. **Brother-in-law / Sister-in-law**
19. **Grandchild**
20. **Grandparent**
21. **Other relative**
22. **Other non-relative**

CARD A2

1. **Own natural child**

2. **Other**
   (e.g. adopted, foster, child of partner, etc)

CARD A3

1. **Own it outright**

2. **Buying it with the help of a mortgage or loan**

3. **Pay part rent and part mortgage** (shared ownership)

4. **Rent it**

5. **Live here rent-free** (including rent-free in relative's/friend's property; excluding squatting)

6. **Squatting**

CARD A4

1. **Earnings from employment or self-employment**
2. **State retirement pension**
3. **Pension from former employer**
4. **Personal pensions**
5. **Job-Seekers Allowance**
6. **Employment and Support Allowance**
7. **Income Support**
8. **Pension credit**
9. **Working Tax Credit**
10. **Child Tax Credit**
11. **Child Benefit**
12. **Housing Benefit**
13. **Council Tax Benefit / Reduction**
14. **Universal Credit**
15. **Other State Benefits**
16. **Interest from savings and investments** (e.g. stocks and shares)
17. **Other kinds of regular allowance from outside your household** (e.g. maintenance, student's grants, rent)
18. **No source of income**

CARD A5

1. **Attendance Allowance**

2. **Disability Living Allowance**
   – care component

3. **Disability Living Allowance**
   – mobility component

4. **Personal Independence Payment**
   – daily living component

5. **Personal Independence Payment**
   – mobility component

6. **None of these**

Weekly rates from 2nd April 2018

CARD A6

Attendance allowance

1. Higher rate for attendance during day AND night £85.60
2. Lower rate for day OR night £57.30

Disability Living Allowance (DLA) - Care Component

3. Highest rate £85.60
4. Middle rate £57.30
5. Lowest rate £22.65

Disability Living Allowance (DLA) - Mobility Component

6. Higher rate £59.75
7. Lower rate £22.65

Personal Independence Payments (PIP) - Daily Living Component

8. Enhanced rate £85.60
9. Standard rate £57.30

Personal Independence Payments (PIP) - Mobility Component

10. Enhanced rate £59.75
11. Standard rate £22.65

Weekly rates from 8th April 2019

CARD A7

Attendance allowance

1. Higher rate for attendance during day AND night £87.65
2. Lower rate for day OR night £58.70

Disability Living Allowance (DLA) - Care Component

3. Highest rate £87.65
4. Middle rate £58.70
5. Lowest rate £23.20

Disability Living Allowance (DLA) - Mobility Component

6. Higher rate £61.20
7. Lower rate £23.20

Personal Independence Payments (PIP) - Daily Living Component

8. Enhanced rate £87.65
9. Standard rate £58.70

Personal Independence Payments (PIP) - Mobility Component

10. Enhanced rate £61.20
11. Standard rate £23.20

GROSS INCOME FROM ALL SOURCES

(before any deductions for tax, national insurance, etc.)

CARD A8 (1 0F 2)

WEEKLY	or	MONTHLY	or	ANNUAL	
Less than £10	57	Less than £40	57	Less than £520	57
£10 less than £30	66	£40 less than £130	66	£520 less than £1,600	66
£30 less than £50	55	£130 less than £220	55	£1,600 less than £2,600	55
£50 less than £70	74	£220 less than £300	74	£2,600 less than £3,600	74
£70 less than £100	62	£300 less than £430	62	£3,600 less than £5,200	62
£100 less than £150	73	£430 less than £650	73	£5,200 less than £7,800	73
£150 less than £200	65	£650 less than £870	65	£7,800 less than £10,400	65
£200 less than £250	51	£870 less than £1,100	51	£10,400 less than £13,000	51
£250 less than £300	78	£1,100 less than £1,300	78	£13,000 less than £15,600	78
£300 less than £350	54	£1,300 less than £1,500	54	£15,600 less than £18,200	54
£350 less than £400	76	£1,500 less than £1,700	76	£18,200 less than £20,800	76
£400 less than £450	81	£1,700 less than £2,000	81	£20,800 less than £23,400	81
£450 less than £500	53	£2,000 less than £2,200	53	£23,400 less than £26,000	53
£500 less than £550	72	£2,200 less than £2,400	72	£26,000 less than £28,600	72
£550 less than £600	58	£2,400 less than £2,600	58	£28,600 less than £31,200	58

CARD A8 (2 0F 2)

£600 less than £650	70
£650 less than £700	68
£700 less than £800	75
£800 less than £900	64
£900 less than £1,000	71
£1,000 less than £1,150	69
£1,150 less than £1,350	80
£1,350 less than £1,550	79
£1,550 less than £1,750	60
£1,750 less than £1,900	52
£1,900 less than £2,100	67
£2,100 less than £2,300	59
£2,300 less than £2,500	77
£2,500 less than £2,700	61
£2,700 less than £2,900	56
£2,900 or more	63

£2,600 less than £2,800	70
£2,800 less than £3,000	68
£3,000 less than £3,500	75
£3,500 less than £3,900	64
£3,900 less than £4,300	71
£4,300 less than £5,000	69
£5,000 less than £5,800	80
£5,800 less than £6,700	79
£6,700 less than £7,500	60
£7,500 less than £8,300	52
£8,300 less than £9,200	67
£9,200 less than £10,000	59
£10,000 less than £10,800	77
£10,800 less than £11,700	61
£11,700 less than £12,500	56
£12,500 or more	63

£31,200 less than £33,800	70
£33,800 less than £36,400	68
£36,400 less than £41,600	75
£41,600 less than £46,800	64
£46,800 less than £52,000	71
£52,000 less than £60,000	69
£60,000 less than £70,000	80
£70,000 less than £80,000	79
£80,000 less than £90,000	60
£90,000 less than £100,000	52
£100,000 less than £110,000	67
£110,000 less than £120,000	59
£120,000 less than £130,000	77
£130,000 less than £140,000	61
£140,000 less than £150,000	56
£150,000 or more	63

CARD A9

1. **Going to school or college full-time** (including on vacation)
2. **In paid employment or self-employment** (or temporarily away)
3. **On a Government scheme for employment training**
4. **Doing unpaid work for a business that you own, or that a relative owns**
5. **Waiting to take up paid work already obtained**
6. **Looking for paid work or a Government training scheme**
7. **Intending to look for work but prevented by temporary sickness or injury**
8. **Permanently unable to work because of long-term sickness or disability**
9. **Retired from paid work**
10. **Looking after the home or family**

95. **Doing something else** (Please say what…)

CARD B1

1. **Vision** (for example blindness or partial sight)
2. **Hearing** (for example deafness or partial hearing)
3. **Mobility** (for example walking short distances or climbing stairs)
4. **Dexterity** (for example lifting and carrying objects, using a keyboard)
5. **Learning or understanding or concentrating**
6. **Memory**
7. **Mental health**
8. **Stamina or breathing or fatigue**
9. **Socially or behaviourally** (for example associated with autism, Attention Deficit Disorder or Asperger's syndrome)
10. **Other** (Please say what…)

CARD B2

1. A physical health problem
2. A mental health, nervous or emotional problem
3. Both of these

CARD B3

1. Psychotherapy or psychoanalysis
2. Cognitive behavioural therapy
3. Art, music or drama therapy
4. Social skills training
5. Couples or family therapy
6. Sex therapy
7. Mindfulness therapy
8. Alcohol or drug counselling
9. Counselling (include bereavement)
10. Another type of therapy
11. None of these

CARD C1

1. 20 or more natural teeth

2. Between 10 and 19

3. Between 1 and 9

4. None at all

CARD C2

1. **No time off**

2. **One episode of time off**

3. **Two episodes of time off**

4. **Three or more episodes of time off**

5. **My child does not attend nursery/playgroup/pre-school/school**

CARD C3

1. No time off work
2. One episode of time off work
3. Two episodes of time off work
4. Three or more episodes of time off work

CARD D1

1. I can do this without help from anyone

2. I have difficulty doing this but manage on my own

3. I can only do this with help from someone

4. I cannot do this

CARD D2

1. **Husband / Wife / Partner**
2. **Son** (including stepson, adopted son or son-in-law)
3. **Daughter** (including stepdaughter, adopted daughter or daughter-in-law)
4. **Grandchild** (including great-grandchild)
5. **Brother / Sister** (including step / adopted / in-laws)
6. **Niece / Nephew**
7. **Mother or father** (including mother-in-law or father-in-law)
8. **Other family member**
9. **Friend**
10. **Neighbour**
11. **None of the above**

CARD D3

1. **Home care worker / Home help / Personal assistant**

2. **A member of the Reablement / Intermediate care staff team**

3. **Occupational Therapist / Physiotherapist**

4. **Voluntary helper**

5. **Warden / Sheltered housing manager**

6. **Cleaner**

7. **Council's handyman**

8. **Other** (Please say who…)

9. **None of the above**

CARD D4

1. No help in the last week
2. Less than one hour
3. 1 – 4 hours
4. 5 – 9 hours
5. 10 – 19 hours
6. 20 – 34 hours
7. 35 – 49 hours
8. 50 – 99 hours
9. 100 hours or more

CARD D5

1. Less than one hour
2. 1-4 hours
3. 5-9 hours
4. 10-19 hours
5. 20-34 hours
6. 35-49 hours
7. 50-99 hours
8. 100 hours or more

CARD D6

1. **Personal budget –** When the local authority finds that you are eligible for support for your social care needs, your **personal budget** is the amount they calculate is needed to meet these. This might cover the full cost of your social care or part of it.

CARD D7

Direct Payments - where the council gives you a payment to meet some or all of your social care needs. You can then choose how to spend the money. (This should not be confused with benefits paid directly into a bank account which may also be called direct payments.)

1. Yes, all of personal budget as a Direct Payment

2. Yes, part of personal budget as a Direct Payment

3. No, none of personal budget as a Direct payment

AnyDP

CARD D8

Include care for things such as:

- Getting in and out of bed on your own
- Washing your face and hands
- Having a bath or a shower, including getting in and out of the bath or shower
- Dressing or undressing, including putting on shoes and socks
- Using the toilet
- Eating, including cutting up food
- Taking the right amount medicine at the right times
- Getting around indoors
- Getting up and down stairs
- Getting out of the house
- Shopping for food
- Doing routine housework or laundry
- Doing paperwork or paying bills

CARD D9

1. **Husband / Wife / Partner**
2. **Son** (including stepson, adopted son or son-in-law)
3. **Daughter** (including stepdaughter, adopted daughter or daughter-in-law)
4. **Grandchild** (including great-grandchild)
5. **Brother / Sister** (including step / adopted / in-laws)
6. **Niece / Nephew**
7. **Mother or father** (including mother-in-law or father-in-law)
8. **Other family member**
9. **Friend**
10. **Neighbour**
11. **None of the above**

CARD E1

1. **Husband / Wife / Partner**
2. **Mother** (including mother-in-law)
3. **Father** (including father-in-law)
4. **Son** (including stepson, adopted son or son-in-law)
5. **Daughter** (including stepdaughter, adopted daughter or daughter-in-law)
6. **Grandparent**
7. **Grandchild** (including great-grandchild)
8. **Brother / Sister** (including step / adopted / in-laws)
9. **Other family member**
10. **Friend**
11. **Neighbour**
12. **Somebody I help as a professional carer**
13. **Somebody I help as a voluntary carer**
14. **Other (please specify)**

CARD E2

Include care for things such as:

- Getting the person in and out of bed
- Washing their face and hands
- Having a bath or a shower, including getting in and out of the bath or shower
- Dressing or undressing, including putting on shoes and socks
- Using the toilet
- Eating, including cutting up food
- Taking the right amount medicine at the right times
- Getting around indoors (please don’t include using the stairs)
- Getting up and down stairs
- Getting out of the house, for example to go to the doctor’s or to visit a friend
- Shopping for food, including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away
- Doing routine housework or laundry
- Doing paperwork or paying bills

CARD E3

1. No help in the last week
2. Less than one hour
3. 1 – 4 hours
4. 5 – 9 hours
5. 10 – 19 hours
6. 20 – 34 hours
7. 35 – 49 hours
8. 50 – 99 hours
9. 100 hours or more

CARD E4

1. Less than one hour
2. 1 – 4 hours
3. 5 – 9 hours
4. 10 – 19 hours
5. 20 – 34 hours
6. 35 – 49 hours
7. 50 – 99 hours
8. 100 hours or more

CARD E5

1. Getting the person in and out of bed
2. Washing their face and hands
3. Having a bath or a shower, including getting in and out of the bath or shower
4. Dressing or undressing, including putting on shoes and socks
5. Using the toilet
6. Eating, including cutting up food
7. Taking the right amount medicine at the right times
8. Getting around indoors (please don't include using the stairs)
9. Getting up and down stairs
10. Getting out of the house, for example to go to the doctor's or to visit a friend
11. Shopping for food, including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away
12. Doing routine housework or laundry
13. Doing paperwork or paying bills

CARD E6

1. **Yes, this person pays me from their own income, pensions or savings**

2. **Yes, this person pays me from a personal budget or direct payment**

3. **Yes, I receive a carer's allowance**

4. **Yes, I receive money in another way**

5. **No, I receive no money for helping this person**

CARD E7

1. Help from GP or nurse
2. Access to respite care
3. Help from professional care staff
4. Help from carers' organisation or charity
5. Help from other family members
6. Advice from local authority / social services
7. Help from friends / neighbours
8. No, I don't receive any of these

CARD E8

1. Feeling tired
2. Feeling depressed
3. Loss of appetite
4. Disturbed sleep
5. General feeling of stress
6. Physical strain
7. Short tempered
8. Developed my own health condition
9. Made an existing condition worse
10. Other
11. No, none of these

CARD E9

1. Left employment altogether
2. Took new job
3. Worked fewer hours
4. Reduced responsibility at work
5. Flexible employment agreed
6. Changed to work at home
7. Other
8. No, employment not affected

CARD F1

1. I always have enough time to care for them

2. I sometimes have enough time to care for them

3. I never have enough time to care for them

4. I don’t have caring responsibilities for anyone else

CARD F2

1. **No, not at all**

2. **Yes, to some extent**

3. **Yes, a lot**

FinDiff

CARD F3

Not in Paid Work:

1. I am **not in paid employment** because of my caring responsibilities
2. I am **not in paid employment** for other reasons (e.g. Retired, Student)

In Paid Employment:

3. I am **in paid employment** and feel supported by my employer
4. I am **in paid employment** but I don't feel supported by my employer
5. I do not need any support from my employer to combine my work and caring responsibilities

Self-employed:

6. I am **self-employed** and I am able to balance my work and caring responsibilities
7. I am **self-employed** but I am unable to balance my work and caring responsibilities

CARD F4

1. Personal Care (e.g helping with washing, bathing or showering)
2. Physical help (e.g. to get around indoors, to get up and down stairs)
3. Helping with dealing with care services and benefits
4. Helping with other paperwork or financial matters
5. Other practical help (e.g. shopping for food)
6. Keeping him/her company
7. Taking him/her out
8. Giving medicines
9. Keeping an eye on him/her to see he/she is all right
10. None of these

CARD F5

1. More than once a day
2. Once a day
3. Most days
4. 2-3 times a week
5. Once a week
6. Less than once a week, but at least once a month
7. Less often

CARD F6

1. Less than 6 months
2. 6-12 months
3. 1-3 years
4. 3-5 years
5. 5-10 years
6. 10-15 years
7. 15-20 years
8. 20 years or more

CARD F7

1. Doctor
2. Community or District nurse / Community matron
3. Health visitor
4. Social worker / Care manager
5. Home help / Care worker
6. Meals on wheels
7. Voluntary worker
8. Occupational therapist
9. Educational professional
10. Specialist / Nursing care / Palliative care
11. Community mental health services
12. Gardener/ caretaker/ warden
13. Other professional visitor

CARD F8

1. Not available / Not offered
2. Not needed
3. Tried, but not helpful
4. Not wanted by you
5. Not wanted by the person you care for
6. Not at a convenient time
7. Too expensive
8. Not eligible
9. Don’t know who to ask
10. Other

CARD F9

1. No one else available
2. I was willing / I wanted to help out
3. I had the time because I was not working
4. I had the time because I was working part-time
5. I have particular skills / ability to care
6. Social Services (Local Authority) suggested I should provide care
7. It was expected of me (it's what families do)
8. He / She wouldn't want anyone else caring for them
9. Cared for person requested my help / care
10. I took over caring responsibilities from someone else
11. Other (please specify)

CARD F10

1. Unable to socialise
2. Reduced time with spouse or partner
3. Reduced time with other family members
4. Reduced time with friends
5. Difficulties making new friends
6. Reduced time spent doing sport or physical activity
7. Reduced time spent doing pastime or hobby
8. Other

CARD F11

1. **Yes, in the near future**

2. **Yes, when my caring responsibilities are reduced**

3. **No plans to return to work**

CARD F12

1. **The ability to work from home**

2. **Having some flexibility in the hours you want to work**

3. **Access to affordable childcare**

4. **Access to affordable care for the person you care for**

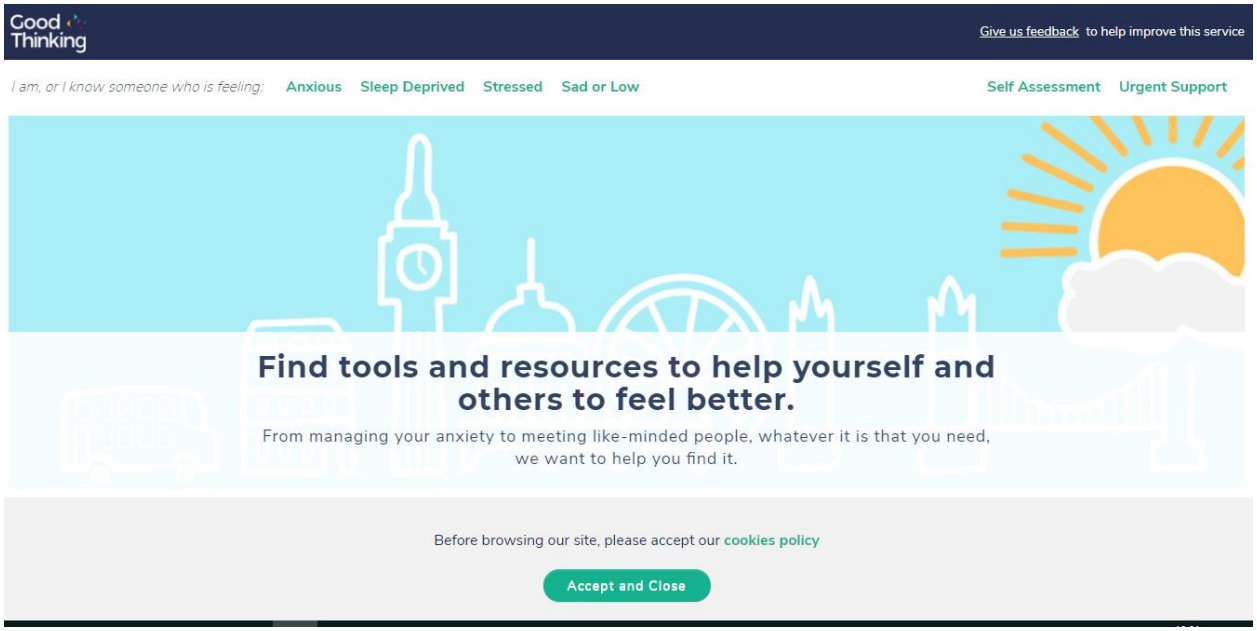
5. **Better public transport**

6. **Other**

CARD F13

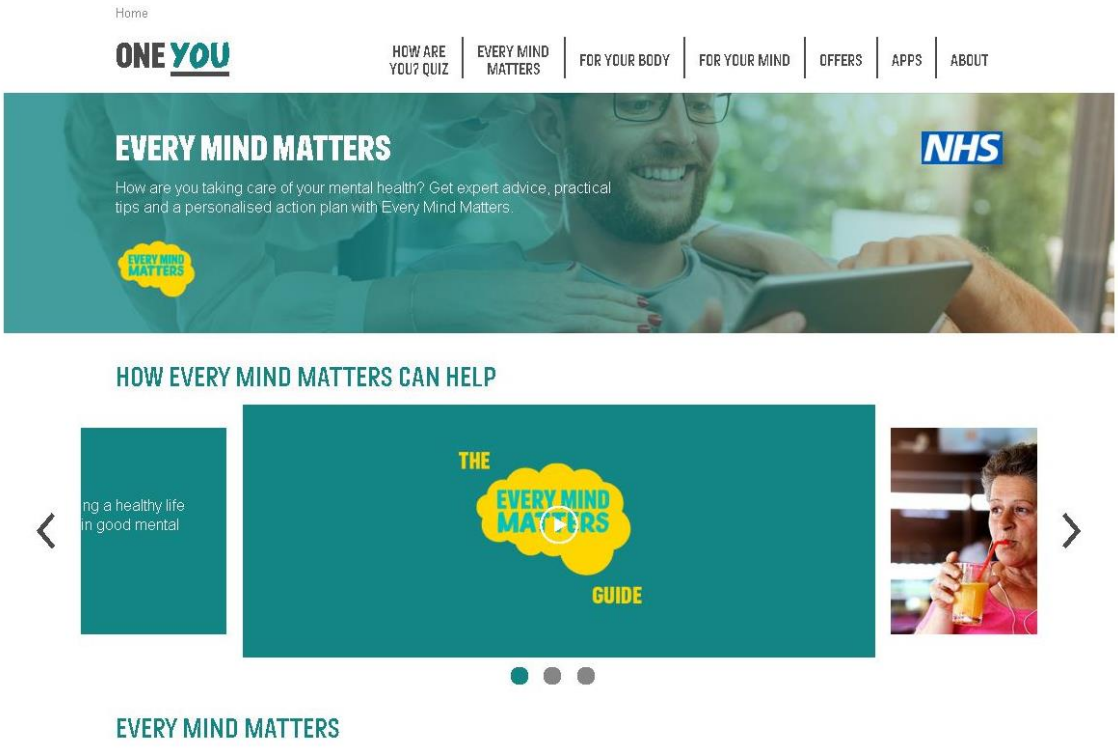
1. Agree strongly
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Disagree strongly

CARD G1


Good Thinking
Give us feedback to help improve this service
I am, or I know someone who is feeling:
Anxious
Sleep Deprived
Stressed
Sad or Low
Self Assessment
Urgent Support
Find tools and resources to help yourself and others to feel better.
From managing your anxiety to meeting like-minded people, whatever it is that you need, we want to help you find it.
Before browsing our site, please accept our cookies policy
Accept and Close

CARD H1

NHS
EVERY MIND MATTERS
ONE YOU


Home
ONE YOU
HOW ARE YOU? QUIZ
EVERY MIND MATTERS
FOR YOUR BODY
FOR YOUR MIND
OFFERS
APPS
ABOUT
EVERY MIND MATTERS
How are you taking care of your mental health? Get expert advice, practical tips and a personalised action plan with Every Mind Matters.
NHS
HOW EVERY MIND MATTERS CAN HELP
ng a healthy life
in good mental
THE
EVERY MIND MATTERS
GUIDE
EVERY MIND MATTERS

CARD i1

1. Every day or almost every day
2. About twice a week
3. About once a week
4. About once a fortnight
5. About once in the last month
6. Not at all in the last month

CARD i2

1. **At my home,** indoors
2. **At my home,** outside, e.g. in garden or on doorstep
3. **Outside in the street,** or out and about
4. **Outside at work**
5. **Outside at other people's homes**
6. **Outside pubs, bars, restaurants or shops**
7. **In public parks**
8. **Inside other people's homes**
9. **Whilst travelling by car**
10. **Inside other places**

SmokPl

CARD i3

1. I **really** want to stop smoking and intend to in the next month

2. I **really** want to stop smoking and intend to in the next 3 months

3. I want to stop smoking and hope to soon

4. I **really** want to stop smoking but I don't know when I will

5. I want to stop smoking but haven't thought about when

6. I think I should stop smoking but don't really want to

7. I don't want to stop smoking

CARD i4

1. **Better for my health**
2. **Financial reasons** (cannot afford it)
3. **Family or friends want me to stop**
4. **Worried about the effect on other people**
5. **Something else**

CARD i5

1. **For health reasons**
2. **Pregnancy**
3. **Financial reasons** (couldn’t afford it)
4. **Family or friends wanted me to stop**
5. **Worried about the effect on other people**
6. **My own motivation**
7. **Something else**

CARD i6

Hookah

CARD i7

REGULAR
DISPOSABLE E-CIGARETTE
nicolites
ELECTRONIC CIGARETTES
NICOTINE
HIGH
16mg/ml
TOBACCO
FLAVOUR
NO TAR
NO ODOUR
www.nicolites.com

CARD i8

1. Less than once a month
2. At least once a month but less than once a week
3. At least once a week but less than every day
4. Every day

CARD i9

1. Less than once a day
2. Once
3. 2 to 3 times
4. 4 to 5 times
5. 6 or more times

CARD i10

1. Less than 5 minutes
2. 5 minutes to 30 minutes
3. More than 30 minutes but up to 1 hour
4. More than 1 hour but up to 2 hours
5. More than 2 hours

CARD i11

1. A disposable e-cigarette (non-rechargeable)

2. An e-cigarette kit which is refillable with pre-filled cartridges

3. An e-cigarette kit which is refillable with liquids

4. A modular system (I use my own combination of separate devices: batteries, atomizers, etc.)

CARD i12

1. **0 mg nicotine**

2. **6 mg nicotine** (often described as low)

3. **11 mg or 12 mg nicotine** (often described as medium or mild)

4. **18 mg nicotine** (often described as high or regular)

5. **24 mg nicotine** (often described as strong)

6. **Other strength** (please specify)

CARD i13

1. **At my home,** indoors
2. **At my home,** outside, e.g. in garden or on doorstep
3. **Outside in the street,** or out and about
4. **Outside at work**
5. **Outside at other people's homes**
6. **Outside pubs, bars, restaurants or shops**
7. **In public parks**
8. **Inside other people's homes**
9. **Whilst travelling by car**
10. **Inside other places**

CARD i14

1. Nicotine chewing gum
2. Nicotine lozenges / mini-lozenges
3. Nicotine patch
4. Nicotine inhaler / inhalator
5. Nicotine mouthspray
6. Nicotine nasal spray
7. Another nicotine product
8. E-cigarette or vaping device
9. None

CARD i15

1. At own home
2. At work
3. In other people's homes
4. Travelling by car / van
5. Outdoor smoking areas of pubs / restaurants / cafes
6. In other places
7. No, none of these

CARD J1

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

CARD J2

1. **Normal strength beer, lager, stout, cider or shandy** (less than 6 % alcohol) (excluding cans or bottles of shandy)

2. **Strong beer, lager, stout or cider** (6% alcohol or more) (e.g. Tennents Super, Special Brew, Diamond White)

3. **Spirits or Liqueurs** (e.g. Gin, Whisky, Brandy, Rum, Vodka, Advocaat, Cocktails)

4. **Sherry or Martini** (including Port, Vermouth, Cinzano and Dubonnet)

5. **Wine** (including Babycham and Champagne)

6. **Alcoholic soft drinks, 'alcopops' or pre-mixed alcoholic drinks** (e.g. Bacardi Breezer, Metz or Smirnoff Ice)

7. **Other alcoholic drinks**

8. **Low alcohol drinks only**

CARD J3

250ml wine glass 175ml wine glass 125ml wine glass

CARD K1

1. **Going to school or college full-time** (including on vacation)
2. **In paid employment or self-employment** (or temporarily away)
3. **On a Government scheme for employment training**
4. **Doing unpaid work for a business that you own, or that a relative owns**
5. **Waiting to take up paid work already obtained**
6. **Looking for paid work or a Government training scheme**
7. **Intending to look for work but prevented by temporary sickness or injury**
8. **Permanently unable to work because of long-term sickness or disability**
9. **Retired from paid work**
10. **Looking after the home or family**
11. **Doing something else** (Please say what…)

CARD K2

1. **Degree or degree level qualification** (inc. higher degree)
2. **Teaching qualification**
3. **Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife**
4. **HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher**
5. **ONC/OND, BEC/TEC/BTEC not higher**
6. **City and Guilds Full Technological Certificate**
7. **City and Guilds Advanced/Final Level**
8. **City and Guilds Craft/Ordinary Level**
9. **A-levels/Higher School Certificate**
10. **AS levels**
11. **SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies**
12. **O-level passes taken in 1975 or earlier**
13. **O-level passes taken after 1975 GRADES A-C**
14. **O-level passes taken after 1975 GRADES D-E**
15. **GCSE GRADES A*-C**
16. **GCSE GRADES D-G**
17. **CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3**
18. **CSE GRADES 2-5/SCE Ordinary BANDS D-E**
19. **CSE Ungraded**
20. **SLC Lower**
21. **SUPE Lower or Ordinary**
22. **School Certificate or Matric**
23. **NVQ Level 5**
24. **NVQ Level 4**
25. **NVQ Level 3/Advanced level GNVQ**
26. **NVQ Level 2/Intermediate level GNVQ**
27. **NVQ Level 1/Foundation level GNVQ**
28. **Recognised Trade Apprenticeship completed**
29. **Clerical or Commercial Qualification** (e.g. typing/ bookkeeping/ commerce)

CARD K3

1. Doctorate
2. Masters
3. Undergraduate or first degree
4. Foundation degree
5. Graduate membership of a professional institution
6. Other postgraduate degree or professional qualification

CARD K4

1. **English**
2. **Welsh**
3. **Scottish**
4. **Irish**
5. **British**
6. **Other** (Please describe…)

CARD K5

White:

1. **English/Welsh/Scottish/Northern Irish/British**
2. **Irish**
3. **Gypsy or Irish Traveller**
4. **Any other white background** (Please describe…)

Mixed/multiple ethnic groups:

5. **White and Black Caribbean**
6. **White and Black African**
7. **White and Asian**
8. **Any other mixed/multiple ethnic background** (Please describe…)

Asian/Asian British:

9. **Indian**
10. **Pakistani**
11. **Bangladeshi**
12. **Chinese**
13. **Any other Asian/Asian British background** (Please describe…)

Black/African/Caribbean/Black British:

14. **African**
15. **Caribbean**
16. **Any other Black/African/Caribbean/Black British background** (Please describe…)

Other ethnic group:

17. **Arab**
18. **Any other ethnic background** (Please describe…)

CARD K6

1. Very satisfied

2. Quite satisfied

3. Neither satisfied or dissatisfied

4. Quite dissatisfied

5. Very dissatisfied

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P12561
YELLOW

Point (1-4) Address (5-6) HHLD (7) CKL (10) Person No (8-9)

First name

Interviewer

Survey month

Card 3 1 3 (12-14)

SPARE 11

BATCH 15-19

Health Survey for England 2019

Booklet for Adults

- Please look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

SPARE 20-450

BLANK PAGE

Completing the questionnaire

Please read each question carefully

Example

Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

	Tick <u>one</u> box			
	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a...	☐ 1	☑ 2	☐ 3	☐ 4

Thank you again for your help

General wellbeing

Q1

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

Tick <u>one</u> box on each line

	None of the time	Rarely	Some of the time	Often	All of the time	
A I've been feeling optimistic about the future	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	451
B I've been feeling useful	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	452
C I've been feeling relaxed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	453
D I've been feeling interested in other people	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	454
E I've had energy to spare	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	455
F I've been dealing with problems well	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	456
G I've been thinking clearly	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	457
H I've been feeling good about myself	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	458
I I've been feeling close to other people	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	459

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

Tick <u>one</u> box on each line

	None of the time	Rarely	Some of the time	Often	All of the time	
J						
I've been feeling confident	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	460
K						
I've been able to make up my own mind about things	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	461
L						
I've been feeling loved	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	462
M						
I've been interested in new things	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	463
N						
I've been feeling cheerful	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	464

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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SPARE 465-470

Q2

Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?

Tick <u>one</u> box

Not at all										Completely
0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

471-472

SPARE 473-474

Food and eating in the last year

Q3

During the last year, have you lost more than one stone in a 3 month period?

Tick one box

Yes ☐ 1

No ☐ 2

475

Q4

Still thinking about the last year... have you made yourself be sick because you felt uncomfortably full?

Tick one box

Yes ☐ 1

No ☐ 2

476

Q5

Still thinking about the last year...did you worry you had lost control over how much you eat?

Tick one box

Yes ☐ 1

No ☐ 2

477

Q6

Still thinking about the last year ...did you believe yourself to be fat when others said you were too thin?

Tick one box

Yes ☐ 1

No ☐ 2

478

Q7

Still thinking about the last year...would you say that food dominated your life?

Tick <u>one</u> box

Yes ☐ 1

No ☐ 2

479

Q8

Still thinking about the last year...did your feelings about food interfere with your ability to work, meet personal responsibilities and/or enjoy a social life?

Tick <u>one</u> box

Yes ☐ 1

No ☐ 2

480

SPARE 481-566

About you

Q9

Which of the following options best describes how you think of yourself?

Tick one box 567

- Heterosexual or Straight ☐ 1
- Gay or Lesbian ☐ 2
- Bisexual ☐ 3
- Other ☐ 4
- Prefer not to say ☐ 5

Q10

What is your religion or belief?

Tick one box 568-569

- No religion ☐ 01
- Christian - Catholic ☐ 02
- Christian – all other denominations including Church of England, Protestant ☐ 03
- Buddhist ☐ 04
- Hindu ☐ 05
- Jewish ☐ 06
- Muslim ☐ 07
- Sikh ☐ 08
- Any other religion (please write in the box below) ☐ 09

570

SPARE 571-611

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Thank you for answering these questions

Please give the booklet back to the interviewer

NatCen, 101-135 Kings Road, Brentwood, Essex CM14 4LX

NatCen Social Research

UCL

NHS Digital

P12561
LIGHT TURQUOISE

Point 1-4 | Address 5-6 | HHLD 7 | CKL 10 | Person No 8-9

First name

Interviewer

Survey month

Card 3 1 2 (12-14)

SPARE 11

BATCH 15-19

Health Survey for England 2019

Booklet for 13-15 year olds

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell your answers to anyone you know.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

SPARE 20-21

BLANK PAGE

Completing the questionnaire

Please read each question carefully

Example

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

Tick one box

Yes ☐

No ☑

Example

Sometimes you have to write a number in the box.

Write in

I was **10** years old

Example

Next to some of the boxes are arrows and instructions.

They show or tell you which question to answer next. If there are no special instructions, just answer the next question.

Tick one box

No ☐ → **Q2**

Yes ☑

Write in

I was **10** years old

When you have finished answering the questionnaire, please seal it in the brown envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer.

Thank you again for your help

Cigarette smoking

Q1

Have you ever tried smoking a cigarette, even if it was only a puff or two?

Don't include electronic cigarettes or vaping devices here, we'll ask you about these later.

Tick one box

Yes ☐ 1

No ☐ 2

22

Q2

Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

I have never smoked a cigarette ☐ 1 → **Q6**

I have only smoked a cigarette once or twice ☐ 2

I used to smoke sometimes, but I never smoke a cigarette now ☐ 3

I sometimes smoke cigarettes, but I don't smoke every week ☐ 4 → **Next question**

I smoke between one and six cigarettes a week ☐ 5

I smoke more than six cigarettes a week ☐ 6

23

Q3

How old were you when you tried smoking a cigarette, even if it was only a puff or two? 24-25

Write in

I was ☐☐ years old

SPARE 26-85

Q4

Did you smoke any cigarettes last week?

Tick <u>one</u> box 86

Yes ☐ 1 → **Next question**

No ☐ 2 → **Q6**

Q5

How many cigarettes did you smoke last week?

Write in 87-88

I smoked ☐ cigarettes

Everyone please answer

The next questions are about other products, starting with **electronic cigarettes**, sometimes called **e-cigarettes**, **e-shisha** or **vaping devices**. E-cigarettes puff a vapour that looks like cigarette smoke. Unlike normal cigarettes, you don't light them with a flame and they don't burn tobacco.

Here is a picture of different styles of e-cigarettes.

Q6

Have you ever heard of e-cigarettes or vaping devices?

Tick one box

89

Yes	1 →	**Next question**
No	2 →	**Q9**

Q7

Read the following statements carefully and tick the box next to the one which best describes you. Think about times when you may have had a puff or two as well as using whole e-cigarettes or vaping devices.

Tick one box

90

I have never tried e-cigarettes or vaping devices	1 →	**Q9**
I have used e-cigarettes or vaping devices only once or twice	2 →	**Next question**
I used to use e-cigarettes or vaping devices but I don't now	3 →	**Next question**
I sometimes use e-cigarettes or vaping devices but don't use them every week	4 →	**Next question**
I use e-cigarettes or vaping devices regularly, once a week or more	5 →	**Next question**

Q8

Did you start smoking cigarettes before or after you started using e-cigarettes or vaping devices?

Tick one box 91

- Before 1
- After 2
- Neither - never **regularly** smoked cigarettes 3

Everyone please answer

Q9

Are you using any of these products nowadays?

Tick all boxes that apply 92-107

- Nicotine chewing gum 01
- Nicotine lozenges/mini lozenges 02
- Nicotine patch 03
- Nicotine inhaler/inhalator 04
- Nicotine mouthspray 05
- Nicotine nasal spray 06
- Another nicotine product 07
- E-cigarette or vaping device 08
- None of these 09

Q10

Have you ever used any of these products in the past that you are not using nowadays?

Tick all boxes that apply 108-123

- Nicotine chewing gum 01
- Nicotine lozenges/mini lozenges 02
- Nicotine patch 03
- Nicotine inhaler/inhalator 04
- Nicotine mouthspray 05
- Nicotine nasal spray 06
- Another nicotine product 07
- E-cigarette or vaping device 08
- None of these 09

SPARE 124-206

Q11

Do you find that you are often near people who are smoking in any of these places?

Please tick <u>all</u> the places where you are often near people who are smoking.

Tick <u>all</u> boxes that apply

207-224

- At home — 01
- In other people's homes — 02
- In a car — 03
- In the street — 04
- Outdoor areas of pubs or cafes or restaurants — 05
- In the park or playing fields — 06
- Other public places — 07
- In school — 08
- In other places (please write these other places in the box below) — 09

→ **Next question**

225

- No, none of these — 97 → **Q13**

Q12

Does this bother you?

Tick <u>one</u> box

226

- Yes — 1
- No — 2

SPARE 227-330

Drinking

Q13

Have you ever had a proper alcoholic drink – a whole drink, not just a sip?
Please don't count drinks labelled low alcohol.

Tick one box 331

Yes ☐ 1 → **Q15**

No ☐ 2 → **Next question**

Q14

Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

Tick one box 332

Yes ☐ 1 → **Next question**

No ☐ 2 → **Q24**

Q15

How old were you the first time you had a proper alcoholic drink or alcopop?

Write in 333-334

I was ☐ years old

Q16

How often do you usually have an alcoholic drink or alcopop?

Tick one box 335

Almost every day ☐ 1

About twice a week ☐ 2

About once a week ☐ 3

About once a fortnight ☐ 4

About once a month ☐ 5

Only a few times a year ☐ 6

I never drink alcohol now ☐ 7

Q17

When did you **last** have an alcoholic drink or alcopop?

Tick one box 336

- Today ☐ 1
- Yesterday ☐ 2
- Some other time during the last week ☐ 3

→ **Next question**

- 1 week, but less than 2 weeks ago ☐ 4
- 2 weeks, but less than 4 weeks ago ☐ 5
- 1 month, but less than 6 months ago ☐ 6
- 6 months ago or more ☐ 7

→ **Q24**

Q18

Which, if any, of the drinks shown below, have you drunk in the **last 7 days**?

Please ✓ either yes or no for each kind of drink.

For each kind of drink, write in the box how much you drank in the **last 7 days**.

Beer, lager, cider or shandy (exclude bottles or cans of shandy)

Have you drunk this in the **last 7 days**?

Tick one box 337

- No ☐ 2 → **Q19**
- Yes ☐ 1 ↓

How much did you drink in the **last 7 days**?

Write in

☐ **Pints** (if half a pint, write in 1/2) 338-341

and/or ☐ **Large cans or bottles** 342-343

and/or ☐ **Small cans or bottles** 344-345

SPARE 346-354

Q19

Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails

Have you drunk this in the **last 7 days**?

Tick one box 355

No 2 → **Q20**

Yes 1 ↓

How much did you drink in the **last 7 days**?

Write in

_____ **Glasses** (count doubles as two glasses)

Q20 356-357

Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the **last 7 days**?

Tick one box 358

No 2 → **Q21**

Yes 1 ↓

How much did you drink in the **last 7 days**?

Write in

_____ **Glasses** (count doubles as two glasses)

Q21 359-360

Wine (including sparkling wines such as champagne or prosecco)

Have you drunk this in the **last 7 days**?

Tick one box 361

No 2 → **Q22**

Yes 1 ↓

How much did you drink in the **last 7 days**?

Write in

_____ **Glasses**

362-363

Q22

Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, etc.)

Have you drunk this in the **last 7 days**?

Tick one box 364

No ☐ 2 → **Q23**

Yes ☐ 1 →

How much did you drink in the **last 7 days**?

Write in

☐ **Large cans or bottles** 365-366

and/or ☐ **Small cans or bottles** 367-368

Q23

Other kinds or alcoholic drink?

Have you drunk this in the **last 7 days**?

Tick one box 369

No ☐ 2 → **Q24**

Yes ☐ 1 → **Complete details below**

Write in name of drink

Write in

☐ → ☐ 370 371-380

☐ → ☐ 381 382-391

☐ → ☐ 392 393-402

SPARE 403-601

About you

Q24

Which of these would you say you are?

Tick all boxes that apply

602-607

- English 1
- Welsh 2
- Scottish 3
- Irish 4
- British 5
- Or something else? (please write in the box below) 6

608

Q25

What is your religion or belief?

Tick one box

609-610

- No religion 01
- Christian - Catholic 02
- Christian – all other denominations including Church of England, Protestant 03
- Buddhist 04
- Hindu 05
- Jewish 06
- Muslim 07
- Sikh 08
- Any other religion (please write in the box below) 09

611

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Thank you for answering these questions

Please give the booklet back to the interviewer

NatCen, 101-135 Kings Road, Brentwood, Essex CM14 4LX

NatCen Social Research

UCL

NHS Digital

P12561
PALE PURPLE

Point (1-4) Address (5-6) HHLD (7) CKL (10) Person No (8-9)

First name

Interviewer

SPARE 11

Survey month

Card 3 1 1 (12-14)

BATCH 15-19

Health Survey for England 2019

Booklet for 8-12 year olds

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell your answers to anyone you know.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

SPARE 20-21

BLANK PAGE

Completing the questionnaire

Please read each question carefully

Example

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

Tick <u>one</u> box

Yes ☐

No ☑

Example

Sometimes you have to write a number in the box.

Write in

I was **10** years old

Example

Next to some of the boxes are arrows and instructions.

They show or tell you which question to answer next. If there are no special instructions, just answer the next question.

Tick <u>one</u> box

No ☐ → **Q2**

Yes ☑ ↓

Write in

I was **10** years old

When you have finished answering the questionnaire, please seal it in the brown envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer.

Thank you again for your help

Cigarette smoking

Q1

Have you ever tried smoking a cigarette, even if it was only a puff or two?

Don't include electronic cigarettes or vaping devices here, we'll ask you about these later.

Tick one box

Yes ☐ 1

No ☐ 2

22

Q2

Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

I have never smoked a cigarette ☐ 1 → **Q6**

I have only smoked a cigarette once or twice ☐ 2

I used to smoke sometimes, but I never smoke a cigarette now ☐ 3

I sometimes smoke cigarettes, but I don't smoke every week ☐ 4 → **Next question**

I smoke between one and six cigarettes a week ☐ 5

I smoke more than six cigarettes a week ☐ 6

23

Q3

How old were you when you tried smoking a cigarette, even if it was only a puff or two? 24-25

Write in

I was ☐☐ years old

SPARE 26-85

Q4

Did you smoke any cigarettes last week?

Tick <u>one</u> box 86

Yes ☐ 1 → **Next question**

No ☐ 2 → **Q6**

Q5

How many cigarettes did you smoke last week?

Write in 87-88

I smoked ☐ cigarettes

Everyone please answer

The next questions are about other products, starting with **electronic cigarettes**, sometimes called **e-cigarettes**, **e-shisha** or **vaping devices**. E-cigarettes puff a vapour that looks like cigarette smoke. Unlike normal cigarettes, you don't light them with a flame and they don't burn tobacco.

Here is a picture of different styles of e-cigarettes.

Q6

Have you ever heard of e-cigarettes or vaping devices?

Tick one box 89

Yes	1 →	**Next question**
No	2 →	**Q9**

Q7

Read the following statements carefully and tick the box next to the one which best describes you. Think about times when you may have had a puff or two as well as using whole e-cigarettes or vaping devices.

Tick one box 90

I have never tried e-cigarettes or vaping devices	1 →	**Q9**
I have used e-cigarettes or vaping devices only once or twice	2 →	**Next question**
I used to use e-cigarettes or vaping devices, but I don't now	3 →	**Next question**
I sometimes use e-cigarettes or vaping devices, but don't use them every week	4 →	**Next question**
I use e-cigarettes or vaping devices regularly, once a week or more	5 →	**Next question**

Q8

Did you start smoking cigarettes before or after you started using e-cigarettes or vaping devices?

Tick one box 91

- Before ☐ 1
- After ☐ 2
- Neither - never **regularly** smoked cigarettes ☐ 3

SPARE 92-206

Everyone please answer

Q9

Do you find that you are often near people who are smoking in any of these places?

Please tick all the places where you are often near people who are smoking.

Tick all boxes that apply 207-224

- At home ☐ 01
- In other people's homes ☐ 02
- In a car ☐ 03
- In the street ☐ 04
- Outdoor areas of pubs or cafes or restaurants ☐ 05
- In the park or playing fields ☐ 06
- Other public places ☐ 07
- In school ☐ 08
- In other places (please write these other places in the box below) ☐ 09

→ **Next question**

225

- No, none of these ☐ 97 → **Q11**

Q10

Does this bother you?

Tick one box 226

- Yes ☐ 1
- No ☐ 2

SPARE 227-330

Drinking

Q11

Have you ever had a proper alcoholic drink – a whole drink, not just a sip?
Please don't count drinks labelled low alcohol.

Tick one box 331

Yes ☐ 1 → **Q13**

No ☐ 2 → **Next question**

Q12

Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

Tick one box 332

Yes ☐ 1 → **Next question**

No ☐ 2 → **Q16**

Q13

How old were you the first time you had a proper alcoholic drink or alcopop?

Write in 333-334

I was ☐ years old

Q14

How often do you usually have an alcoholic drink or alcopop?

Tick one box 335

Almost every day ☐ 1

About twice a week ☐ 2

About once a week ☐ 3

About once a fortnight ☐ 4

About once a month ☐ 5

Only a few times a year ☐ 6

I never drink alcohol now ☐ 7

Q15

When did you **last** have an alcoholic drink or alcopop?

Tick one box

336

Today	1
Yesterday	2
Some other time during the last week	3
1 week, but less than 2 weeks ago	4
2 weeks, but less than 4 weeks ago	5
1 month, but less than 6 months ago	6
6 months ago or more	7

SPARE 337-601

About you

Q16

Which of these would you say you are?

602-607

Tick all boxes that apply

- English 1
- Welsh 2
- Scottish 3
- Irish 4
- British 5
- Or something else? (please write in the box below) 6

608

Q17

What is your religion or belief?

609-610

Tick one box

- No religion 01
- Christian - Catholic 02
- Christian – all other denominations including Church of England, Protestant 03
- Buddhist 04
- Hindu 05
- Jewish 06
- Muslim 07
- Sikh 08
- Any other religion (please write in the box below) 09

611

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Thank you for answering these questions

Please give the booklet back to the interviewer

NatCen, 101-135 Kings Road, Brentwood, Essex CM14 4LX

N12561

The Health Survey for England 2019

Program Documentation

Nurse Questionnaire

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Blood Sample....23
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Introduction

{IF OUTCOME = AGREE TO NURSE VISIT}
Info
You are in the Nurse Schedule for:
Person Number:
Name:
Age:
Sex:

Can you interview this person?
1 Yes, I will do the interview now
2 No, I will not be able to do this interview

{IF OUTCOME = REFUSED NURSE VISIT}
RefInfo
NURSE: <*Name of respondent*> IS RECORDED AS HAVING REFUSED A NURSE VISIT. HAS <*he/she*> CHANGED <*his/her*> MIND?
1 Yes, *(now/this person)* agrees nurse visit
2 No, *(still refuses/this person will not have a)* nurse visit

ENDIF

StrtNur
Nurse: Enter the start time of the interview in hours and minutes using the 24 hour clock (e.g 17:30).

{ALL WITH A NURSE VISIT (Info = Yes OR RefInfo = Yes, agrees nurse visit)}
NurDate
NURSE: Today's date according to the laptop is < date>.
Is this the correct date?
1 Yes
2 No

{IF NurDate= No}
NURSE: ENTER THE DATE OF THIS INTERVIEW.

END IF

St2Leaf
NURSE: Ask respondent whether they have read the [insert colour] stage 2 leaflet (Information for participants). If the respondent is unable to read the leaflet, please ensure that you have covered the information in it.
1 Respondent/parent had read leaflet
2 Respondent/parent has not read leaflet but nurse has explained the information

NDoBD
Can I just check your date of birth?
NURSE: Enter day, month and year of <Respondent's name >'s date of birth separately.
Enter the **day** here.
Range: 1…31

NDoBM
NURSE: Enter the code for the **month** of < Respondent's name >'s date of birth.
1 January
2 February
3 March

4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December

NDoBY
NURSE: Enter the **year** of <Respondent's name>'s date of birth.
Range 1890…2100

DispAge
CHECK WITH RESPONDENT: So your age is <*Age*>?
1 Yes
2 No

{IF Age of Respondent is 0 to 15 years}
CParInt
NURSE: A CHILD CAN **ONLY** BE INTERVIEWED WITH THE PERMISSION OF, AND IN THE PRESENCE OF, THEIR PARENT OR A PERSON WHO HAS (PERMANENT) LEGAL PARENTAL RESPONSIBILITY, ('GUARDIAN').
NO MEASUREMENTS SHOULD BE CARRIED OUT WITHOUT THE AGREEMENT OF BOTH THE PARENT **AND** THE CHILD.
Press <1> and <Enter> to continue.

CParNo
NURSE CHECK: WHICH PARENT (OR "GARDIAN") IS GIVING PERMISSION FOR MEASUREMENTS TO BE TAKEN AND ANSWERING QUESTIONS FOR THIS CHILD?
1 *(Name of Parent 1)*
2 *(Name of Parent 2)*

ENDIF

{IF (Age of respondent is 16 to 55 years) AND (Sex = Female)}

PregNTJ
Can I check, are you pregnant at the moment?
1 Yes
2 No

UPreg
NURSE: Has the respondent (or her parent/guardian) told you that she is pregnant? Do not ask for this information – only code whether or not it has been volunteered.
1 Yes, told me she is pregnant
2 No, has not told me she is pregnant

NoBP
NURSE: No blood pressure reading to be done.
PRESS <1> AND <ENTER> TO CONTINUE.

AvPulse
Derived: average of 2nd and 3rd pulse readings
Range: 0….999

PregMes
NURSE: Respondent is pregnant. No measurement to be done.

Press <1> and <enter> to continue.

NoCodes
NURSE: No blood to be taken.
Circle consent codes on the front of the consent booklet. Cross a line through 'I consent section of the 'Blood sample' section inside the consent booklet to make clear that the respondent has not to this.
PRESS <1> AND <ENTER> TO CONTINUE.

DrCod3
NURSE: To do the drug coding now, press <Ctrl Enter> select I Drugs sequence number: (Participants name) with the highlight bar and press <Enter>. Else, press <1> and <enter> to continue.

{IF (Age = 0-4) OR (PregNTJ = YES) OR (IF UPreg = pregnant)}
NoCodeB
NURSE: No measurements requiring consents to be taken. Circle codes on the front of the Consent Booklet.
PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

{ASK ALL ADULTS (16+) IN WINTER MONTHS IF FLU PANDAMEIC AND MODULE TURNED ON}
FluVac
Can I check, have you ever been vaccinated for any type of flu (influenza)?
1 Yes
2 No
3 Not sure

{IF (FluVac = Yes)}
VacWhn
When was your most recent flu vaccination? Was it ...READ OUT...
1 Within the last 12 months,
2 More than one year, up to 2 years ago,
3 More than two years, up to 3 years ago,
4 More than 3 years, up to 5 years ago,
5 More than 5, up to 10 years ago,
6 or, More than 10 years ago?

{IF (VacWhn = Within the last 12 months OR More than one year, up to 2 years ago)}
VacMth
In which month did you have your most recent vaccination for flu?

NURSE: If respondent is unsure in which month they had their vaccination but knows it was either one month or another, code the earlier of the 2 months (e.g. if 'January or February', code January).
RECORD MONTH:
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November

12 December

VacYr
In which year did you have your most recent flu vaccination?
RECORD YEAR:
Range: 1890…2100

{IF (FluVac = Yes)}
RespIll
"@/In the last month, have you had a cough, cold or flu which gave you a temperature or made you feel feverish?"
1 Yes
2 No

ENDIF
ENDIF
ENDIF
ENDIF

Prescribed medicines, drug coding and folic acid

ALL WITH A NURSE VISIT

MedCNJD
Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor or nurse?
NURSE: IF STATINS HAVE BEEN PRESCRIBED BY A DOCTOR PLEASE CODE THEM HERE. DO NOT INCLUDE STATINS THAT HAVE BEEN BOUGHT WITHOUT A PRESCRIPTION.

1 Yes
2 No
3 Yes, but unable to code as name of drug(s) not available.

{IF MedCNJD = Yes}
MedIntro
Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor or nurse?
NURSE: Including the contraceptive pill.
PRESS <1> AND <ENTER> TO CONTINUE.

Collect details of up to 32 prescribed medicines

{FOR i:= 1 TO 32 DO
IF (i = 1) OR (MedBIC[i-1] = Yes)}
MedBI[i]
NURSE: Enter name of drug number *(1,2,3..etc.)*.
Ask if you can see the containers for all prescribed medicines currently being taken.
If Aspirin, record dosage as well as name.
Text: Maximum 50 characters

MedBIA[i]
Have you taken/used <*name of medicine*> in the last 7 days?

1 Yes
2 No

MedBIC[i]
NURSE CHECK: Any more drugs to enter?

1 Yes
2 No

ENDIF
ENDDO
ENDIF

ASK ALL
MedLng
(Apart from any medication you have already told me about) do you have any long acting medication, such as an injection or implant, prescribed by a doctor or nurse?

1 Yes
2 No

{IF MedLng = Yes}
MedLngN
Could I take down the name of the long acting medication prescribed for you by a doctor or nurse.
NURSE: Record name of the long acting medication. Only record one drug here.
Text: Maximum 50 Characters

{IF MedLngN = Yes}

MedLngH
How often should you have <long acting medication>?
1 Weekly
2 4 weekly/monthly
3 Every 3 months
4 Every 6 months
5 Every year
6 Every 5 years
7 Other (specify)

{IF MedLngN = Yes & MedLngH = Other}
MedOth
Nurse: Record how often the respondent has <long acting medication>.
Text: Maximum 50 Characters

{IF MedLngN = Yes}
MedLngW
Has you had <long acting medication> in the last <period from MedLngH>?
1 Yes
2 No

{IF MedLngN = Yes}
MedLngO
NURSE: Check if the respondent is prescribed any more long acting medication.
1 Yes
2 No

ENDIF
ENDIF
ENDIF
ENDIF
ENDIF

{IF MedCNJD = Yes}
Drug coding block

Dintro
NURSE: PLEASE COMPLETE DRUG CODING FOR
Person <*person no.*> <*person name*>.
PRESS 1 AND <Enter> TO CONTINUE.

Repeat for up to 22 drugs coded

{FOR j:= 1 TO (Number of drugs recorded) DO}
DrC1
NURSE: ENTER CODE FOR <*name of drug*> ENTER 999999 IF UNABLE TO CODE
Text: Maximum 6 characters

{IF (Age of Respondent is over 15 years) AND (Drug code begins 02)}
YTake1
Do you take <*name of drug*> because of a heart problem, high blood pressure or for some other reason?
1 Heart problem
2 High blood pressure
3 Other reason

{IF YTake1 = Other}
TakeOth1
NURSE: GIVE FULL DETAILS OF REASON(S) FOR TAKING *(name of drug)*:
Text: Maximum 255 characters

ENDIF
ENDIF
ENDDO
ENDIF

{IF Sex=Female and Age=16-55}
WhyFol
Some people take folic acid supplements. Do you know why people might take these?
DO NOT PROMPT. CODE ALL THAT APPLY.

1 Yes – for pregnancy (general)
2 Yes – when trying for a baby/trying to conceive
3 Yes – to aid the development of a healthy foetus (before pregnancy/in pregnancy)
4 Yes – to improve/protect health of the mother (before pregnancy/in pregnancy)
5 Yes – as a source of vitamin B9 (before pregnancy/in pregnancy)
6 Yes – as a source of iron/to prevent anaemia (before pregnancy/in pregnancy)
7 Yes – to protect against neural tube defects (NTDs)/spina bifida (before pregnancy/in pregnancy)
8 Other – Vitamin supplement (pregnancy not mentioned)
9 Other – to help with health condition (pregnancy not mentioned)
10 Other (please specify)
98 No – I don't know.

{IF WhyFol=8 (Other)}
WhyFolO
NURSE: Write in the other reason some people take folic acid supplements
Text: Maximum 255 Characters

ENDIF

{IF Sex=Female and Age=18-55}
Folic
At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start?

1 Yes
2 No

{IF PreNTJ = Yes AND Folic = Yes}
FolPreg
Did you start taking folic acid supplements before becoming pregnant?

1 Yes
2 No

{IF FolPreg = Yes}
FolPreg12
Have you been taking folic acid supplements for the first 12 weeks of your pregnancy?

1 Yes
2 No

ENDIF
ENDIF

{IF PreNTJ = No AND Folic = Yes}
FolPregHR
Are you taking folic acid supplements because you hope to become pregnant?

1 Yes
2 No

ENDIF
ENDIF

Nicotine replacement products

ASK IF RESPONDENT AGED 16 AND OVER

SmokeN
SHOWCARD A1
Can I ask, do you smoke or use any of these nicotine products at all these days?
CODE ALL THAT APPLY.
IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO, NONE OF THESE'.

1 Yes, cigarettes
2 Yes, cigars
3 Yes, pipe
4 Yes, e-cigarette or vaping device
5 Yes, hookah/shisha
6 Yes, smokeless tobacco
7 No, none of these

{IF (SmokeN = No)}
SmokEvrN
May I just check, have you ever regularly smoked a cigarette, a cigar or a pipe, that is at least one a day?

1 Yes
2 No

ENDIF

{IF (SMOKEN=1-6)
Smok7day
SHOWCARD A1
And have you smoked or used any of these nicotine products in the last 7 days?
CODE ALL THAT APPLY.
NURSE: IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO, NONE OF THESE'.

1 Yes, cigarettes
2 Yes, cigars
3 Yes, pipe
4 Yes, e-cigarette or vaping device
5 Yes, hookah/shisha
6 Yes, smokeless tobacco
7 No, none of these

ENDIF

{IF (Smok7Day = 1-6)}
LastSmok
SHOWCARD A1
How long is it since you last smoked or used any of these?

1 Within the last 30 minutes
2 Within the last 31-60 minutes
3 Over an hour ago, but within the last 2 hours
4 Over two hours ago, but within the last 24 hours
5 More than 24 hours ago

ENDIF

ASK ALL

NR7Day
SHOW CARD A2
<^Some people who have never smoked or have never regularly smoked sometimes use nicotine replacement products. Can I just check, have/Have you used any of these products in the last 7 days>?
PROBE FULLY: Which others? CODE ALL THAT APPLY

1 Nicotine chewing gum
2 Nicotine lozenges/mini lozenges
3 Nicotine patches
4 Nicotine inhaler/ inhalator
5 Nicotine mouth spray
6 Nicotine nasal spray
7 Another nicotine product
8 E-cigarette or vaping device
9 None

Blood Pressure

{IF Age of Respondent 0 to 4 years}
NoBP
NO BLOOD PRESSURE READING TO BE DONE. ENTER '1' TO CONTINUE.
PRESS 1 AND <Enter> TO CONTINUE.

ENDIF

{IF (PregNTJ = Yes) OR (UPreg = Pregnant)}
PregMes
NURSE: RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE.
PRESS 1 AND <Enter> TO CONTINUE.

ENDIF

{ALL AGED 5+ (EXCEPT PREGNANT WOMEN)}
BPMod
NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE.
PRESS 1 AND <Enter> TO CONTINUE.

{IF Age of Respondent is over 15 years}
BPIntro
(As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.
PRESS 1 AND <Enter> TO CONTINUE.

NameTChk
NURSE: Explain the need for the consent booklet to the respondent and the importance of having the correct name on the consent booklet.
What is the name by which letters are usually addressed to you?
EXPLAIN IF NECESSARY: We may send your results to you.
Record title here.

1 Mr
2 Mrs
3 Miss
4 Ms
5 Dr

NameSChk
NURSE: Record surname here

{IF name is different to interviewer CAPI}
NameDiff
NURSE: The name recorded by the interviewer is different from the name you have recorded.

The name recorded by the interviewer for this respondent is (XXX).

Please check the respondent's name with them and record the reason for this difference.

1 Additional names/more formal name (s) used for GP recorded in nurse CAPI
2 Name recorded by interviewer is incorrect, recorded correctly in nurse CAPI

{IF Respondent aged 5-15}
BPBlurb
READ OUT TO PARENT/GAURDIAN:(As I mentioned earlier) we would like to measure <*name of child's*> blood pressure. If you wish, I will write the results on <*his/her*> Measurement Record Card.

I will not, however, be able to tell you what the results mean. This has to be calculated using <*his/he>)* age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a high blood pressure. However if you would like us to, we will send <*his/her*> results to <*his/her*> GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for <*his/her*> age and height, we shall advise <*his/her*< GP (with your permission) that <*name of child's*> blood pressure should be measured again.

NURSE: Show <child's name> the 'Blood Pressure' section of the **purple** child information sheet.
PRESS 1 AND <Enter> TO CONTINUE.

ENDIF

BPConst
NURSE: Does the respondent agree to blood pressure measurement?
1 Yes, agrees
2 No, refuses
3 Unable to measure BP for reason other than refusal

{IF BPConst = Yes, agrees AND IF Age of Respondent is 13 years or over}
ConSubX
May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?
CODE ALL THAT APPLY.
1 Eaten
2 Smoked
3 Drunk alcohol
4 Done vigorous exercise
5 (None of these)

{IF BPConst = Yes, agrees AND IF Age of Respondent is 13 years or over}
Con60Sb
May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 60 minutes?
CODE ALL THAT APPLY.
1 Eaten
2 Smoked
3 Drunk alcohol
4 Done vigorous exercise
5 (None of these)

{IF (Age of Respondent is 5 to 12 years AND BPConst = Yes, agrees)}
ConSubX2
May I just check, has <*name of child*> eaten, or done any vigorous exercise, in the past 30 minutes?
CODE ALL THAT APPLY.
1 Eaten
2 Done vigorous exercise
3 Neither

ENDIF

{IF (Age of Respondent is 5 to 12 years AND BPConst = Yes, agrees)}
Con60S2
May I just check, has <*name of child*> eaten, or done any vigorous exercise, in the past 60 minutes?
CODE ALL THAT APPLY.
1 Eaten
2 Done vigorous exercise

3 Neither

ENDIF

OMRONNo
NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:
Range: 001..999

CufSize
SELECT CUFF AND ATTACH TO THE RESPONDENT'S **RIGHT** ARM.
ASK THE RESPONDENT TO SIT STILL FOR FIVE MINUTES.

READ OUT: 'I am going to leave you to sit quietly now for 5 minutes. During that time you must not read and your legs are to remain uncrossed. After the 5 minutes, I will carry out 3 recordings with a minute between them. While I am doing these recordings I will not speak to you, and you must not speak to me. Once I have completed the recordings I will tell you what they are'.
RECORD CUFF SIZE CHOSEN.
1 Child (15-22 cm)
2 Adult (22-32 cm)
3 Large adult (32-42 cm)

AirTemp
NURSE: RECORD THE AMBIENT AIR TEMPERATURE.
ENTER THE TEMPERATURE **IN CENTIGRADES** TO ONE DECIMAL PLACE.
Range:00.0..40.0

BPReady
NURSE: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.
ENSURE THE **READY TO MEASURE** SYMBOL IS LIT BEFORE PRESSING THE **START** BUTTON TO THE START THE MEASUREMENTS.
PRESS 1 AND <Enter> TO CONTINUE.

Sys to Dias repeated for up to 3 blood pressure measurements.

{FOR I:= 1 TO 3 DO}
BPRead1-BPRead3
NURSE: TAKE THREE MEASUREMENTS FROM RIGHT ARM.
Enter **first/second/third** systolic reading (mmHg).
IF READING NOT OBTAINED, ENTER 999.
IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL ENTER "996".
Range: 001..999

Sys[i]
ENTER *(FIRST/SECOND/THIRD)* SYSTOLIC READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999

Dias[i]
ENTER *(FIRST/SECOND/THIRD)* DIASTOLIC READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999

Pulse[i]
ENTER *(FIRST/SECOND/THIRD)* PULSE READING (bpm).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999

ENDDO

{IF NO FULL MEASUREMENT OBTAINED (IF AT LEAST ONE '999' RESPONSE IN ALL THREE SETS OF FOUR READINGS)}
YNoBP
NURSE: ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS
1 Blood pressure measurement attempted but not obtained
2 Blood pressure measurement not attempted
3 Blood pressure measurement refused

ENDIF

{IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED}
NAttBPD
NURSE: RECORD WHY *(ONLY TWO READINGS OBTAINED/ONLY ONE READING OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING REFUSED/UNABLE TO TAKE READING)*. CODE ALL THAT APPLY.
0 Problems with PC
1 Respondent upset/anxious/nervous
2 Error reading
3 (Code not used)
4 (Code not used)
5 Problems with cuff fitting/painful
6 Problems with equipment (not error reading)
95 Other reason(s) (SPECIFY AT NEXT QUESTION)

{IF NattBP = Other}
OthNBP
NURSE: ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:
Text: Maximum 140 characters

ENDIF
ENDIF

{IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED}
DifBPC
RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.
1 No problems taking blood pressure
2 Reading taken on left arm because right arm not suitable
3 Respondent was upset/anxious/nervous
4 Problems with cuff fitting/painful
5 Problems with equipment (not error reading)
6 Error reading
95 Other problems (SPECIFY AT NEXT QUESTION)

{IF DifBPC=Other}
OthDifBP
NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.
Text: Maximum 140 characters

ENDIF
ENDIF

BPOffer
NURSE: OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.

i) *(First Systolic reading)* *(First Diastolic reading)* *(First Pulse reading)*
ii) *(Second Systolic reading)* *(Second Diastolic reading)* *(Second Pulse reading)*
iii) *(Third Systolic reading)* *(Third Diastolic reading)* *(Third Pulse reading)*

ENTER ON THEIR **MEASUREMENT RECORD CARD** (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING

{IF Systolic reading >179 OR Diastolic reading >109}
TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a one-off finding or not.
NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.
Please report this to the Survey Doctor when you get home

{IF Systolic reading 160-179 OR Diastolic reading 100-109 *(Men aged 16-49 OR Women aged 16+)* OR IF Systolic reading 170-179 OR Diastolic reading 105-109 *(Men aged 50+)*}
TICK THE RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 weeks to have a further blood pressure reading to see whether this is a one-off finding or not.

{IF Systolic reading 140-159 OR Diastolic reading 85-99 *(Men aged 16-49 OR Women aged 16+)* OR IF Systolic reading 160-169 OR Diastolic reading 96-104 *(Men aged 50+)*}
TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a one-off finding or not.

{IF Systolic reading <140 AND Diastolic reading <85 *(Men aged 16-49 OR Women aged 16+)* OR IF Systolic reading <160 AND Diastolic reading <95 *(Men aged 50+)*}
TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

ENDIF
ENDIF
ENDIF
ENDIF

{IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED}
GPRegB
Are you registered with a GP?

1 Yes
2 No

{IF GPRegB = Yes}
GPSend
May we send your blood pressure readings to your GP?

1 Yes
2 No

{IF GPSend = No}

GPRefC
NURSE: SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO GP. CODE ALL THAT APPLY.

1 Hardly/Never sees GP
2 GP knows respondent's BP level
3 Does not want to bother GP
95 Other (SPECIFY AT NEXT QUESTION)

{IF GPRefM = Other}
OthRefC
NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL
Text: Maximum 140 characters

ENDIF
ENDIF
ENDIF

{IF (GPRegB <> Yes) OR (GPSend = No)}
NoBPGP
CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.
Cross a line through the ‘Blood pressure to GP’ section inside the consent booklet to make clear that the respondent has not consented to this.
PRESS 1 AND <Enter> TO CONTINUE.

{IF GPSend = Yes}
ConsFrm1
In order to send your blood pressure results to your GP, I have to obtain written consent from you.

NURSE:
A) **{IF ADULT}** ASK RESPONDENT TO READ AND INITIAL THE 'BLOOD PRESSURE TO GP’ SECTION OF THE (COLOUR) CONSENT BOOKLET.

A) **{IF CHILD UNDER 16}** ASK RESPONDENT’S PARENT/”GUARDIAN” TO READ AND INITIAL THE ‘BLOOD PRESSURE TO GP’ SECTION OF THE <COLOUR> CONSENT BOOKLET. ASK <CHILDS NAME> TO INITIAL THE ‘BLOOD PRESSURE TO GP’ ASSENT BOX IF THEY CAN. IF NOT, ASK RESPONDENT’S PARENT/”GUARDIAN” TO INITIAL THE BOX ON <CHILD’S NAME> BEHALF.

B) CHECK THAT GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON THE CONSENT FORM.

C) CHECK THE NAME BY WHICH GP KNOWS RESPONDENT.

D) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.

PRESS 1 AND <Enter> TO CONTINUE.

ENDIF

Waist and hip circumference

ASK ALL Respondents aged 11+ AND PregNTJ=No

WHMod
NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.
PRESS 1 AND <Enter> TO CONTINUE.

WHIntro
I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.
NURSE: CODE
1 Respondent agrees to have waist/hip ratio measured
2 Respondent refuses to have waist/hip ratio measured
3 Unable to measure waist/hip ratio for reason other than refusal

{IF WHIntro=Agree}
Repeat for up to three waist-hip measurements. Third measurement taken only if difference between first two measurements is greater than 3cm.

{FOR Loop:= 1 TO 3 DO}
{IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2]. Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3))}

Waist
NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM. ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
Range: 45.0..1000.0

ENDIF

{IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Hip <> 999.9) AND (Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3))}

Hip
NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM. ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN CENTIMETRES (Remember to include the decimal point).
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
Range: 75.0..1000.0

ENDIF
ENDDO

{IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9)}
YNoWH
ENTER REASON FOR NOT GETTING BOTH MEwe
ASUREMENTS
1 Both measurements refused
2 Attempted but not obtained
3 Measurement not attempted

ENDIF
ENDIF

{IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR only one waist/hip measurement obtained)}
WHPNABM
GIVE REASON(S) *(FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED*). CODE ALL THAT APPLY.

1 Respondent is in a wheelchair
2 Respondent is confined to bed
3 Respondent is too stooped
4 Respondent did not understand the procedure
5 Respondent is embarrassed / sensitive about their size
6 No time/ busy/ already spent enough time on this survey
7 Measurement tape not long enough
95 Other (SPECIFY AT NEXT QUESTION)

{IF WHPNABM = Other}
OthWH
GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP MEASUREMENT:

Text: Maximum 140 characters

ENDIF
ENDIF

{IF AT LEAST ONE WAIST MEASUREMENT OBTAINED}
WJRel
Record any problems with **waist** measurement (include here restrictions from type of clothing worn such as saris or religious/cultural items worn on the body):

1 No problems experienced, **reliable** waist measurement
2 Problems experienced - waist measurement **likely to be reliable**
3 Problems experienced - waist measurement likely to be **slightly unreliable**
4 Problems experienced - waist measurement **likely to be unreliable**

{IF WJRel = Problems experienced}
ProbWst
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

1 Increases measurement (e.g. bulky clothing)
2 Decreases measurement (e.g. very tight clothing)
3 Measurement not affected
4 Other (Specify at next question)

{IF ProbWst = Other}
ProbWstO
NURSE: Enter full details of other way problems experienced are likely to affect **waist** measurement.
ENDIF
ENDIF

{IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY))}
HJRel
RECORD ANY PROBLEMS WITH **HIP** MEASUREMENT (include here restrictions from type of clothing worn such as saris or religious/cultural items worn on the body):

1 No problems experienced, **reliable** hip measurement
2 Problems experienced - hip measurement **likely to be reliable**
3 Problems experienced - hip measurement likely to be **slightly unreliable**
4 Problems experienced - hip measurement **likely to be unreliable**

{IF HJRel = Problems experienced}

ProbHip
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE HIP MEASUREMENT.

1 Increases measurement (e.g. bulky clothing)
2 Decreases measurement (e.g. very tight clothing)
3 Measurement not affected
4 Other (unknown) – other reasons
5 Other (Specify at next question)

{IF ProbHip = Other}
ProbHipO
NURSE: Enter full details of other way problems experienced are likely to affect hip measurement.

ENDIF
ENDIF

{IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED}
WHRes
NURSE: OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist*:* *(Waist measurements cm and inches)*
Hip: *(Hip measurements cm and inches)*
Press <1> and <Enter> to continue.

ENDIF
ENDIF

Saliva Sample

{IF Respondent aged 4+ AND PregNTJ=No}

SalInt1
NURSE: NOW FOLLOWS THE SALIVA SAMPLE.
PRESS 1 AND <Enter> TO CONTINUE.

SalIntr1
NURSE: ASK RESPONDENT FOR A SALIVA SAMPLE.
READ OUT: I would like to take a sample of saliva (spit). This simply involves… **{IF Age=16+}** keeping an absorbent swab in your mouth for a few minutes **{IF Age=under 16}** using a straw to dribble saliva into a tube.

The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking.
{IF Age=16+} IF NECESSARY: Offer respondent straw method if they are not comfortable with using the absorbent swab.
***{IF aged=11-15** year}: IF NECESSARY := '@/@/IF NECESSARY: Offer respondent an absorbent swab if they are not comfortable with using the straw method.'*

IF CHILD: NURSE: Show ' + Respondent name ' the "Saliva sample" section of the <@COLOUR@> I child information sheet.'

NURSE CODE:
1 Respondent agrees to give saliva sample
2 Respondent refuses to give saliva sample
3 Unable to obtain saliva sample for reason other than refusal

ENDIF

{IF SalIntr1=Agree AND Age=over 16}
SalWrit
NURSE:
Ask the respondent to read and complete the 'Saliva sample' section of the ^colour adult consent booklet.
Circle code 03 on front of the Consent Booklet.
Turn to the lab despatch note and at Smoking status circle '1' **(IF SmokeN=1-6) or '2' (IF SmokeN is not 1-6).**
Press <1> and <Enter> to continue.

{IF SalIntr1=Agree AND Age=under 16}
SalWritC
READ OUT: In order to take a saliva sample I need to obtain written consent from you
NURSE:
- Ask the parent to read and initial the 'Saliva sample' section of the child [colour] consent booklet.
- Ask [participant's name] to initial the 'Saliva sample' assent box if they can. If not, ask respondent's parent to initial the box on [participant name]'s behalf.

- Circle code 03 on front of the Consent Booklet.

Press <1> and <Enter> to continue.

ENDIF

{IF SalIntr1=Refuse}

SalCode
NURSE: Circle code 04 on front of the Consent Booklet
Cross a line through the 'Saliva sample' section inside the consent booklet to make clear that the respondent has not consented to this.
Press <1> and <Enter> to continue.

ENDIF

{IF SalIntr1=Agree}
SalInst
NURSE: Ask respondent to… **{IF age=over 16}** keep swab in her mouth for a few minutes **{IF age=under16}** dribble through straw into the tube.
Write the serial number and date of birth on the <colour> label using a biro.
Serial number:
Date of birth:

Make sure the serial number and date of birth are recorded on the **dispatch note** on the inside of the back cover of the (colour) adult consent booklet.
Press <1> and <Enter> to continue.

ENDIF

SalObt1
NURSE CHECK:
1 Saliva sample obtained
2 Saliva sample refused
3 Saliva sample not attempted
4 Attempted but not obtained

{IF (PAge >= 11) AND (SalObt1 = Saliva sample obtained)}
SalHow
NURSE: Code the method used to obtain the saliva sample.
1 Dribbled into tube
2 Absorbent swab

ENDIF

{IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable)}
SalNObt
NURSE: Record why saliva sample not obtained.
CODE ALL THAT APPLY.
3 Respondent not able to produce any saliva
95 Other (specify at next question)

{IF SalNObt = Other}
OthNObt
NURSE: Give full details of reason(s) why saliva sample not obtained.
Text: Maximum 140 characters

ENDIF
ENDIF
ENDIF

Blood Sample

ASK ALL aged 16+ (EXCEPT PREGNANT WOMEN)

BlIntro
NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE.
PRESS <1> AND <ENTER> TO CONTINUE.

NCGUARD
NURSE CHECK:
Parent: Respondent lives with parent or person with legal responsibility (Guardian)
No Parent: Does not live with parent or person with legal responsibility (Guardian)

ClotB
The next part of my visit is a blood sample. Before I can take blood, I need to ask you a couple of questions and I will then explain what is involved.

May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin?
(NURSE: ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE. See F9 for more information)
1 Yes
2 No

F9 HELPSCREEN:
DO NOT TAKE A BLOOD SAMPLE IF RESPONDENT IS TAKING', to:

ACENOCOUMAROL (Sinthrome)
DABIGATRAN ETEXILATE (Pradaxa)
PHENINDIONE
PRADAXA (Dabigatran Etexilate)
RIVAROXABAN (Xarelto)
SINTHROME (Acenocoumarol)
WARFARIN
XARELTO (Rivaroxaban)
APIXABAN (Eliquis)
ELIQUIS (Apixaban)
EDOXABAN (Lixiana)
LIXIANA (Edoxaban)

TAKE A BLOOD SAMPLE IF RESPONDENT IS TAKING
ASPIRIN (caprin; Nu-Seals)
Flamasacard
Clopidogrel (Plavix)
Dipyridamole (Persantin, Persantin Retard, Asasantin Retard)
Prasugrel (Efient)
Eptifobatide (Inteligrin)
Tirofiban (Aggrastat)

{IF ClotB = No}
Fit
May I just check, have you had a fit (including epileptic fit, convulsion) in the last five years?
1 Yes
2 No

ENDIF

CBSConst
Ask Parent: <Name> Are you willing for your child to have a blood sample taken?
1 Yes
2 No

{IF Fit = No}
BSWill
NURSE: EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.
Would you be willing to have a blood sample taken?
1 Yes
2 No
3 Respondent unable to give blood sample for reason other than refusal (PLEASE SPECIFY)

{IF BSWill = 3}
B1NotOb
NURSE: Give full details of reason(s) why blood sample not obtained. Include reasons why blood sample not obtained.
Text: Maximum 120 Characters

{IF BSWill = No}
RefBSC
NURSE: RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.
1 Previous difficulties with venepuncture
2 Dislike/fear of needles
3 Respondent recently had blood test/health check
4 Refused because of current illness
5 Worried about HIV or AIDS
95 Other (SPECIFY AT NEXT QUESTION)

{IF RefBS = Other}
OthRefBS
NURSE: GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.
Text: Maximum 135 characters

ENDIF

{IF BSWill = Yes}
BSConsC
NURSE: EXPLAIN NEED FOR WRITTEN CONSENT: Before I can take any blood, I have to obtain written consent from you.
PRESS <1> AND <ENTER> TO CONTINUE.

GuardCon
NURSE CHECK: Is a parent or person with legal responsibility willing to give consent?
1 Yes
2 No

Ignore
NURSE: Record details of why consent refused. Include why consent refused.
Maximum 140 characters.

ENDIF
ENDIF

{IF BSWill = Yes}
BSCons
NURSE:

- ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER ONE IN THE 'BLOOD SAMPLE' SECTION OF THE (COLOUR) **ADULT** CONSENT BOOKLET.
- CIRCLE CONSENT CODE **05** ON THE FRONT OF THE CONSENT BOOKLET.
    Press <1> and <Enter> to continue.

{IF (BSWill = Yes
AND ((Age IN [2..15] AND BSConst = Yes)
OR (Age IN [16..120]))
IF (RespBPS IN [Tried..Refused])
GPSam}
NURSE CHECK:
    1 Respondent registered with GP
    2 Respondent not registered with GP

{IF GPRegB = Yes OR GPSam = GP}
SendSam
May we send the results of your blood sample analysis to your GP?
    1 Yes
    2 No

{IF SendSam = Yes}
BSSign
NURSE:
-ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER TWO IN THE 'BLOOD SAMPLE' SECTION OF THE (COLOUR) **ADULT** CONSENT BOOKLET.
-CHECK NAME BY WHICH GP KNOWS RESPONDENT.
-CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON FRONT OF THE CONSENT BOOKLET.
-CIRCLE CONSENT CODE **07** ON FRONT OF THE CONSENT BOOKLET.
    Press <1> and <Enter> to continue.

{IF SendSam = No}
SenSam
Why do you not want your blood sample results sent to your GP?
    1 Hardly/never sees GP
    2 GP recently took blood sample
    3 Does not want to bother GP
    95 Other (SPECIFY AT NEXT QUESTION)

{IF SenSam = Other}
OthSam
NURSE: GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.
    Text: Maximum 140 characters

ENDIF
ENDIF

{IF (GPSam = No GP OR SendSam = No)}
NoBSGP
NURSE: CIRCLE CONSENT CODE **08** ON FRONT OF THE CONSENT BOOKLET.
Cross a line through point number *2* of the 'Blood sample' section inside the consent booklet to make clear that the respondent has not consented to this.
    PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF
ENDIF

TakeSam
{NOTE – In winter months AND IF (VacWhn = Within the last 12 months OR More than one year, up to 2 years ago) AND (ConStorB = storage consent given) <text fill> below = 2 plain red tubes, else = 1 plain red tube}

NURSE:
-CHECK YOU HAVE ALL APPLICABLE SIGNATURES.
-TAKE BLOOD SAMPLES:
FILL <1 OR 2> PLAIN (RED) TUBE AND 1 EDTA (PURPLE) TUBE.
-WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE COLOUR LABEL USING A BIRO. (ONE LABEL PER TUBE.)

Serial number: *(displays serial number)*
Date of birth: *(displays date of birth)*

-MAKE SURE THE SERIAL NUMBER AND DATE OF BIRTH ARE RECORDED ON THE DISPATCH NOTE ON THE INSIDE OF THE BACK COVER OF THE GREEN CONSENT BOOKLET
-CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT.
-STICK THE COLOUR LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.
PRESS <1> AND <ENTER> TO CONTINUE.

SampF1
CODE IF PLAIN **RED** TUBE WAS FILLED (INCLUDE PARTIALLY FILLED TUBE):
1 Yes
2 No

SampF2
CODE IF EDTA **PURPLE** TUBE WAS FILLED (INCLUDE PARTIALLY FILLED TUBE):
1 Yes
2 No

{IF SampF1 = Yes OR SampF2 = Yes}
SampTak:= Yes

{IF SampTak:= No}
ENDIF

SampTak
Computed: Blood sample outcome.
1 Blood sample obtained
2 No blood sample obtained

{IF SampTak = Yes}
SampArm
NURSE: CODE FROM WHICH ARM THE BLOOD WAS TAKEN:
1 Right
2 Left
3 Both

SamDifC
NURSE: RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE. CODE ALL THAT APPLY.
1 No problem
2 Incomplete sample
3 Collapsing/poor veins
4 Second attempt necessary
5 Some blood obtained, but respondent felt faint/fainted
6 Unable to use tourniquet

95 Other (SPECIFY AT NEXT QUESTION)

{IF SamDif = Other}
OthBDif
NURSE: GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.
Text: Maximum 140 characters

ENDIF

SnDrSam
Would you like to be sent the results of your blood sample analysis?
NURSE: IF APPLICABLE Please be aware that, if more than one person in your household is participating in a nurse visit and would like their results to be sent to them, results letters may arrive separately.
1 Yes
2 No

{IF SnDrSam = Yes}
BSResp
NURSE: CIRCLE CONSENT **CODE 11** ON FRONT OF THE CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.

{IF SnDrSam = No}
NoBSRsp
NURSE: CIRCLE CONSENT **CODE 12** ON FRONT OF THE CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

{IF SampTak = No}
NoBSM
NURSE: CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.
1 No suitable or no palpable vein/collapsed veins
2 Respondent was too anxious/nervous
3 Respondent felt faint/fainted
4 Other (SPECIFY AT NEXT QUESTION)

{IF NoBSM = Other}
OthNoBSM
NURSE: GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.
Text: Maximum 140 characters

ENDIF

NoBObt
NURSE: CROSS OUT CONSENT CODES **05, 07,** AND **11** IF ALREADY CIRCLED ON THE FRONT OF THE CONSENT BOOKLET. REPLACE WITH CONSENT CODES **06, 08,,** AND **12** ON THE FRONT OF THE CONSENT BOOKLET. Complete the venepuncture information box on the inside cover of the consent booklet.
PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF
ENDIF
ENDIF

{IF FLU MODULE TURNED ON}
DisNote
NURSE: Complete the details on the separate flu lab dispatch note

··Serial number: ^SerStr
··Date of birth: ^NDoB
··Sex: ^sextxt
··Region: ^LACode
··Date of last flu vaccination: ^FluTxt
··Respiratory illness: ^IllTxt

- check the date of birth again with the respondent

Press <1> and <Enter> to continue

ENDIF

Venepuncture checklist
VpSys
NURSE: Which system did you use to take blood?
1 Vacutainer needle
2 Butterfly needle

VpHand
NURSE: Was the respondent left handed or right handed?
1 Left handed
2 Right handed

VpArm
NURSE: Which arm did you use to take blood?
1 Right arm
2 Left arm
3 Both

VpSkin
NURSE: Code the skin condition of the arm used.
1 Skin intact
2 Skin not intact

VpAlco
NURSE: Did you use an alcohol wipe?
1 Yes
2 No – water based wipe used
3 No wipe used

VpSam
NURSE: Code the number of attempts made to take blood.
1 Sample taken on first attempt
2 Sample taken on second attempt
3 Both attempts failed
4 First attempt failed, did not make second attempt

VpPress
NURSE: Code who applied pressure to the puncture site.
CODE ALL THAT APPLY
1 Nurse
2 Respondent
3 Partner or spouse

VpSens
NURSE: Was the respondent sensitive to the tape or plaster?
1 Sensitive to tape/plaster
2 **Not** sensitive to tape/plaster

3 (Did not check)

VpProb
NURSE: Was there any abnormality noted after 5 minutes?
(Please remember to recheck the site after completion of the blood sample module)
CODE ALL THAT APPLY
1 Sensory deficit
2 Haematoma
3 Swelling
95 Other (describe at next question)
96 None

{IF VpProb = Other}
VpOther
NURSE: Record the details of the other abnormality fully.
Text: Maximum 135 characters

ENDIF

{IF VpProb= Sensory deficit, Haematoma, Swelling or Other}
VpDetail
NURSE: You have coded that an abnormality was noted after 5 minutes.
Please record the action you took when you noticed this abnormality on the office despatch note. There is a space provided on the inside front cover of the adult consent booklet for you to write up these details fully.
PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

VpCheck
NURSE: Did you recheck the puncture site after completion of the blood sample module?
1 Yes, site was re-checked
2 No, site was not re-checked

VpSTime
Time of answering VpProb

VpSDate
Date of answering VpProb.

ASK ALL
AllCheck
CHECK BEFORE LEAVING THE RESPONDENT:
1 PUNCTURE SITE AFTER TAKING BLOOD (IF APPLICABLE)
2 CONSENT BOOKLET PRESENT IF APPLICABLE
3 CHECK BOOKLET FOR:

- INITIALS FOR ALL SECTIONS RESPONDENT AGREED TO
- SIGNATURES
- FULL GP AND RESPONDENT DETAILS
- CONSENT CODES [for measures agreed/not agreed] ARE CIRCLED ON THE FRONT

4 TEAR OUT THE WHITE COPY OF THE CONSENT BOOKLET PAGES AND LEAVE WITH THE RESPONDENT

PRESS <1> AND <ENTER> TO CONTINUE.

Admin

Int_Num
NURSE: Please enter the first four digits of your nurse number. If already entered, just press <Enter> to continue.
Text: maximum 4 characters

Issue_Num
Issue number
Range: 0 .. 7

Sample
Sample type
Y sample

NurStat
Current status
1 No work done yet
2 calls made but no contact
3 Contact made, no work done yet on nurse schedule
4 Schedule started
5 other- no interviewing required (eg refused)

AdmNote
Reminder/ Note for opening menu (optional)
Text: maximum 50 characters

OffNote
Nurse: Record any useful information for the office below.
Text: Maximum 250 characters

PayType
Pay item no ^idx
Array: 1..20 of 0…9,

Admstrt
Time at start of admin block
TimeType

AdmEnd
Time at end of admin block
Timetype,

AdmMins
Total time spent in admin block
TimeType,

NTotTime
Total time spent interviewing in Nurse schedule no ^Idx
Array:1..12

VNChoice
Nurse: Do you want to ….
1 return to the main menu
2 or complete the admin details and prepare for return to Head office.

{IF GBP= Yes or GPBSam = Yes]

PracName
NURSE: Enter name of GP'S practice if known. Use initial capitals (e.g.' The Orchard Surgery').
IF Name not known, use <Ctrl K>
Text: Maximum 60 characters

PracAdd1
NURSE: Enter first line of GP's address. Use initial capitals. IF address not known, use <Ctrl K>
Text: Maximum 40 characters

{IF PracAdd1= <Ctrl K> DK}
EditResult1
NURSE: Please look up the GP address details using the NHS choices website. If not obtained or unavailable, suppress check.

ENDIF

PracAdd2
NURSE: Enter second line of GP'S address. Use initial capitals. IF not second line, just press <Enter>. IF address not known, use <Ctrl K>.
Text: Maximum 40 characters

{IF PracAdd2 = <Ctrl K> DK}
EditResult2
NURSE: Please look up the GP address details using the NHS choices website. If not obtained or unavailable suppress check.

ENDIF

PracAdd3
NURSE: Enter fourth line of GP'S address. Use initial capitals.
IF no third line, just press < Enter>. IF address not known use <Ctrl K>.
Text: Maximum 40 characters

PracPC
NURSE: Enter postcode of GP's surgery, if known. USE capital letters and leave a space between the two parts of the postcode, e.g. TY12 8QQ.
IF postcode not known, use <Ctrl K>.
Text: Maximum 8 characters

{IF PracPC= Response} {(IF 32, 48…57, 65…90)}
AscVal
Signal
Please enter the postcode using only capital letters, number or a blanks space.

ENDIF

{(SpaVal >0) AND (LetVal IN (3…5)) AND (NumVal IN (2..3))}
Signal
Are you sure this is a valid postcode? IT should be a combination of letters and numbers one blank space. IF correct, suppress this warning <S>.

ENDIF
ENDIF

PracTel
NURSE: Enter telephone number of GP's practice, if known. ENTER the full number including the dialing code. IF telephone number not known use <Ctrl K>.
Text: Maximum 14 characters

AddAcc
NURSE CODE
1 GP address complete
2 GP address incomplete

{IF AddAcc= 2}
AddOth
NURSE: Please give reasons why GP address details are incomplete.
Text: Maximum 50 characters

ENDIF

Bperson
PGPSend
1 Yes
2 No

PSENDSAM
1 Yes
2 No

PAge
Text:

PNAME
Text:

NLineNo
Line number in Grid
Range: 1…12

NperNO
Person Number
Range: 1…12

NDoB
Date of Birth
Text: datetype

NSex
Gender
1 Yes

NurOutc
NURSE: Final outcome code.
IF already entered, just press <Enter>.
IF not correct, please change it at the end of the Nurse_schedule

{N11183 - Outcome codes changed from 2- to 3-digits}
Outcome
NURSE: You haven't completed any Nurse scheduled for this questionnaire.
Please enter a summary outcome code:
940. Office refusal- Team leader approval required
950. No attempt at contact made by nurse- Team leader approval required
960. Re-allocate to another nurse- Team approval required
970. Unproductive – Refusal
980. Unproductive – No contact
990. Unproductive – Broken appointment(s)

Range: 910 ….990

{IF NurOutc= PerRef}
ReaRef
NURSE: Enter reason for refusal…
1 Cannot/won't find time
2 Feels done enough already
3 Recently had health check/GP knows health
4 Had enough of medical profession
5 Doesn't want to know results/tempt fate
6 Frightened of procedures
7 Other

ENDIF

NAgree
Correspondence between agreement to interviewer and agreement to nurse.
1 Yes to interviewer, Yes to Nurse
2 Yes to interviewer, No to Nurse
3 No to interviewer, Yes to Nurse
4 No to interviewer, No to Nurse

NameDiff
Correspondence between title and surname recorded by the interviewer and the one recorded bt the nurse.
1 Additional names/more formal name(s) used for GP recorded in nurse CAPI, interviewer name ok.
2 Name recorded by interviewer is incorrect, recorded correctly in nurse CAPI

NTitle
NURSE: Full name of respondent.
FIRST code *title* (Mr, Mrs, Miss, Ms or Dr).
1 Mr
2 Mrs
3 Miss
4 Ms
5 Dr

NXTitle
Respondent's title as a STRING for use in SMS
Text: Maximum 4 characters

NFirst
NURSE: Enter *first name* using initial capitals (e.g. John, not john).
IF the name is already entered and correct, just press <Enter>.
Text: Maximum 20 characters

NSurn
NURSE: Enter *surname,* using initial capitals (e.g. Smith, not smith).
Text: Maximum 30 characters

{IF GPSend = Yes OR SendSam= Yes}
GPDiff
NURSE: Does the respondent's GP know the respondent by a differ name (to ^Ntitle, ^NFirs, ^Nsurn)?
1 GP uses different name
2 GP uses same name

{IF GPDiff= Diff}

NDTitle
NURSE: Enter full name by which GP knows respondent, from front of the consent Booklet.
FIRST code *title* (Mr, Mrs, Miss, Ms or Dr).

1 Mr
2 Mrs
3 Miss
4 Ms
5 Dr

NDFirst
NURSE: Now enter first name by which GP knows respondent, using initial capitals (e.g. John, not john).

Text: Maximum 20 characters

NDSurn
NURSE: Now enter surname by which GP knows respondent, using initial capitals (e.g. Smith, not smith).

Text: Maximum 30 characters

ENDIF
ENDIF

{IF respondent aged 2-15}
NPTitle
NURSE: Enter full name of respondent's parent/guardian. First code title (Mr, Mrs, Miss, Ms or Dr).
If already entered: please double check.
Press <Enter> if correct, or type over to amend.

1 Mr
2 Mrs
3 Miss
4 Ms
5 Dr

NPFirst
NURSE: Now enter first name of parent/guardian, using initial capitals (John, not john).
IF already entered: pleas double check.

Text: Maximum 20 characters

NPSurn
NURSE: Now enter surname of parent/guardian, using initial capitals (e.g. Smith, not smith). IF already entered: please double check.
PRESS <Enter> if correct or type over to amend.

Text: Maximum 30 characters

ENDIF

{IF ANumGP > 0}
GPSame
NURSE: Surname of respondent's GP, from front of the consent booklet.
Use code below if the GP name is on the list. ELSE, enter code <^namelist>. Enter the name of the GP.

Text: Maximum 9 characters

ENDIF

{IF GPBP= Yes OR GPBSam= Yes}
GPName

NURSE: Enter *surname* of respondent's GP, from front of the consent booklet. USE initial capitals, e.g. (Smith, not smith).
Text: Maximum 30 characters

{IF GPNname = Empty}
YGBlank
NURSE: Give reason for not entering GP name. CODE ONLY.
1 Respondent does not know GP's name (look it up if possible_
2 I have already posted consent booklet back to the office
3 Other reason (explain in a not <Ctrl M>)

ENDIF

AddrSame
NURSE: Name of GP's practice.
USE code below of the GP practice name is on the list. Else, enter code ^PracList.
Enter the name of the GP practice.
Text: Maximum 9 characters

ENDIF

WHOut
Waist Hip outcome
1 Both measurements obtained.
2 Only one measurement obtained
3 Attempted, not obtained
4 Not attempted
5 Refused

BSOut
Blood sample outcome
1 Taken (at least a tube)
2 Agreed, not obtained
3 Refused
4 Not applicable (pregnant/warfarin/epilepsy etc.)
5 Not attempted

BPOut
BP outcome
1 Obtained
2 Attempted, not obtained
3 Not attempted
4 Refused
5 Not applicable (pregnant etc)

SSOut
Saliva sample outcome
Obtained
2 Attempted, not obtained
3 Not attempted
4 Refused
5 Not applicable (age under 4 or over 15)

WMeas
Wasit measurements
Array: 1….3 OF 45.0…1000.0

HMeas
Hight measurements

Array: 1….3 OF 75.0…1000.0

SampF1
CODE if plain red tube filled (include partially filled tube).
1 Yes
2 No

{IF there is a flu pandemic}
SampFB1
NURSE: Code how many plain *red* tubes were filled (include partial filled tubes).
1 TTubes
2 Empty

ENDIF

SampF2
CODE if EDTA purple tube filled (include partially filled tube).
1 Yes
2 No

BPMap
Derived Map
Array: 1..3 OF 0..999

BPSyst
Systollic readings
Array: 1..3 OF 0..999

BPDias
Diastolic readings
Array: 1..3 OF 0..999

BPPulse
Pulse readings
Array: 1..3 OF 0..999

CONBP
Consent to send blood pressures to GP
1 Yes
2 No

CONBS
CONSENT FOR SAMPLE OF NON FASTING BLOOD TO BE TAKEN
1 Yes
2 No

CONBGP
CONDENT FOR NON FASTING BLOOD SAMPLE RESULTS TO GP
1 Yes
2 No

CONBST
CONSENT FOR FAST BLOOD SAMPLE STORAGE
1 Yes
2 No

CONOR
CONSENT FOR BLOOD SAMPLE RESULTS TO RESPONDENT
1 Yes

2 No

CONSa1
CONSENT FOR SAMPLE OF SALIVA TO BE TAKEN
1 Yes
2 No

NRefBSC
Reason blood sample refused
TEXT:

NurDate
Date of interview
Datetype

OrigAppt
NURSE: Who made the original appointment at this address?
Interviewer
Nurse

NumPhone
NURSE: How may phone calls were made by you to this address?
Range: 0…20

NumF2F
NURSE: How many face-to-face calls were made by you to this address? (If none enter 0)
Range: 0…20

QPerson
<CapName>
Range: 1…12

NumSched
Number of completed Nurse schedules
Range: 0…12

NumPost
NURSE: Enter how many times you visited a post office to send saliva samples.
Range: 0….12

{IF blood pressure considerably raised}
BPDr
NURSE: The Blood pressure measurement for < Name> was considerably raised. Which survey doctor did you report this to?
1 Jenny Mindell
2 Logan Manikam
3 Other doctor (please give name)
4 Survey doctor not contacted (Please give details)

{IF BPDr=3}
BPDrNm
NURSE: Please give the name of the survey doctor that you contacted?
Text: Maximum 60 characters

ENDIF

{IF BPDr=4}
BPDrO
NURSE: Please explain why you have not contacted the survey doctor.

Text: Maximum 250 characters

ENDIF

DVBPDrAny
DV: Whether reported raised BP to survey doctor for any respondent in hhold.
1 Yes
2 No

DrContact
Nurse: Did you contact the Survey Doctor for any other (non-raised BP) reason.
1 Yes
2 No

{IF DrContact = Yes}
DrConRes
Nurse: Please give the reason for contacting the survey doctor. CODE ANY THAT APPLY.
1 Blood sample related issue (e.g. fitting/fainting)
2 Abnormally low blood pressure
3 Abnormally low pulse
4 Irregular Pulse
5 Other

{IF DrConRes= 5}
DrConResO
NURSE: Please give the other reason for contacting the survey doctor.
Text: Maximum 250 characters

END IF

{IF BPDr =1,2,3, or DrContact =Yes}
DrResp
NURSE: If you had to leave a voice message for the Survey doctor to call you back (because they were not available when you first contacted them) – how long was it before they contacted you back ?
1 Spoke to survey doctor directly on first contact
2 Less than an hour
3 1 -2 hrs
4 Over 2hrs but within 6hrs
5 Over 6hrs but within 12hrs
6 Over 12hrs but within 24hrs
7 Over 24hrs (Please state how long)
8 I called the doctor again myself

{IF DrResp= 7}
DrRespTD
NURSE: Please give the number of days and hours the survey doctor took to call you back.
ENTER DAYS
Range: 1…97

DrRespTH
ENTER HOURS
Range: 0..24

ENDIF

{IF DrResp=8}

DrCalls

NURSE: How many times did you have to phone the doctor again for the same case?
Text: Maximum 97 characters

ENDIF

SupFlag
NURSE: Have you been accompanied by a supervisor for any work at this household?
1 Yes
2 No

SchDone
NURSE: Have you finished this questionnaire?
Yes signals that this questionnaire is ready for return to the Head Office.
1 Yes
2 No

{IF SchDone= Yes AND NurOut= Respone AND Outcome= 920, 930, 970, 980, 990}
Schdone Check
You cannot code 'Yes' here until ALL people are outcome coded.

ENDIF

{IF BloodTaken = 1 VpCheck = empty }
Please complete the venipuncture questions for all respondents from whom you collected a blood sample.

ENDIF

{IF Drugdone= Yes OR Drugdone= Empty}
You cannot finish until the drug coding is completed. Please press <Enter>, then <Ctrl Enter> and select DrugCode[^indx].

ENDIF

EdDone
EDITOR: Have you finished editing this questionnaire?
1 Yes
2 No

EInfo
EDITOR:
USE <F7> function key to edit the next serial number.
USE <Ctrl F7> keys together to bring up the browser menu.
USE <Alt X> keys together to quit this batch.
1 Exit

NDone
Nurse: That completes the Admin details.
PRESS <ENTER> TO LEAVE THE QUESTIONNAIRE

AdrStop
NURSE: You need to satisfy the address check before going any further in this questionnaire.
Press <Ctrl Enter> and select NHSE2011 to enter the first line of the address on the NRF label.

NotYet
NURSE: This questionnaire cannot be signed off and returned to head office until you have received the interviewer information over the modem.
Please try again once you have made a connection with the modem (either to transmit other households/or to receive information).

Now press 1 and <Enter> to leave this questionnaire.

NChoice
NURSE: Do you now want to..?
1 Return to the main menu
5 Or complete the admin details and prepare for return to Head office.

LogCOL
Was the activity log collected?
1 Yes
2 No

HSE 2019

NURSE SHOWCARDS

CARD A1

1 Cigarettes

2 Cigars

3 Pipe

4 E-cigarette or vaping device

5 Hookah/shisha

6 Smokeless tobacco

7 None of these

CARD A2

1 Nicotine chewing gum

2 Nicotine lozenges/mini lozenges

3 Nicotine patches

4 Nicotine inhaler or inhalator

5 Nicotine mouthspray

6 Nicotine nasal spray

7 Another nicotine product

8 E-cigarette or vaping device

9 None of these