Health Survey for England

2018

Questionnaires and showcards

The Health Survey for England 2018

Program Documentation

Household Questionnaire

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?

3

{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 spouse = same sex}
INTERVIEWER: As of 29 March 2014 same sex couples can marry in England and Wales. These are also plans to allow the conversion of civil partnerships to marriages by the end of 2014. 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

6

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
6. squatting)
7. 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– 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

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

SHOW CARD A5

Please could you tell me who receives these allowances in your household?
List people from household grid aged 16+

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

SHOW CARD A6 {Weekly rates from 6th April 2015-2nd April 2017}
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.
Attendance Allowance
    1   Higher rate for attendance during day AND night - £8310
    2   Lower rate for day OR night - £55.65
Disability Living Allowance (DLA) - Care Component
     3   Highest rate - £83.10
     4   Middle rate - £55.65
     5   Lowest rate – £22.00
Disability Living Allowance (DLA) - Mobility Component
     6   Highest rate - £58.00
     7   Lower rate – £22.00
Personal Independence Payments (PIP) – Daily Living Component
     8   Enhanced rate - £83.10
     9   Standard rate – £55.65
Personal Independence Payments (PIP) – Mobility Component
     10 Enhanced rate – £58.00
     11 Standard rate - £22.00

SHOW CARD A7 {Weekly rates from 2nd April 2018}
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

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}

10

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 under 65 (men)/60 (women))}
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.

12

{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).

The Health Survey for England 2018 - Mainstage

Program Documentation

Individual Questionnaire

CONTENTS

General Health
ASK ALL

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

OwnAge
Can I just check, your age is *<computed 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 THEN RECORD UP TO SIX CONDITIONS OR ILLNESSES}
IllsTxt[i]
What *<else>* is the matter with you?
INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.
IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.
 'If vague answer given, such as 'bad back', ASK 'can you say a little more about that?'
     Text: Maximum 100 characters
         Variable names for text are IllsTxt[1]-IllsTxt[6]

More[i]
(Can I check) do you have any other 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?

{IF More[1] = yes AND (ReducAct = yes a lot OR yes a little) ask RedAct up to 6 times for all conditions listed in IllsTxt[1] - IllsTxt[6]}
RedAct1-10
Does your <textfill answer from IllsTxt1,2,3 etc> reduce your ability to carry out day-to-day activities…READ OUT
  1   Yes, a lot
  2   Yes, a little
  3   Not at all
REPEAT FOR EACH ILLNESS/CONDITION (UP TO SIX).

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

Personal Care Plans

{IF Age16+ AND ILL12m = Yes}
PlanAg
You mentioned earlier that you have a/some long term health condition(s). Sometimes a doctor, nurse or other health worker will agree a Personal Care Plan for someone with a long term condition, where they write down how the condition will be managed and who is involved in providing general health care or support.

In the last 12 months, have you and a health professional agreed a Personal Care Plan for your overall health and social care needs?
IF YES: Is that in the last 12 months or more than 12 months ago?
  1 Yes, have agreed a personal care plan in the last 12 monthS
  2 Yes, agreed a personal care plan more than 12 months ago
  3 No, do not have a personal plan

{IF PlanAg = No}
OffPlan
Have you talked about a Personal Care Plan with a health care professional, or been offered a Personal Care Plan in the last 12 months?
  1 Yes
  2 No

{IF PlanAg = Yes}
CareImpr
Has your Care Plan improved the health or social care services you receive?
IF YES: Would you say they have improved a great deal or to some extent?
  1 Yes - improved a great deal
  2 Yes - improved to some extent
  3 No - not improved
  4 Don't know / can't say

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.
>   Numeric: 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

Breathing problems (from respiratory module)

ASK ALL AGES

EverW
I am now going to ask you some questions about your breathing...
<Have (Has) you (name)> ever had wheezing or whistling in the chest at any time, either now, or in the past?
>   1   Yes
>   2   No

{IF EverW = YES}
NoCol
<Have (Has) you (name)> ever had this wheezing or whistling when <you/he/she> did not have a cold?
>   1   Yes
>   2   No

TweWz
<Have (Has) you (name)> had wheezing or whistling in the chest in the last 12 months?
>   1   Yes
>   2   No

ConDr
Did a doctor or nurse ever tell you that <you (name)> had asthma?
>   1   Yes
>   2   No

{IF ConDr = YES}
SymAs
SHOW CARD C1
<Have (Has) you (name)> had any symptoms of asthma in the last 12 months, or are they controlled by medication?
>   1   Yes, have had symptoms of asthma in the last 12 months
>   2   No symptoms in the last 12 months, asthma controlled by medication
>   3   No symptoms in the last 12 months, no medication taken for asthma

{IF TweWz = Yes OR SymAs IN [YesSym,Med])}
TrtMed
SHOW CARD C2
What treatment or medication <are (is) you (name)> taking every day for <your/his/her> asthma, wheezing or whistling, or difficulty in breathing?
PROBE: Which others? CODE ALL THAT APPLY.
>   1   Steroid tablets
>   2   Theophylline tablets (e.g. Nuelin, Slo-Phyllin, Uniphylline, Phylocontin)
>   3   Antibiotics
>   4   Tablets, capsules or other liquid medicine to help bring up phlegm - Carbocisteine, Erdotin, Visclair
>   5   Other tablets or granules (e.g. montelukast /Singulair), zafirlukast/ Accolate
>   6   Inhalers
>   7   Oxygen
>   8   Other treatment or medication
>   9   None

{IF TrtMed=Other}
TrtMedO
INTERVIEWER: Please specify other treatment or medication.
Text: Maximum 250 characters

Social care - Receipt

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 E1, 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. If all 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 bolh>*, in the **last month**?
  1 Yes
  2 No

{IF (TaskHlpK=Yes) OR (TaskHlpL=Yes) OR (TaskHlpM = Yes) AND no other tasks (A-J) were mentioned.}
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 D4
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 D5
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 THEN}
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)
{IF(HelpFam = No) AND (Helpinf = Response 1-10)}
NamFam
What is <your (person who helped)> name?

Text: Maximum 20 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).

{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 EVERYONE IDENTIFIED AT HelpInf AND ANY AT HelpForm WHERE HrsForm=DK/REFUSED }
HelpHours
SHOW CARD D6
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]
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 nam>* 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?

{IF 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

{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}
SHOW CARD D7
HlpUsHrs
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
{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 D8
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 D9
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 is greater than 0.00}
UserPer
ASK OR RECORD: Is that amount per week or per month?
  1 Per week
  2 Per month

{IF PersBudg=1}
PBTopUp
"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 D10
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:
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 D11
Now I'd like to ask you about all the hours of **unpaid care** that you receive from the people on this card.

{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
*

Fruit and vegetable consumption

ASK ALL AGED 5+
VFInt
Now we are moving on to a different topic, and I'd like to ask you a few questions about some of the things you ate and drank yesterday.
By yesterday I mean 24 hours from midnight to midnight. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten.
        Press <1> and <Enter> to continue

VegSal
Did you eat any salad yesterday? Don't count potato, pasta or rice salad or salad in a sandwich.
INTERVIEWER: SALADS MADE MAINLY FROM BEANS CAN **EITHER** BE INCLUDED HERE **OR** AT THE NEXT QUESTION. YOU CAN RECORD HALF BOWLS OF SALAD, SUCH AS 1.5, 0.5 ETC.
        1   Yes
        2   No

{IF VegSal = Yes}
VegSalQ
How many cereal bowls full of salad did you eat yesterday?
IF ASKED: 'Think about an average-sized cereal bowl'.
        Range: 0.5 - 50.0

VegPul
Did you eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans.
Don't count pulses in foods like Chilli con carne.
        1   Yes
        2   No

{IF VegPul = Yes}
VegPulQ
SHOWCARD E1
How many tablespoons of pulses did you eat yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
        Range: 0.5 - 50.0

ENDIF
VegVeg
Not counting potatoes, did you eat any vegetables yesterday?
Include fresh, raw, tinned and frozen vegetables.
        1   Yes
        2   No

{IF VegVeg = Yes}
VegVegQ
SHOW CARD E1
How many tablespoons of vegetables did you eat yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
        Range: 0.5 - 50.0

ENDIF

VegDish
Apart from anything you have already told me about, did / Did you eat any *other* dishes made
mainly from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry?
Don't count vegetable soups or dishes made mainly from potatoes.
>   1   Yes
>   2   No

{IF VegDish = Yes}
VegDishQ
SHOW CARD E1
How many tablespoons of vegetables or pulses did you eat in these kinds of dishes yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
>   Range: 0.5 - 50.0

ENDIF
VegUsual
Compared with the amount of vegetables, salads and pulses you usually eat, would you say that
yesterday you ate...
...READ OUT...
>   1   less than usual,
>   2   more than usual,
>   3   or about the same as usual?

FrtDrnk
Not counting cordials, fruit-drinks and squashes, did you drink any fruit juice yesterday?
>   1   Yes
>   2   No

{IF FrtDrnk = Yes}
FrtDrnkQ
How many small glasses of fruit juice did you drink yesterday?
IF ASKED: 'A small glass is about a quarter of a pint'.
>   Range: 0.5.-.50.0

ENDIF
Frt
Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.
>   1   Yes
>   2   No

{IF Frt = Yes
FOR idx:= 1 TO 15 DO
{IF (idx = 1) OR (FrtMor[idx-1] = Yes)}
FrtC[idx]
What kind of fresh fruit did you eat yesterday?
INTERVIEWER: USE THE **FRESH FRUIT SIZE LIST** IN YOUR SHOWCARDS/CODING FRAMES
TO CODE THE SIZE OF THIS FRUIT. IF MORE THAN ONE KIND OF FRUIT MENTIONED,
CODE ONE HERE ONLY
>   1   Very large fruit
>   2   Large fruit
>   3   Medium-sized fruit
>   4   Small fruit
>   5   Very small fruit
>   6   Not on coding list

{IF FrtC[idx] IN [VLge..VSml]
 IF FrtC[idx] = VLge
much:= 'many average slices'}
{IF FrtC[idx] IN [Lge..Sml]

much:= 'much'}
{IF FrtC[idx] = VSml
much:= 'many average handfuls'}
ENDIF
FrtQ[idx]
How *much* of this fruit did you eat yesterday?
    Range: 0.5.-.50.0

{IF FrtC[idx] = NotLst}
FrtOth[idx]
What was the name of this fruit?
    Text: Maximum 50 characters

FrtNotQ[idx]
How much of this fruit did you eat?
    Text: Maximum 50 characters

ENDIF
{IF idx <}
FrtMor[idx]
Did you eat any other fresh fruit yesterday?
    1 Yes
    2 No

FrtC to FrtMor repeated for up to 15 different types of fruit

FrtDry
Did you eat any dried fruit yesterday? Don't count dried fruit in cereal, cakes, etc.
    1 Yes
    2 No

{IF FrtDry = Yes}
FrtDryQ
SHOW CARD E1
How many tablespoons of dried fruit did you eat yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'."
    Range: 0.5.-.50.0

ENDIF
FrtFrz15
Did you eat any frozen fruit yesterday?
    1 Yes
    2   No

{IF FrtFrz = Yes}
FrtFrzQ15
SHOW CARD E1
How many tablespoons of frozen fruit did you eat yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
    Range: 0.5.-.50.0

ENDIF
FrtTin
Did you eat any tinned fruit yesterday?
    1 Yes
    2   No

{IF FrtTin = Yes}
FrtTinQ
SHOW CARD E1
How many tablespoons of tinned fruit did you eat yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
　　　　Range: 0.5.-.50.0

ENDIF
FrtDish
Apart from anything you have already told me about, did/Did you eat any *other* dishes made **mainly** from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.
　　1　Yes
　　2　No

{IF FrtDish = Yes}
FrtDishQ
SHOW CARD E1
How many tablespoons of fruit did you eat *in these kinds of dishes* yesterday?
IF ASKED: 'Think about a heaped or full tablespoon'.
　　　　Range: 0.5.-.50.0

ENDIF
FrtUsual
Compared with the amount of fruit and fruit juice you usually eat and drink, would you say that yesterday you ate and drank...
...READ OUT...
　　1　less than usual,
　　2　more than usual,
　　3　or about the same as usual?

ENDIF

Smoking (Aged 16+)

{IF Age of Respondent = 18 to 24}
BookChk
INTERVIEWER CHECK: *<name of respondent>* IS AGED *<age of respondent>*. RESPONDENT TO BE...:
    1 Asked Smoking/Drinking questions
    2 Given SELF-COMPLETION BOOKLET FOR YOUNG ADULTS

{IF (Age of Respondent is 25 years or over) OR (BookChk = Asked)}
SmokEver
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

Section of questions suggested here about e-cigarettes, but we continue with cigarettes here, add the new section later (after ex-cigarette smoking, just before nicotine delivery products)

{IF SmokEver = Yes}
SmokeNow
Do you smoke cigarettes at all nowadays?
    1 Yes
    2 No

{IF SmokeNow = Yes}
DlySmoke
About how many cigarettes a day do you usually smoke on weekdays?
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 usually smoke at weekends?
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 F1
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 F2
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
SHOWCARD F3
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 *(Smoked but doesn't smoke cigarettes nowadays)}*
SmokeCig
Have you ever smoked cigarettes?
    1   Yes
    2   No

{IF SmokeCig = Yes}
ResQuit
SHOW CARD F4
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   Cannot remember (spontaneous)

{IF SmokeCig = Yes}
SmokeReg
Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally?
    1   Smoked cigarettes regularly, at least 1 per day
    2   Smoked them only occasionally
    3   SPONTANEOUS: Never really smoked cigarettes, just tried them once or twice

{IF SmokeReg = Smoked cigarettes regularly}
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 (SmokeReg=Smoked cigarettes regularly)}
StartSmk
How old were you when you started to smoke cigarettes regularly?
INTERVIEWER: IF 'Never smoked regularly' CODE 97.
        Range: 1..97

ENDIF
{IF SmokeReg=[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?
INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR, CODE 0.
        Range: 0..97

New questions about shisha and smokeless tobacco

ASK ALL AGED 16+
Hookah
SHOW CARD F5
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 ALL
EvVape
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 OR Yes - Only tried once or twice}
VapeTm
SHOW CARD F6
When did you first start to use electronic cigarettes or vaping devices?
    1 In the last 6 months
    2 More than 6 months, up to 12 months ago
    3 More than a year, up to 2 years ago
    4 More than 2 years up to 5 years ago
    5 More than 5 years ago

{IF VapeNow= YES}
VapeFrq
SHOW CARD F7
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}
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}
WeekVp
SHOW CARD F8
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
How much time in total do you spend using your e-cigarette or vaping device on a typical weekday? PROMPT AS NECESSARY.
    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 F8
How many times do you use your e-cigarette or vaping device on a typical Saturday or Sunday?
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
How much time in total do you spend using your e-cigarette or vaping device on a typical Saturday or Sunday? PROMPT AS NECESSARY.
    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 F9
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 ECigTyp=2 (An electronic cigarette kit which is refillable with pre-filled cartridges)}
ECigCart
SHOW CARD F10
"E-cigarette 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 VapeNow= YES}
VapeStp
Would you like to give up using e-cigarettes or vaping altogether?
    1 Yes
    2 No

{IF (SmokeNow=Yes OR SmokeReg=1 or 2) AND (EvVape=1 or 2)}
WhchFrst
Can I just check, did you start regularly smoking tobacco cigarettes before or after first trying e-cigarettes/vaping devices?
    1   started regularly smoking tobacco cigarettes **before** first trying e-cigarettes/vaping devices
    2   started regularly smoking tobacco cigarettes **after** first trying e-cigarettes/vaping devices first

ASK ALL
NRNow
SHOW CARD F11
[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 F11
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 NRNow) OR (Lozenge IN NRNow) OR (Patch IN NRNow) OR (Inhaler IN NRNow) OR (Spray IN NRNow) OR (Nasal IN NRNow) OR (OthNic IN NRNow) OR (Elect IN NRNow)] AnyProd := Yes}

{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 (SmokEver = Yes)}
{IF (SmokeNow <> Yes) AND (SmokeCig=Yes) AND (AnyProd=Yes)}
HelpQuit
SHOWCARD F11
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 F11
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
SHOWCARD F11
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
    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?
SHOWCARD H11
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

{IF SmokeNow = Yes}
DrSmk12
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 SmokEver = 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 SmokEver = Yes}
PipeNowA
    Do you smoke a pipe at all nowadays?
1   Yes
2   No

{IF (PAge >= 25) OR (BookChk[PNo] = Asked)}
FathSm
Did your father ever smoke regularly when you were a child?
1   Yes
2   No

{IF (PAge >= 25) OR (BookChk[PNo] = Asked)}
MothSm
Did your mother ever smoke regularly when you were a child?
1   Yes
2   No

{IF (PAge IN [0..15]) OR (PAge >= 25) OR (BookChk[PNo] = Asked)}
ExpSm
Now, 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 BookChk[PNo] = Asked smoking/drinking questions)}
Passive
SHOW CARD F12
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 BookChk[PNo] = Asked smoking/drinking questions)}
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+)

{IF (Age of Respondent is 25 years or over) OR (BookChk = Asked)}
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 G1
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

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

DrnkType
SHOW CARD G2
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
      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

{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 Half pints
      2 Small cans
      3 Large cans
      4 Bottles

{IF NBRL7=Half pints}
NBrL7Q(1)
ASK OR CODE: How many half pints of **normal strength beer, lager, stout, cider or shandy** *(excluding cans and bottles of shandy)* did you drink that day?
      Range: 1..97

{IF NBrL7Q = Small cans}
NBrL7Q(2)
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}
NBrL7Q(3)
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}
NBrL7Q(4)
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   Half pints
    2   Small cans
    3   Large cans
    4   Bottles

{IF SBRL7=Half pints}
SBrL7Q(1)
ASK OR CODE: How many half pints of **strong beer, lager, stout or cider** did you drink on that day?
    Range: 1..97

{IF SBrL7=Small cans}
SBrL7Q(2)
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}
SBrL7Q(3)
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}
SBrL7Q(4)
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}
WineL7
Still thinking about last *<answer to WhichDay>*, how much wine, including Babycham and champagne, did you drink on that day?
INTERVIEWER: Code the measure the respondent used.
Please note that respondent may give answer in bottles and glasses.
Please code the relevant option.
> 1   Bottle or parts of bottle
> 2   Glasses
> 3   Both bottles or parts of bottle, and glasses

{IF WineL7= 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 WineL7= 2 (Glasses)}
WL7Gl
INTERVIEWER: Code the number of glasses **(drunk as glasses).**
> Range: 1..97 (ALLOW FRACTIONS)

WL7Glz
SHOWCARD G3 {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, <u>please code all that apply.</u>
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 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

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
SHOWCARD G1
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}
NBeerM
How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?
INTERVIEWER: FIRST CODE TYPE OF MEASURE AND THEN CODE NUMBER OF EACH MEASURE. CODE ALL THAT APPLY.

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1 Half pints
2 Small cans
3 Large cans
4 Bottles

{IF NBeerM=half pints / 2=small cans / 3=large cans / 4=bottles}
NBeerQ
How many (half pints/ small cans/ large cans/ 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
SHOWCARD G1
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}
SBeerM
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 Half pints
2 Small cans
3 Large cans
4 Bottles

{IF SBeerM = 1 – 4}
SBeerQ
ASK OR RECORD, How many (half pints/ small cans/ large cans/ 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
SHOWCARD G1
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
SHOWCARD G1
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
SHOWCARD G1
How often have you had a drink of WINE, including Babycham and champagne, 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 Babycham and champagne, 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 G3
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
SHOWCARD G1
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 H1
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 65 years AND Sex=Male) OR (Age = 16 to 62 years AND Sex=Female)))}
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) OR (Respondent is Male and Everjobl=Yes) OR (Respondent is Female and PayAgeI>=50)}
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　Yes
　　　2　No

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 None
      2 1 or 2
      3 3-9
      4 10-24
      5 25-499
      6 500+

{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 H2
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 H2
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
SHOWCARD H3
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
SHOWCARD H4
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 NatID = Other }
XNational id
Please describe.
Text: Maximum 60 characters

Origin
SHOW CARD H5
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 H6
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 and BookChk=Given}
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.

{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

14 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=0}
NoNurse
INTERVIEWER: There is no nurse visit for this case.

{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=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. I would like to make an appointment for the nurse to come round 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.

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)

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
>   2   No

{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.
Ask the respondent to **initial** 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

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

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

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

ENDIF
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.

HSE 2018

SHOWCARDS

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. **Stepparent**

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**

1. Own natural child

2. Other
(e.g. adopted, foster, child of partner, etc)

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**

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**

1. **Attendance Allowance**

2. **Disability Living Allowance**
   – <u>care</u> component

3. **Disability Living Allowance**
   – <u>mobility</u> component

4. **Personal Independence Payment**
   – <u>daily living</u> component

5. **Personal Independence Payment**
   – <u>mobility</u> component

6. **None of these**

CARD A6

Attendance allowance

1. Higher rate for attendance during day AND night   £83.10

2. Lower rate for day OR night   £55.65

Disability Living Allowance (DLA) - Care Component

3. Highest rate   £83.10

4. Middle rate   £55.65

5. Lowest rate   £22.00

Disability Living Allowance (DLA) - Mobility Component

6. Higher rate   £58.00

7. Lower rate   £22.00

Personal Independence Payments (PIP) - Daily Living Component

8. Enhanced rate   £83.10

9. Standard rate   £55.65

Personal Independence Payments (PIP) - Mobility Component

10. Enhanced rate   £58.00

11. Standard rate   £22.00

Weekly rates from 2nd April 2018   # CARD A7

Attendance allowance

1. Higher rate for attendance   £85.60
   during day AND night

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

GROSS INCOME FROM ALL SOURCES
(before any deductions for tax, national insurance, etc.)

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

£600 less than £650	70	£2,600 less than £2,800	70	£31,200 less than £33,800	70
£650 less than £700	68	£2,800 less than £3,000	68	£33,800 less than £36,400	68
£700 less than £800	75	£3,000 less than £3,500	75	£36,400 less than £41,600	75
£800 less than £900	64	£3,500 less than £3,900	64	£41,600 less than £46,800	64
£900 less than £1,000	71	£3,900 less than £4,300	71	£46,800 less than £52,000	71
£1,000 less than £1,150	69	£4,300 less than £5,000	69	£52,000 less than £60,000	69
£1,150 less than £1,350	80	£5,000 less than £5,800	80	£60,000 less than £70,000	80
£1,350 less than £1,550	79	£5,800 less than £6,700	79	£70,000 less than £80,000	79
£1,550 less than £1,750	60	£6,700 less than £7,500	60	£80,000 less than £90,000	60
£1,750 less than £1,900	52	£7,500 less than £8,300	52	£90,000 less than £100,000	52
£1,900 less than £2,100	67	£8,300 less than £9,200	67	£100,000 less than £110,000	67
£2,100 less than £2,300	59	£9,200 less than £10,000	59	£110,000 less than £120,000	59
£2,300 less than £2,500	77	£10,000 less than £10,800	77	£120,000 less than £130,000	77
£2,500 less than £2,700	61	£10,800 less than £11,700	61	£130,000 less than £140,000	61
£2,700 less than £2,900	56	£11,700 less than £12,500	56	£140,000 less than £150,000	56
£2,900 or more	63	£12,500 or more	63	£150,000 or more	63

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 C1

1. Yes, have had symptoms of asthma in the last 12 months

2. No symptoms in the last 12 months, asthma controlled by medication

3. No symptoms in the last 12 months, no medication taken for asthma

1. **Steroid tablets**

2. **Theophylline tablets** (e.g. Nuelin, Slo-Phyllin, Uniphylline, Phylocontin)

3. **Antibiotics**

4. **Tablets, capsules or other liquid medicine to help bring up phlegm** - Carbocisteine, Erdotin, Visclair

5. **Other tablets or granules** (e.g. montelukast /Singulair), zafirlukast/ Accolate)

6. **Inhalers**

7. **Oxygen**

8. **Other treatment or medication**

9. **None**

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

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 have a catheter 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**

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 problems 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**

CARD D4

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 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**

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**

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 D7

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

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.

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

CARD D10

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 D11

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 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**

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**

Teaspoon   Dessertspoon   Tablespoon

CARD F1

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**

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**

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

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

Hookah

1.   **In the last 6 months**

2.   **More than 6 months, up to 12 months ago**

3.   **More than a year, up to 2 years ago**

4.   **More than 2 years up to 5 years ago**

5.   **More than 5 years ago**

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

1. Less than once a day

2. Once

3. 2 to 3 times

4. 4 to 5 times

5. 6 or more times

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.)

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)

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. Electronic cigarette

9. None

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

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

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) (eg. 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**

250ml wine glass   175ml wine glass   125ml wine glass

CARD H1

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…)

NActiv

CARD H2

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)

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**

1. **English**

2. **Welsh**

3. **Scottish**

4. **Irish**

5. **British**

6. **Other** (Please describe…)

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 H6

1. **Very satisfied**

2. **Quite satisfied**

3. **Neither satisfied or dissatisfied**

4. **Quite dissatisfied**

5. **Very dissatisfied**

HSE 2018

INTERVIEWER SHOWCARDS

&

Coding Frame

Name of Fruit	Size of Fruit	Name of Fruit	Size of Fruit
Apple (all types)	Medium	Mango	Large
Apricot	Small	Medlar	Medium
Avocado	Large	Melon (all types)	Very large
Banana	Medium	Mineola	Large
Banana, apple	Small	Nectarine	Medium
Banana, nino	Small	Olive	Very small
Berry (other)	Very small	Orange	Medium
Bilberry	Very small	Passion fruit	Small
Blackcurrant	Very small	Papaya / Paw Paw	Large
Blackberry	Very small	Peach	Medium
Blueberry	Very small	Pear	Medium
Cactus pear	Medium	Persimmon	Medium
Cape gooseberry	Very small	Pitaya	Medium
Carambola / Star fruit	Medium	Pineapple	Very large
Cherry	Very small	Physalis	Very small
Cherry tomatoes	Very small	Plantain	Medium
Chinese gooseberry	Small	Plum	Small
Chinese lantern	Very small	Pomegranate	Medium
Chirimoya / Cherimoya	Medium	Pomelo/Pummelo	Large
Clementine	Medium	Prickly pear	Medium
Custard Apple	Medium	Rambutans	Very small
Damson	Very small	Raspberry	Very small
Date (fresh)	Small	Redcurrants	Very small
Dragon fruit	Large	Satsuma	Medium
Elderberry	Very small	Shaddock	Large
Figs (fresh)	Small	Sharon fruit	Medium
Gooseberry	Very small	Starfruit	Medium
Granadilla / Passion	Small	Strawberry	Very small
Grapes (all types)	Very small	Stonefruit	Very small
Grapefruit	Large	Tamarillo /Tree tomato	Small
Greengage	Small	Tangerine	Medium
Grenadillo	Very small	Tomato	Small
Guava	Medium	Tomato, cherry	Very small
Horned melon/Kiwano	Large	Tomato, beef	Large
Kiwi	Small	Tree tomato/Tamarillo	Small
Kubo	Very small	Ugli fruit	Large
Kumquat	Very small		
Lemon	Medium		
Lime	Medium		
Loquat	Very small		
Lychee	Very small		
Mandarin orange	Medium		

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

HSE 2018   WEIGHT CONVERSION CHART
1 kg = 2.2 lbs

Kg	st	lbs	Kg	st	lbs	Kg	st	lbs
6.4	1	0	28.6	4	7	50.9	8	0
6.8	1	1	29.1	4	8	51.4	8	1
7.3	1	2	29.5	4	9	51.8	8	2
7.7	1	3	30.0	4	10	52.3	8	3
8.2	1	4	30.5	4	11	52.7	8	4
8.6	1	5	30.9	4	12	53.2	8	5
9.1	1	6	31.4	4	13	53.6	8	6
9.5	1	7	31.8	5	0	54.1	8	7
10.0	1	8	32.3	5	1	54.5	8	8
10.5	1	9	32.7	5	2	55.0	8	9
10.9	1	10	33.2	5	3	55.5	8	10
11.4	1	11	33.6	5	4	55.9	8	11
11.8	1	12	34.1	5	5	56.4	8	12
12.3	1	13	34.5	5	6	56.8	8	13
12.7	2	0	35.0	5	7	57.3	9	0
13.2	2	1	35.5	5	8	57.7	9	1
13.6	2	2	35.9	5	9	58.2	9	2
14.1	2	3	36.4	5	10	58.6	9	3
14.5	2	4	36.8	5	11	59.1	9	4
15.0	2	5	37.3	5	12	59.5	9	5
15.5	2	6	37.7	5	13	60.0	9	6
15.9	2	7	38.2	6	0	60.5	9	7
16.4	2	8	38.6	6	1	60.9	9	8
16.8	2	9	39.1	6	2	61.4	9	9
17.3	2	10	39.5	6	3	61.8	9	10
17.7	2	11	40.0	6	4	62.3	9	11
18.2	2	12	40.5	6	5	62.7	9	12
18.6	2	13	40.9	6	6	63.2	9	13
19.1	3	0	41.4	6	7	63.6	10	0
19.5	3	1	41.8	6	8	64.1	10	1
20.0	3	2	42.3	6	9	64.5	10	2
20.5	3	3	42.7	6	10	65.0	10	3
20.9	3	4	43.2	6	11	65.5	10	4
21.4	3	5	43.6	6	12	65.9	10	5
21.8	3	6	44.1	6	13	66.4	10	6
22.3	3	7	44.5	7	0	66.8	10	7
22.7	3	8	45.0	7	1	67.3	10	8
23.2	3	9	45.5	7	2	67.7	10	9
23.6	3	10	45.9	7	3	68.2	10	10
24.1	3	11	46.4	7	4	68.6	10	11
24.5	3	12	46.8	7	5	69.1	10	12
25.0	3	13	47.3	7	6	69.5	10	13
25.5	4	0	47.7	7	7	70.0	11	0
25.9	4	1	48.2	7	8	70.5	11	1
26.4	4	2	48.6	7	9	70.9	11	2
26.8	4	3	49.1	7	10	71.4	11	3
27.3	4	4	49.5	7	11	71.8	11	4
27.7	4	5	50.0	7	12	72.3	11	5
28.2	4	6	50.5	7	13	72.7	11	6

HSE 2018   WEIGHT CONVERSION CHART
1 kg = 2.2 lbs

Kg	st	lbs	Kg	st	lbs	Kg	st	lbs
73.2	11	7	95.9	15	1	118.6	18	9
73.6	11	8	96.4	15	2	119.1	18	10
74.1	11	9	96.8	15	3	119.5	18	11
74.5	11	10	97.3	15	4	120.0	18	12
75.0	11	11	97.7	15	5	120.5	18	13
75.5	11	12	98.2	15	6	120.9	19	0
75.9	11	13	98.6	15	7	121.4	19	1
76.4	12	0	99.1	15	8	121.8	19	2
76.8	12	1	99.5	15	9	122.3	19	3
77.3	12	2	100.0	15	10	122.7	19	4
77.7	12	3	100.5	15	11	123.2	19	5
78.2	12	4	100.9	15	12	123.6	19	6
78.6	12	5	101.4	15	13	124.1	19	7
79.1	12	6	101.8	16	0	124.5	19	8
79.5	12	7	102.3	16	1	125.0	19	9
80.0	12	8	102.7	16	2	125.5	19	10
80.5	12	9	103.2	16	3	125.9	19	11
80.9	12	10	103.6	16	4	126.4	19	12
81.4	12	11	104.1	16	5	126.8	19	13
81.8	12	12	104.5	16	6	127.3	20	0
82.3	12	13	105.0	16	7	127.7	20	1
82.7	13	0	105.5	16	8	128.2	20	2
83.2	13	1	105.9	16	9	128.6	20	3
83.6	13	2	106.4	16	10	129.1	20	4
84.1	13	3	106.8	16	11	129.5	20	5
84.5	13	4	107.3	16	12	130.0	20	6
85.0	13	5	107.7	16	13	130.5	20	7
85.5	13	6	108.2	17	0	130.9	20	8
85.9	13	7	108.6	17	1	131.4	20	9
86.4	13	8	109.1	17	2	131.8	20	10
86.8	13	9	109.5	17	3	132.3	20	11
87.3	13	10	110.0	17	4	132.7	20	12
87.7	13	11	110.5	17	5	133.2	20	13
88.2	13	12	110.9	17	6	133.6	21	0
88.6	13	13	111.4	17	7	134.1	21	1
89.1	14	0	111.8	17	8	134.5	21	2
89.5	14	1	112.3	17	9	135.0	21	3
90.0	14	2	112.7	17	10	135.5	21	4
90.5	14	3	113.2	17	11	135.9	21	5
90.9	14	4	113.6	17	12	136.4	21	6
91.4	14	5	114.1	17	13	136.8	21	7
91.8	14	6	114.5	18	0	137.3	21	8
92.3	14	7	115.0	18	1	137.7	21	9
92.7	14	8	115.5	18	2	138.2	21	10
93.2	14	9	115.9	18	3	138.6	21	11
93.6	14	10	116.4	18	4	139.1	21	12
94.1	14	11	116.8	18	5	139.5	21	13
94.5	14	12	117.3	18	6			
95.0	14	13	117.7	18	7			
95.5	15	0	118.2	18	8			

Long standing illnesses

Below is a list of some of the conditions people may mention at the long standing illness question *Ill12m*. This is to help you with the spelling. It should **not** be used as a prompt for respondents.

Agoraphobia	Hodgkin's disease
Alzheimer's	Huntington's chorea
Anaemia	Hyperthyroidism (overactive thyroid)
Angina	Hypothyroidism (underactive thyroid)
Arteriosclerosis	Leukaemia
Arthritis	Lymphadenoma
Asthma	Meniere's disease
Bronchitis	Meningitis
Cataract	Migraine
Cerebral palsy	Multiple sclerosis
Colitis	Osteoarthritis
Crohn's disease	Osteoporosis
Dementia	Osteosclerosis
Diabetes	Paget's disease
Diverticulitis	Pernicious anaemia
Eczema	Psoriasis
Emphysema	Raynaud's disease
Endometriosis	Rheumatoid arthritis
Epilepsy	Rhinitis
Glaucoma	Sciatica
Haemophilia	Scoliosis

FRANKFORT PLANE – ADULTS

MEASURING CHILDREN'S HEIGHT

Cup the child's head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck.

STRETCH

HORIZONTAL

APPLY GENTLE UPWARDS PRESSURE

PROTOCOL

- SHOES OFF
- CHILDREN – SOCKS OFF
- FEET TO THE BACK
- BACK STRAIGHT
- HANDS BY THE SIDE
- FRANKFORT PLANE
- LOOK AT A FIXED POINT
- CHILDREN – STRETCH & BREATHE IN
- ADULTS - BREATHE IN
- CHILDREN – ASK PARENT TO LOWER HEADPLATE
- ADULTS -LOWER HEADPLATE
- BREATHE OUT
- STEP OFF
- READ MEASUREMENT
- IF MEASUREMENT FALLS **BETWEEN TWO** MILLIMETRES, ROUND UP OR DOWN TO THE **NEAREST EVEN MILLIMETRE**

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

P12353
PALE GREEN

Point				Address		HHLD	CKL	Person No	

1-4   5-6   7   10   8-9

First name

Interviewer

Survey month

SPARE 11

Card | 3 | 1 | 4 |

12-14

BATCH 15-19

Health Survey for England 2018

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

Completing the questionnaire

A.   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.

Example:

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

B.   Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

Example:

Write in

☐

General health today

EVERYONE PLEASE ANSWER

Now we would like to know how your health is **today**.

Please answer **ALL** the questions. Under each heading, please tick the ONE box that best describes your health **TODAY**.

1   Mobility

Tick <u>one</u> box

I have no problems in walking about	☐ 1
I have slight problems in walking about	☐ 2
I have moderate problems in walking about	☐ 3
I have severe problems in walking about	☐ 4
I am unable to walk about	☐ 5

2   Self-care

Tick <u>one</u> box

I have no problems washing or dressing myself	☐ 1
I have slight problems washing or dressing myself	☐ 2
I have moderate problems washing or dressing myself	☐ 3
I have severe problems washing or dressing myself	☐ 4
I am unable to wash or dress myself	☐ 5

3   Usual activities (e.g. work, study, housework, family or leisure activities)

Tick <u>one</u> box

I have no problems doing my usual activities	☐ 1
I have slight problems doing my usual activities	☐ 2
I have moderate problems doing my usual activities	☐ 3
I have severe problems doing my usual activities	☐ 4
I am unable to do my usual activities	☐ 5

4   Pain/discomfort

Tick <u>one</u> box

I have no pain or discomfort ☐ 1

I have slight pain or discomfort ☐ 2

I have moderate pain or discomfort ☐ 3

I have severe pain or discomfort ☐ 4

I have extreme pain or discomfort ☐ 5

5   Anxiety/depression

Tick <u>one</u> box

I am not anxious or depressed ☐ 1

I am slightly anxious or depressed ☐ 2

I am moderately anxious or depressed ☐ 3

I am severely anxious or depressed ☐ 4

I am extremely anxious or depressed ☐ 5

6 We would like to know how good or bad your health is **today**.

This scale is numbered from 0 to 100.

100 means the **best** health you can imagine.

0 means the **worst** health you can imagine.

Mark an X on the scale to indicate how your health is **today**.

Now, please write the number you marked on the scale in the box below.

Write in

Your health today :

456-458

The best health you
can imagine

	100
	95
	90
	85
	80
	75
	70
	65
	60
	55
	50
	45
	40
	35
	30
	25
	20
	15
	10
	5
	0

The worst health you
can imagine

General health over the last few weeks

Please read this carefully:

We would like to know how your health has been in general over **the past few weeks**. Please answer **ALL** the questions by ticking the box below the answer which you think most applies to you.

Have you recently:

Tick <u>one</u> box on each line

		Better than usual	Same as usual	Less than usual	Much less than usual
7	been able to concentrate on whatever you're doing?	☐ 1	☐ 2	☐ 3	☐ 4

459

		Not at all	No more than usual	Rather more than usual	Much more than usual
8	lost much sleep over worry?	☐ 1	☐ 2	☐ 3	☐ 4

460

		More so than usual	Same as usual	Less useful than usual	Much less useful
9	felt you were playing a useful part in things?	☐ 1	☐ 2	☐ 3	☐ 4

461

		More so than usual	Same as usual	Less so than usual	Much less capable
10	felt capable of making decisions about things?	☐ 1	☐ 2	☐ 3	☐ 4

462

		Not at all	No more than usual	Rather more than usual	Much more than usual
11	felt constantly under strain?	☐ 1	☐ 2	☐ 3	☐ 4

463

		Not at all	No more than usual	Rather more than usual	Much more than usual
12	felt you couldn't overcome your difficulties?	☐ 1	☐ 2	☐ 3	☐ 4

464

		More so than usual	Same as usual	Less so than usual	Much less than usual
13	been able to enjoy your normal day-to-day activities?	☐ 1	☐ 2	☐ 3	☐ 4

465

Have you recently:

Tick <u>one</u> box on each line

		More so than usual	Same as usual	Less able than usual	Much less able
14	been able to face up to your problems?	☐ 1	☐ 2	☐ 3	☐ 4

466

		Not at all	No more than usual	Rather more than usual	Much more than usual
15	been feeling unhappy and depressed?	☐ 1	☐ 2	☐ 3	☐ 4

467

		Not at all	No more than usual	Rather more than usual	Much more than usual
16	been losing confidence in yourself?	☐ 1	☐ 2	☐ 3	☐ 4

468

		Not at all	No more than usual	Rather more than usual	Much more than usual
17	been thinking of yourself as a worthless person?	☐ 1	☐ 2	☐ 3	☐ 4

469

		More so than usual	Same as usual	Less so than usual	Much less than usual
18	been feeling reasonably happy, all things considered?	☐ 1	☐ 2	☐ 3	☐ 4

470

General Health Questionnaire   (GHQ – 12)
© David Goldberg, 1978

19 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

20 Have you spent any money on any of the following activities **in the last 12 months**?

Please tick **ONE box** for each activity.

Tick <u>one</u> box on each line

	Yes	No	
Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	☐ 1	☐ 2	475
Scratchcards (but not online or newspaper or magazine scratchcards)	☐ 1	☐ 2	476
Tickets for any other lottery, including charity lotteries	☐ 1	☐ 2	477
The football pools	☐ 1	☐ 2	478
Bingo cards or tickets, including playing at a bingo hall (not online)	☐ 1	☐ 2	479
Fruit or slot machines	☐ 1	☐ 2	480
Virtual gaming machines **in a bookmaker**s to bet on virtual roulette, poker, blackjack or other games	☐ 1	☐ 2	481
Table games (roulette, cards or dice) **in a casino**	☐ 1	☐ 2	482
Playing poker in a pub tournament/ league or at a club	☐ 1	☐ 2	483
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games **for money**	☐ 1	☐ 2	484
Online betting **with a bookmaker** on any event or sport	☐ 1	☐ 2	485
Betting exchange *This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.*	☐ 1	☐ 2	486
Betting on **horse** races in a bookmaker's, by phone or at the track	☐ 1	☐ 2	487
Betting on **dog** races in a bookmaker's, by phone or at the track	☐ 1	☐ 2	488
Betting on **sports events** in a bookmaker's, by phone or at the venue	☐ 1	☐ 2	489
Betting on **other events** in a bookmaker's, by phone or at the venue	☐ 1	☐ 2	490
Spread-betting *In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.*	☐ 1	☐ 2	491
Private betting, playing cards or games for money with friends, family or colleagues	☐ 1	☐ 2	492
Another form of gambling in the last 12 months	☐ 1	☐ 2	493

IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q20, PLEASE GO TO Q21, OTHERWISE GO TO Q41.

21 Thinking about all the activities covered in the previous question, would you say you spend money on these activities…

Tick <u>one</u> box

2 or more times a week ☐ 1

Once a week ☐ 2

Less than once a week, more than once a month ☐ 3

Once a month ☐ 4

Every 2-3 months ☐ 5

Once or twice a year ☐ 6

For the next set of questions about gambling, please indicate the extent to which each one has applied to you **in the last 12 months**.

In the last 12 months...

Tick <u>one</u> box on each line

		Every time I lost	Most of the time	Some of the time (less than half the time I lost)	Never	
22	When you gamble, how often do you go back another day to win back money you lost?	☐ 1	☐ 2	☐ 3	☐ 4	495

Tick <u>one</u> box on each line

		Very often	Fairly often	Occasionally	Never	
23	How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?	☐ 1	☐ 2	☐ 3	☐ 4	496
24	Have you needed to gamble with more and more money to get the excitement you are looking for?	☐ 1	☐ 2	☐ 3	☐ 4	497
25	Have you felt restless or irritable when trying to cut down gambling?	☐ 1	☐ 2	☐ 3	☐ 4	498
26	Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	☐ 1	☐ 2	☐ 3	☐ 4	499
27	Have you lied to family, or others, to hide the extent of your gambling?	☐ 1	☐ 2	☐ 3	☐ 4	500
28	Have you made unsuccessful attempts to control, cut back or stop gambling?	☐ 1	☐ 2	☐ 3	☐ 4	501
29	Have you committed a crime in order to finance gambling or to pay gambling debts?	☐ 1	☐ 2	☐ 3	☐ 4	502
30	Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	☐ 1	☐ 2	☐ 3	☐ 4	503
31	Have you asked others to provide money to help with a desperate financial situation caused by gambling?	☐ 1	☐ 2	☐ 3	☐ 4	504

In the past 12 months, how often...

		Almost always	Most of the time	Sometimes	Never	
32	...have you bet more than you could really afford to lose?	☐ 1	☐ 2	☐ 3	☐ 4	505
33	...have you needed to gamble with larger amounts of money to get the same excitement?	☐ 1	☐ 2	☐ 3	☐ 4	506
34	...have you gone back to try to win back the money you'd lost?	☐ 1	☐ 2	☐ 3	☐ 4	507
35	...have you borrowed money or sold anything to get money to gamble?	☐ 1	☐ 2	☐ 3	☐ 4	508
36	...have you felt that you might have a problem with gambling?	☐ 1	☐ 2	☐ 3	☐ 4	509
37	...have you felt that gambling has caused you any health problems, including stress or anxiety?	☐ 1	☐ 2	☐ 3	☐ 4	510
38	...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	☐ 1	☐ 2	☐ 3	☐ 4	511
39	...have you felt your gambling has caused financial problems for you or your household?	☐ 1	☐ 2	☐ 3	☐ 4	512
40	...have you felt guilty about the way you gamble or what happens when you gamble?	☐ 1	☐ 2	☐ 3	☐ 4	513

Your activities

EVERYONE PLEASE ANSWER

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person.

Please think about the activities you do:

- At **work**
- As part of your **housework** or **gardening**
- To **get from place to place**
- In your spare time for **recreation, exercise** or **sport**

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

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

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

Tick <u>all</u> days that apply

□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	→ **Go to Q42**
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	515-521

Or tick

No walking in last 7 days □ 2 → **Go to Q45**

514

42 How much time did you usually spend walking on **one** of those days?

Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes.

Write in

HOURS	**MINUTES**
522-523	524-526

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

Tick <u>one</u> box   527

Slow pace	□ 1
Average pace	□ 2
Fairly brisk pace	□ 3
Fast pace - at least 4 miles per hour	□ 4

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

Tick <u>one</u> box

Yes [ ] 1

No [ ] 2

EVERYONE PLEASE ANSWER

45 Think about all the **moderate** activities that you did in the **last 7 days**.

Moderate activities refer to activities that take moderate physical effort and make you breathe **somewhat harder** than normal.

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

During the **last 7 days**, on which days did you do **moderate** physical activities like:

- Digging in the garden
- Spring cleaning or other heavy housework
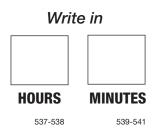- Gentle swimming or cycling?

Do not include walking.

Tick <u>all</u> days that apply

[ ] 1   [ ] 2   [ ] 3   [ ] 4   [ ] 5   [ ] 6   [ ] 7   ⟶ **Go to Q46**
Mon   Tues   Wed   Thurs   Fri   Sat   Sun

Or tick

No moderate physical activities in the last 7 days [ ] 2   ⟶ **Go to Q47**

46 How much time did you usually spend doing **moderate** physical activities on **one** of those days?

Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes.

Write in

[ ]   [ ]

HOURS   **MINUTES**

EVERYONE PLEASE ANSWER

47 Think about all the **vigorous** activities that you did in the **last 7 days**.

Vigorous physical activities refer to activities that take hard physical effort and make you breathe **much harder** than normal.

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

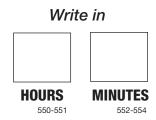During the **last 7 days**, on which days did you do **vigorous** physical activities like:

- Running
- Fast cycling
- A workout at the gym that makes you out of breath or sweaty?

Tick <u>all</u> days that apply

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	→ **Go to Q48**
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	543-549

Or tick

No vigorous physical activities in the last 7 days ☐ 2 → **Go to Q49**

542

48 How much time did you usually spend doing **vigorous** physical activities on **one** of those days?

Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes.
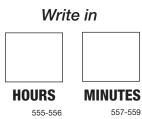
Write in

HOURS	**MINUTES**
550-551	552-554

49 This question is about the time you spent **sitting** on weekdays during **the last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent:

- Sitting at a desk
- Visiting friends
- Reading
- Sitting or lying down to watch television

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

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

Write in

HOURS	**MINUTES**
555-556	557-559

SPARE 560-566

About you

EVERYONE PLEASE ANSWER

50 Which of the following options best describes how you think of yourself?

Tick <u>one</u> box

Heterosexual or Straight ☐ 1

Gay or Lesbian ☐ 2

Bisexual ☐ 3

Other ☐ 4

Prefer not to say ☐ 5

51 What is your religion or belief?

Tick <u>one</u> 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

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P12353
ORANGE

Point	Address	HHLD	CKL	Person No
1-4	5-6	7	10	8-9

First name

Interviewer

Survey month

Card 3 1 3
12-14

SPARE 11   BATCH 15-19

Health Survey for England 2018

Booklet for Young Adults

- Please look at the instructions on the next page for information on how to fill in this questionnaire.

- 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

Completing the questionnaire

A.   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.

Example:

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

B.   Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

Example:

Write in

10

Smoking

1   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.

Tick <u>one</u> box   20

Yes   ☐ 1 ⟶ **Go to next question**

No   ☐ 2 ⟶ **Go to Q18**

2   Have you ever smoked a cigarette?

Tick <u>one</u> box   21

Yes   ☐ 1 ⟶ **Go to next question**

No   ☐ 2 ⟶ **Go to Q18**

3   How old were you when you tried smoking a cigarette, even if it was only a puff or two?

SPARE 22-23

Write in

I was   ☐   years old   24-25

4   Do you smoke cigarettes at all nowadays?

Tick <u>one</u> box   26

Yes   ☐ 1 ⟶ **Go to Q7**

No   ☐ 2 ⟶ **Go to next question**

5 Why did you decide to give up smoking?

27-40

For health reasons ☐ 01

Pregnancy ☐ 02

Financial reasons/couldn't afford it ☐ 03

Family or friends wanted me to stop ☐ 04

Worried about the effect on other people ☐ 05

My own motivation ☐ 06

Something else ☐ 07

Cannot remember ☐ 08

6 Did you smoke cigarettes regularly or occasionally?

Tick <u>one</u> box 41

Regularly, that is at least one cigarette a day ☐ 1

Occasionally ☐ 2 → **Go to Q18**

I never really smoked cigarettes, just tried them once or twice ☐ 3

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

Write in

Write in number smoked a day [   ] 42-43

8 And about how many cigarettes a day do you usually smoke at **weekends**?

Write in

Write in number smoked a day [   ] 44-45

9 Do you **mainly** smoke …

Tick one box   46

Filter-tipped cigarettes ☐ 1

Plain or untipped cigarettes ☐ 2

Hand-rolled cigarettes ☐ 3

Answer if you smoke hand-rolled and other cigarettes. If not, please go to Q12.

10 About how many of the cigarettes you smoke on a **weekday** are hand-rolled?

Write in

Hand-rolled cigarettes smoked on a **weekday** ☐   47-48

11 About how many of the cigarettes you smoke on a **weekend** day are hand-rolled?

Write in

Hand-rolled cigarettes smoked on a **weekend** day ☐   49-50

Answer if you are a current smoker. If not, please go to Q18.

12 Would you like to give up smoking altogether?

Tick one box   51

Yes ☐ 1

No ☐ 2

13 Which of the following statements best describes you?

Tick one box 52

I **really** want to stop smoking and intend to in the next month ☐ 1 ┐

I **really** want to stop smoking and intend to in the next 3 months ☐ 2 │

I want to stop smoking and hope to soon ☐ 3 │

I **really** want to stop smoking but I don't know when I will ☐ 4 ├──▶ **Go to next question**

I want to stop smoking but haven't thought about when ☐ 5 │

I think I should stop smoking but don't really want to ☐ 6 ┘

I don't want to stop smoking ☐ 7 ──▶ **Go to Q15**

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

Tick all boxes that apply 53-62

Better for my health ☐ 01

Financial reasons / can't afford it ☐ 02

Family/friends want me to stop ☐ 03

Worried about the effect on other people ☐ 04

Something else ☐ 05

15 Have you ever made a serious attempt to stop smoking completely?

Tick one box 63

Never ☐ 1 ──▶ **Go to Q17**

Yes, in the last 12 months ☐ 2 ──▶ **Go to next question**

Yes, but not in the last 12 months ☐ 3 ──▶ **Go to Q17**

16 How many attempts to stop smoking completely have you made in the last 12 months?

Write in

Number of attempts to stop smoking in last 12 months

→ **Go to next question**

64-65

17 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?

Tick one box

66

Same as a year ago ☐ 1

More than a year ago ☐ 2

Fewer than a year ago ☐ 3

EVERYONE PLEASE ANSWER

18 Have you ever smoked hookah/shisha? This does not include e-cigarettes or other vaping devices.

Tick one box

67

Yes ☐ 1 → **Go to next question**

No ☐ 2 → **Go to Q20**

19 Have you used hookah/shisha in the last month?

Tick one box

68

Yes ☐ 1

No ☐ 2

→ **Go to next question**

EVERYONE PLEASE ANSWER

20 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?

Tick one box   69

Yes ☐¹ —→ **Go to next question**

No ☐² —→ **Go to Q22**

21 Have you used non-smoked tobacco that you put in your mouth in the last month?

Tick one box   70

Yes ☐¹

No ☐² —→ **Go to next question**

EVERYONE PLEASE ANSWER

22 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.

Tick one box   71

Yes ☐¹ —→ **Go to next question**

Yes – only tried once or twice ☐² —→ **Go to next question**

No ☐³ —→ **Go to Q35**

23 Do you use an e-cigarette or vaping device at all nowadays?

Tick one box   72

Yes ☐¹ —→ **Go to next question**

No ☐² —→ **Go to Q34**

24 When did you first start to use electronic cigarettes or vaping devices?

Tick one box

73

In the last 6 months ☐ 1

More than 6 months, up to 12 months ago ☐ 2

More than a year, up to 2 years ago ☐ 3

More than 2 years up to 5 years ago ☐ 4

More than 5 years ago ☐ 5

25 How often have you used an e-cigarette or vaping device in the last month?

Tick one box

74

Less than once a month ☐ 1

At least once a month but less than once a week ☐ 2

At least once a week but less than every day ☐ 3

Every day ☐ 4

26 How soon after waking do you usually have your first e-cigarette or vape of the day?

Tick one box

75

Less than 5 minutes ☐ 1

5-14 minutes ☐ 2

15-29 minutes ☐ 3

30 minutes but less than 1 hour ☐ 4

1 hour but less than 2 hours ☐ 5

2 hours or more ☐ 6

27 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.

Tick <u>one</u> box 76

Less than once a day ☐ 1

Once ☐ 2

2 to 3 times ☐ 3

4 to 5 times ☐ 4

6 or more times ☐ 5

I vape for most of the time during the day ☐ 6

28 How much time in total do you spend using your e-cigarette or vaping device on a typical weekday?

Tick <u>one</u> box 77

Less than 5 minutes ☐ 1

5 minutes to 30 minutes ☐ 2

More than 30 minutes but up to 1 hour ☐ 3

More than 1 hour but up to 2 hours ☐ 4

More than 2 hours ☐ 5

29 How many times do you use your e-cigarette or vaping device on a typical **Saturday or Sunday**?

'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.

Tick <u>one</u> box 78

Less than once a day ☐ 1

Once ☐ 2

2 to 3 times ☐ 3

4 to 5 times ☐ 4

6 or more times ☐ 5

I vape for most of the time during the day ☐ 6

30 How much time in total do you spend using your e-cigarette or vaping device on a typical Saturday or Sunday?

Tick one box 79

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

31 Which of these do you mainly use?

Tick one box 80

An electronic cigarette kit which is refillable with pre-filled cartridges ☐ 1 → **Go to next question**

A disposable electronic cigarette (non-rechargeable) ☐ 2

An electronic cigarette kit which is refillable with liquids ☐ 3 → **Go to Q33**

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

32 E-cigarette cartridges generally come in a variety of strengths. What strength do you typically use?

Tick one box 81-82

0 mg nicotine ☐ 01

6 mg nicotine – often described as low ☐ 02

11 mg or 12 mg nicotine – often described as medium or mild ☐ 03

18 mg nicotine – often described as high or regular ☐ 04 → **Go to next question**

24 mg nicotine- often described as strong ☐ 05

Other (please write in the box below) ☐ 06

83

```
[                                              ]
```

33 Would you like to give up using e-cigarettes or vaping altogether?

Tick one box

84

Yes ☐ 1

No ☐ 2

SPARE 85-90

34 Did you start regularly smoking tobacco cigarettes before or after first trying e-cigarettes/vaping devices?

Tick one box

91

Started regularly smoking tobacco cigarettes **before** first trying e-cigarettes/vaping devices ☐ 1

Started regularly smoking tobacco cigarettes **after** first trying e-cigarettes/vaping devices ☐ 2

Neither – never **regularly** smoked tobacco cigarettes ☐ 3

EVERYONE PLEASE ANSWER

35 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

Electronic cigarette ☐ 08

None of these ☐ 09

36 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
Electronic cigarette	☐ 08
None of these	☐ 09

If you have given up smoking and you have used nicotine replacement products, please go to Q37.

If you currently smoke and have used nicotine replacement products please go to Q38.

Otherwise, please go to Q42.

If you have given up smoking.

37 Did you use any of these products to help you stop smoking?

Tick __all__ boxes that apply   124-139

Nicotine chewing gum	☐ 01
Nicotine lozenges/mini lozenges	☐ 02
Nicotine patch	☐ 03
Nicotine inhaler/inhalator	☐ 04
Nicotine mouthspray	☐ 05 → **Go to Q42**
Nicotine nasal spray	☐ 06
Another nicotine product	☐ 07
Electronic cigarette	☐ 08
None of these	☐ 09

If you currently smoke.

38 Are you currently trying to cut down on how much you smoke but not currently trying to stop?

Tick <u>one</u> box

140

Yes ☐ 1 ⟶ **Go to next question**

No ☐ 2 ⟶ **Go to Q40**

39 Which, if any, of these products are you currently using to help you cut down the amount you smoke?

Tick <u>all</u> boxes that apply

141-156

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

Electronic cigarette ☐ 08

None of these ☐ 09

40 Do you regularly use any of these products in situations when you are not allowed to smoke?

Tick <u>all</u> boxes that apply

157-172

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

Electronic cigarette ☐ 08

None of these ☐ 09

41 Have you ever used any of these products to help you stop smoking during a serious quit attempt?

Tick all boxes that apply

173-188

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

Electronic cigarette ☐ 08

None of these ☐ 09

EVERYONE PLEASE ANSWER

42 Did your father ever smoke regularly when you were a child?

Tick one box

189

Yes ☐ 1

No ☐ 2

Don't know ☐ 8

43 Did your mother ever smoke regularly when you were a child?

Tick one box

190

Yes ☐ 1

No ☐ 2

Don't know ☐ 8

44 In most weeks, how many hours a week are you exposed to other people's tobacco smoke?

Write in

Number of hours a week ☐

191-193

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

Please tick all the places where you are often exposed to other people's smoke.

Tick all boxes that apply   194-199

At home	☐ 1
At work	☐ 2
In other people's homes	☐ 3 → **Go to Q46**
Travelling by car/van	☐ 4
Outdoor areas of pubs or cafes or restaurants	☐ 5
In other places	☐ 6
No, none of these	☐ 7 → **Go to Q47**

SPARE 200-203

46 Does this bother you?

Tick one box   204

Yes ☐ 1

No ☐ 2

47 Are you regularly exposed to other people's vapour from e cigarettes or vaping devices?

Tick one box   205

Yes ☐ 1 → **Go to Q48**

No ☐ 2 → **Go to Q49**

48 Does this bother you?

Tick one box   206

Yes ☐ 1

No ☐ 2

SPARE 207-249

Drinking

EVERYONE PLEASE ANSWER

49 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick <u>one</u> box   250

Yes ☐ 1 ⟶ **Go to Q52**

No ☐ 2 ⟶ **Go to next question**

50 Just to 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?

Tick <u>one</u> box   251

Very occasionally ☐ 1 ⟶ **Go to Q52**

Never ☐ 2 ⟶ **Go to next question**

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

Tick <u>one</u> box   252

Always a non-drinker ☐ 1

Used to drink but stopped ☐ 2

⟶ **Go to Q69**

52 How old were you the first time you ever had a proper alcoholic drink?

Write in   253-254

Write in how old you were then ☐

SPARE 255

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

Tick one box   256-257

Almost every day	01	
Five or six days a week	02	
Three or four days a week	03	
Once or twice a week	04	**Go to next question**
Once or twice a month	05	
Once every couple of months	06	
Once or twice a year	07	
Not at all in the last 12 months	08	**Go to Q69**

54 Did you have an alcoholic drink in the seven days ending yesterday?

Tick one box   258

Yes	1	**Go to next question**
No	2	**Go to Q57**

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

Tick one box   259

One	1
Two	2
Three	3
Four	4
Five	5
Six	6
Seven	7

56 Please think about **the day in the last week on which you drank the most**. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank **on that day**. For the ones you drank, write in how much you drank **on that day**. Exclude non-alcoholic or low-alcohol drinks, except shandy.
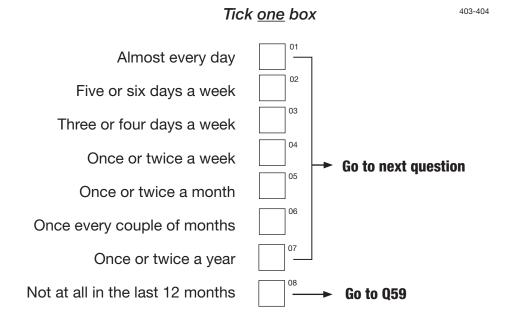
Write in how much you drank on that day

Tick all drinks you drank on that day	260-275	Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol) - exclude bottles/cans of shandy	01		276-279	280-281	282-283
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennents Super, Special Brew, Diamond White)	02		284-287	288-289	290-291
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	03	292-293			
Sherry or martini (including port, vermouth, Cinzano, Dubonnet)	04	294-295			

		Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)
Wine (including Babycham and champagne)	05	296-297	298-299	300-301	302-304

			Large bottles (700ml)	Standard bottles (275ml)	Small cans
Alcoholic soft drink ('alcopop') or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice	06		305-306	307-308	309-310

Other kinds of alcoholic drink
Write in name of drink

			311-312	313-316	317-318	319-320
1.		07				
2.		08	321-322	323-326	327-328	329-330

SPARE 331-402

Please now think about whether you have drunk different types of alcoholic drink 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.

57 Thinking 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?

Tick <u>one</u> box   403-404

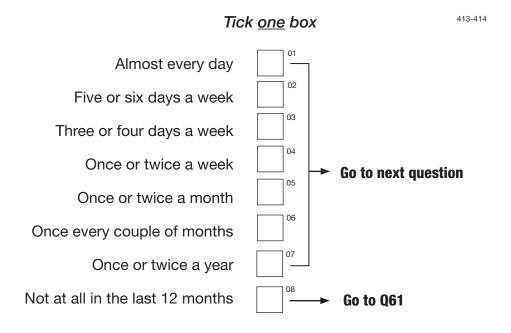|		
Almost every day	01	
Five or six days a week	02	
Three or four days a week	03	
Once or twice a week	04	**Go to next question**
Once or twice a month	05	
Once every couple of months	06	
Once or twice a year	07	
Not at all in the last 12 months	08	**Go to Q59**

58 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?

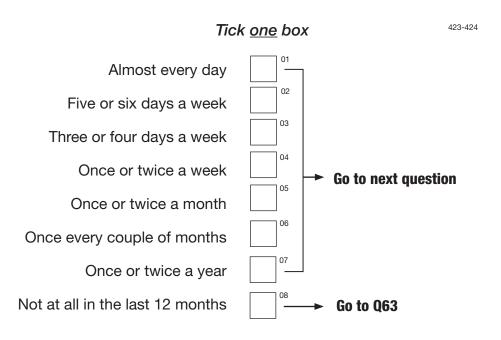|	Pints	Large cans or bottles	Small cans or bottles
Write in how much you have usually drunk on any one day			
	405-408	409-410	411-412

59 Now thinking about **strong beer, lager, stout or cider** which has 6% or more alcohol (e.g. Tennents Super, Special Brew, Diamond White). How often have you had a drink of strong beer, lager, stout or cider during the last 12 months?

Tick one box   413-414

Almost every day	☐ 01
Five or six days a week	☐ 02
Three or four days a week	☐ 03
Once or twice a week	☐ 04 → **Go to next question**
Once or twice a month	☐ 05
Once every couple of months	☐ 06
Once or twice a year	☐ 07
Not at all in the last 12 months	☐ 08 → **Go to Q61**

60 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?

	Pints	Large cans or bottles	Small cans or bottles
Write in how much you have usually drunk on any one day	☐	☐	☐
	415-418	419-420	421-422

61 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?
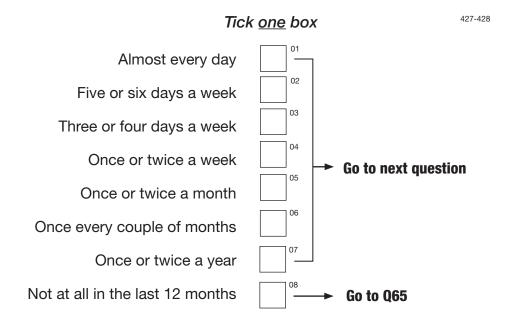
Tick one box   423-424

Almost every day	☐ 01
Five or six days a week	☐ 02
Three or four days a week	☐ 03
Once or twice a week	☐ 04 → **Go to next question**
Once or twice a month	☐ 05
Once every couple of months	☐ 06
Once or twice a year	☐ 07
Not at all in the last 12 months	☐ 08 → **Go to Q63**

62 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?

Glasses (count doubles as 2 singles)

Write in how much you have usually drunk on any one day

425-426

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

Tick <u>one</u> box   427-428

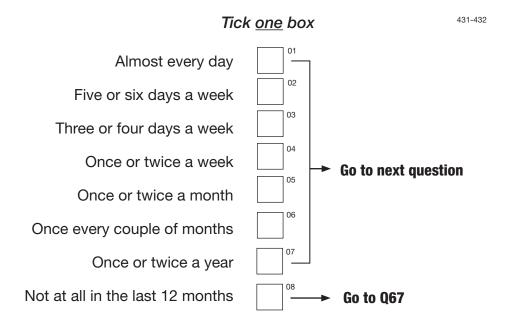|		
Almost every day	01	
Five or six days a week	02	
Three or four days a week	03	
Once or twice a week	04	**→ Go to next question**
Once or twice a month	05	
Once every couple of months	06	
Once or twice a year	07	
Not at all in the last 12 months	08	**→ Go to Q65**

64 How much **sherry or martini** including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day during the last 12 months?

Small glasses (count doubles as 2 singles)

Write in how much you have usually drunk on any one day

429-430

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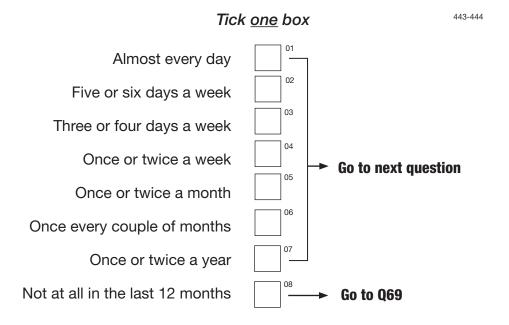
Tick one box

431-432

Almost every day	01
Five or six days a week	02
Three or four days a week	03
Once or twice a week	04
Once or twice a month	05
Once every couple of months	06
Once or twice a year	07

→ **Go to next question**

Not at all in the last 12 months 08 → **Go to Q67**

66 How much **wine**, including Babycham and champagne, have you usually drunk on any one day during the last 12 months?

	Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)
Write in how much you have usually drunk on any one day				
	433-434	435-436	437-438	439-441

SPARE 442

67 How often have you had a drink of **alcopops** (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks e.g. Smirnoff Ice, Bacardi Breezer, WKD, Metz etc), during the last 12 months?

Tick one box

443-444

Almost every day	01	
Five or six days a week	02	
Three or four days a week	03	
Once or twice a week	04	→ **Go to next question**
Once or twice a month	05	
Once every couple of months	06	
Once or twice a year	07	
Not at all in the last 12 months	08	→ **Go to Q69**

68 How many **alcopops** (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?

	Large bottles (700ml)	Standard bottles (275ml)	Small cans or bottles
Write in how much you have usually drunk on any one day			
	445-446	447-448	449-450

General health today

EVERYONE PLEASE ANSWER

Now we would like to know how your health is **today**.

Please answer **ALL** the questions. Under each heading, please tick the ONE box that best describes your health **TODAY**.

69   Mobility

Tick <u>one</u> box   451

I have no problems in walking about	☐ 1
I have slight problems in walking about	☐ 2
I have moderate problems in walking about	☐ 3
I have severe problems in walking about	☐ 4
I am unable to walk about	☐ 5

70   Self-care

Tick <u>one</u> box   452

I have no problems washing or dressing myself	☐ 1
I have slight problems washing or dressing myself	☐ 2
I have moderate problems washing or dressing myself	☐ 3
I have severe problems washing or dressing myself	☐ 4
I am unable to wash or dress myself	☐ 5

71   Usual activities (e.g. work, study, housework, family or leisure activities)

Tick <u>one</u> box

I have no problems doing my usual activities ☐ 1

I have slight problems doing my usual activities ☐ 2

I have moderate problems doing my usual activities ☐ 3

I have severe problems doing my usual activities ☐ 4

I am unable to do my usual activities ☐ 5

72   Pain/discomfort

Tick <u>one</u> box

I have no pain or discomfort ☐ 1

I have slight pain or discomfort ☐ 2

I have moderate pain or discomfort ☐ 3

I have severe pain or discomfort ☐ 4

I have extreme pain or discomfort ☐ 5

73   Anxiety/depression

Tick <u>one</u> box

I am not anxious or depressed ☐ 1

I am slightly anxious or depressed ☐ 2

I am moderately anxious or depressed ☐ 3

I am severely anxious or depressed ☐ 4

I am extremely anxious or depressed ☐ 5

74 We would like to know how good or bad your health is **today**.

This scale is numbered from 0 to 100.

100 means the **best** health you can imagine.

0 means the **worst** health you can imagine.

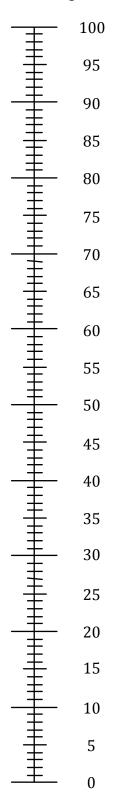Mark an X on the scale to indicate how your health is **today**.

Now, please write the number you marked on the scale in the box below.

Write in

Your health today :

456-458

The best health you can imagine

— 100
— 95
— 90
— 85
— 80
— 75
— 70
— 65
— 60
— 55
— 50
— 45
— 40
— 35
— 30
— 25
— 20
— 15
— 10
— 5
— 0

The worst health you can imagine

General health over the last few weeks

Please read this carefully:

We would like to know how your health has been in general over **the past few weeks**. Please answer **ALL** the questions by ticking the box below the answer which you think most applies to you.

Have you recently:

Tick <u>one</u> box on each line

75 been able to concentrate on whatever you're doing?

Better than usual	Same as usual	Less than usual	Much less than usual
☐ 1	☐ 2	☐ 3	☐ 4

459

76 lost much sleep over worry?

Not at all	No more than usual	Rather more than usual	Much more than usual
☐ 1	☐ 2	☐ 3	☐ 4

460

77 felt you were playing a useful part in things?

More so than usual	Same as usual	Less useful than usual	Much less useful
☐ 1	☐ 2	☐ 3	☐ 4

461

78 felt capable of making decisions about things?

More so than usual	Same as usual	Less so than usual	Much less capable
☐ 1	☐ 2	☐ 3	☐ 4

462

79 felt constantly under strain?

Not at all	No more than usual	Rather more than usual	Much more than usual
☐ 1	☐ 2	☐ 3	☐ 4

463

80 felt you couldn't overcome your difficulties?

Not at all	No more than usual	Rather more than usual	Much more than usual
☐ 1	☐ 2	☐ 3	☐ 4

464

81 been able to enjoy your normal day-to-day activities?

More so than usual	Same as usual	Less so than usual	Much less than usual
☐ 1	☐ 2	☐ 3	☐ 4

465

Have you recently:

Tick _one_ box on each line

		More so than usual	Same as usual	Less able than usual	Much less able
82	been able to face up to your problems?	☐ 1	☐ 2	☐ 3	☐ 4

466

		Not at all	No more than usual	Rather more than usual	Much more than usual
83	been feeling unhappy and depressed?	☐ 1	☐ 2	☐ 3	☐ 4

467

		Not at all	No more than usual	Rather more than usual	Much more than usual
84	been losing confidence in yourself?	☐ 1	☐ 2	☐ 3	☐ 4

468

		Not at all	No more than usual	Rather more than usual	Much more than usual
85	been thinking of yourself as a worthless person?	☐ 1	☐ 2	☐ 3	☐ 4

469

		More so than usual	Same as usual	Less so than usual	Much less than usual
86	been feeling reasonably happy, all things considered?	☐ 1	☐ 2	☐ 3	☐ 4

470

87 Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?

Tick _one_ box

Not at all   Completely

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

471-472

SPARE 473-474

EVERYONE PLEASE ANSWER

88 Have you spent any money on any of the following activities **in the last 12 months**?
Please tick **ONE box** for each activity.

Tick <u>one</u> box on each line

	Yes	No	
Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	☐ 1	☐ 2	475
Scratchcards (but not online or newspaper or magazine scratchcards)	☐ 1	☐ 2	476
Tickets for any other lottery, including charity lotteries	☐ 1	☐ 2	477
The football pools	☐ 1	☐ 2	478
Bingo cards or tickets, including playing at a bingo hall (not online)	☐ 1	☐ 2	479
Fruit or slot machines	☐ 1	☐ 2	480
Virtual gaming machines **in a bookmaker**s to bet on virtual roulette, poker, blackjack or other games	☐ 1	☐ 2	481
Table games (roulette, cards or dice) **in a casino**	☐ 1	☐ 2	482
Playing poker in a pub tournament/ league or at a club	☐ 1	☐ 2	483
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games **for money**	☐ 1	☐ 2	484
Online betting **with a bookmaker** on any event or sport	☐ 1	☐ 2	485
Betting exchange *This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.*	☐ 1	☐ 2	486
Betting on **horse** races in a bookmaker's, by phone or at the track	☐ 1	☐ 2	487
Betting on **dog** races in a bookmaker's, by phone or at the track	☐ 1	☐ 2	488
Betting on **sports events** in a bookmaker's, by phone or at the venue	☐ 1	☐ 2	489
Betting on **other events** in a bookmaker's, by phone or at the venue	☐ 1	☐ 2	490
Spread-betting *In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.*	☐ 1	☐ 2	491
Private betting, playing cards or games for money with friends, family or colleagues	☐ 1	☐ 2	492
Another form of gambling in the last 12 months	☐ 1	☐ 2	493

IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q88, PLEASE GO TO Q89, OTHERWISE GO TO Q109.

89 Thinking about all the activities covered in the previous question, would you say you spend money on these activities…

Tick <u>one</u> box

494

2 or more times a week	☐	1
Once a week	☐	2
Less than once a week, more than once a month	☐	3
Once a month	☐	4
Every 2-3 months	☐	5
Once or twice a year	☐	6

For the next set of questions about gambling, please indicate the extent to which each one has applied to you **in the last 12 months**.

In the last 12 months...

Tick <u>one</u> box on each line

	Every time I lost	Most of the time	Some of the time (less than half the time I lost)	Never	
90 When you gamble, how often do you go back another day to win back money you lost?	☐ 1	☐ 2	☐ 3	☐ 4	495

Tick <u>one</u> box on each line

	Very often	Fairly often	Occasionally	Never	
91 How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?	☐ 1	☐ 2	☐ 3	☐ 4	496
92 Have you needed to gamble with more and more money to get the excitement you are looking for?	☐ 1	☐ 2	☐ 3	☐ 4	497
93 Have you felt restless or irritable when trying to cut down gambling?	☐ 1	☐ 2	☐ 3	☐ 4	498
94 Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	☐ 1	☐ 2	☐ 3	☐ 4	499
95 Have you lied to family, or others, to hide the extent of your gambling?	☐ 1	☐ 2	☐ 3	☐ 4	500
96 Have you made unsuccessful attempts to control, cut back or stop gambling?	☐ 1	☐ 2	☐ 3	☐ 4	501
97 Have you committed a crime in order to finance gambling or to pay gambling debts?	☐ 1	☐ 2	☐ 3	☐ 4	502
98 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	☐ 1	☐ 2	☐ 3	☐ 4	503
99 Have you asked others to provide money to help with a desperate financial situation caused by gambling?	☐ 1	☐ 2	☐ 3	☐ 4	504

In the past 12 months, how often...

	Almost always	Most of the time	Sometimes	Never	
100 ...have you bet more than you could really afford to lose?	☐ 1	☐ 2	☐ 3	☐ 4	505
101 ...have you needed to gamble with larger amounts of money to get the same excitement?	☐ 1	☐ 2	☐ 3	☐ 4	506
102 ...have you gone back to try to win back the money you'd lost?	☐ 1	☐ 2	☐ 3	☐ 4	507
103 ...have you borrowed money or sold anything to get money to gamble?	☐ 1	☐ 2	☐ 3	☐ 4	508
104 ...have you felt that you might have a problem with gambling?	☐ 1	☐ 2	☐ 3	☐ 4	509
105 ...have you felt that gambling has caused you any health problems, including stress or anxiety?	☐ 1	☐ 2	☐ 3	☐ 4	510
106 ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	☐ 1	☐ 2	☐ 3	☐ 4	511
107 ...have you felt your gambling has caused financial problems for you or your household?	☐ 1	☐ 2	☐ 3	☐ 4	512
108 ...have you felt guilty about the way you gamble or what happens when you gamble?	☐ 1	☐ 2	☐ 3	☐ 4	513

Your activities

EVERYONE PLEASE ANSWER

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person.

Please think about the activities you do:

- At **work**
- As part of your **housework** or **gardening**
- To **get from place to place**
- In your spare time for **recreation, exercise** or **sport**

109
Think about the time you spent **walking** in the **last 7 days**.

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

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

Tick all days that apply

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	→ **Go to Q110**
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	515-521

Or tick

No walking in last 7 days ☐ 2   → **Go to Q113**

514

110
How much time did you usually spend walking on **one** of those days?

Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes.

Write in

HOURS	MINUTES
522-523	524-526

111
Which of the following best describes your **usual** walking pace?

Tick one box   527

Slow pace ☐ 1

Average pace ☐ 2

Fairly brisk pace ☐ 3

Fast pace - at least 4 miles per hour ☐ 4

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

Tick one box   528

Yes [ ]1

No [ ]2

EVERYONE PLEASE ANSWER

113 Think about all the **moderate** activities that you did in the **last 7 days**.

Moderate activities refer to activities that take moderate physical effort and make you breathe **somewhat harder** than normal.

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

During the **last 7 days**, on which days did you do **moderate** physical activities like:

- Digging in the garden
- Spring cleaning or other heavy housework
- Gentle swimming or cycling?

Do not include walking.

Tick all days that apply

[ ]1   [ ]2   [ ]3   [ ]4   [ ]5   [ ]6   [ ]7   → **Go to Q114**

Mon   Tues   Wed   Thurs   Fri   Sat   Sun   530-536

Or tick

No moderate physical activities in the last 7 days [ ]2   → **Go to Q115**

529

114 How much time did you usually spend doing **moderate** physical activities on **one** of those days?

Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes.

Write in

[ ]   [ ]

HOURS   **MINUTES**

537-538   539-541

115 Think about all the **vigorous** activities that you did in the **last 7 days**.

Vigorous physical activities refer to activities that take hard physical effort and make you breathe **much harder** than normal.

Think **only** about those physical activities that you did for **at least 10 minutes** at a time.
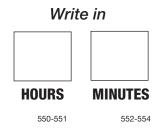
During the **last 7 days**, on which days did you do **vigorous** physical activities like:

- Running
- Fast cycling
- A workout at the gym that makes you out of breath or sweaty?

Tick all days that apply

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	⟶ **Go to Q116**
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	543-549

Or tick

No vigorous physical activities in the last 7 days   ☐ 2   ⟶ **Go to Q117**

542

116 How much time did you usually spend doing **vigorous** physical activities on **one** of those days?

Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes.

Write in

HOURS	**MINUTES**
550-551	552-554

117 This question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent:

- Sitting at a desk
- Visiting friends
- Reading
- Sitting or lying down to watch television

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

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

Write in

HOURS	**MINUTES**
555-556	557-559

SPARE 560-566

About you

EVERYONE PLEASE ANSWER

118 Which of the following options best describes how you think of yourself?

Tick __one__ box

Heterosexual or Straight ☐ 1

Gay or Lesbian ☐ 2

Bisexual ☐ 3

Other ☐ 4

Prefer not to say ☐ 5

119 What is your religion or belief?

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

☐

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P12353
GREY

Point	Address	HHLD	CKL	Person No
1-4	5-6	7	10	8-9

First name

Interviewer

Survey month

SPARE 11

Card   3 1 2
12-14

BATCH 15-19

Health Survey for England 2018

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.
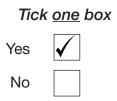
Thank you for taking part in this survey

SPARE 20-21

Completing the questionnaire

Please read each question carefully.

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

Example:

Tick <u>one</u> box

Yes ✓

No ☐

Sometimes you have to write a number in the box.

Example:

Write in

I was **10** years old
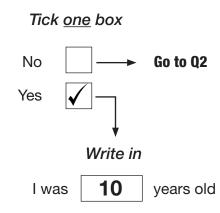
Next to some of the boxes are arrows and instructions.

They show or tell you which question to answer next.

If there are no special instructions, just answer the next question.

Example:

Tick <u>one</u> box
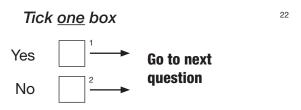
No ☐ ⟶ **Go to Q2**
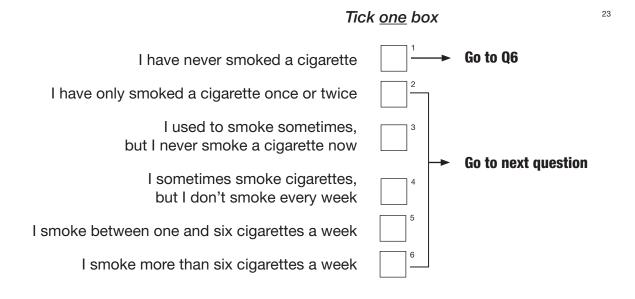
Yes ✓

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.

1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Don't include electronic cigarettes here, we'll ask you about these later.

Tick <u>one</u> box 22

Yes ☐ 1 ⟶ **Go to next question**

No ☐ 2 ⟶

2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick <u>one</u> box 23

I have never smoked a cigarette ☐ 1 ⟶ **Go to 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 **Go to next question**

I smoke between one and six cigarettes a week ☐ 5

I smoke more than six cigarettes a week ☐ 6

3 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 ⟶ **Go to next question**

SPARE 26-85

4   Did you smoke any cigarettes last week?

5   How many cigarettes did you smoke last week?   87-88

The next questions are about other products, starting with **electronic cigarettes**. An "electronic cigarette" is a tube that may look like a normal cigarette or like a pen. It puffs a vapour that looks like smoke. Unlike normal cigarettes, electronic cigarettes don't burn tobacco.

Please **include** shisha pens or e-shisha when answering these questions on electronic cigarettes.

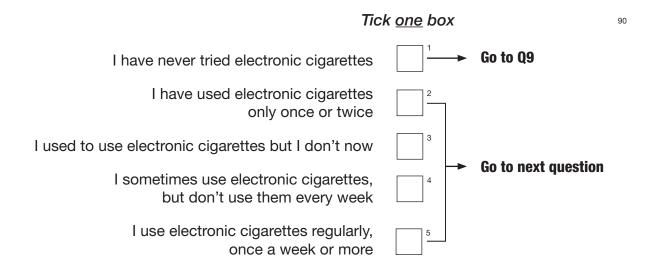**6** Have you ever heard of electronic cigarettes (e-cigarettes)?   89

Tick one box

Yes ☐ 1 → **Go to next question**

No ☐ 2 → **Go to Q9**

7 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 electronic cigarettes.

Tick one box   90

I have never tried electronic cigarettes ☐ 1 → **Go to Q9**

I have used electronic cigarettes only once or twice ☐ 2

I used to use electronic cigarettes but I don't now ☐ 3

→ **Go to next question**

I sometimes use electronic cigarettes, but don't use them every week ☐ 4

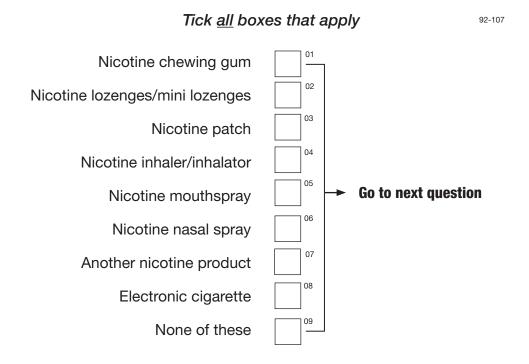I use electronic cigarettes regularly, once a week or more ☐ 5

8 Did you start regularly smoking tobacco cigarettes before or after first trying e-cigarettes/vaping devices?

Tick <u>one</u> box

Started regularly smoking tobacco cigarettes **before** first trying e-cigarettes/vaping devices ☐ 1

Started regularly smoking tobacco cigarettes **after** first trying e-cigarettes/vaping devices ☐ 2 → **Go to next question**
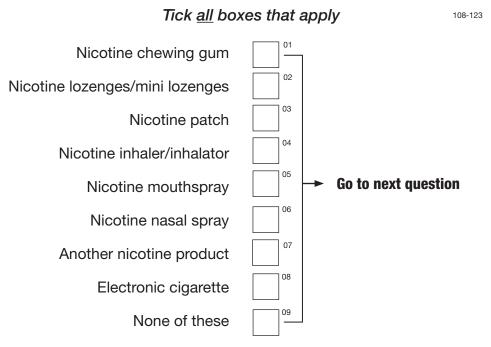
Neither - never **regularly** smoked tobacco cigarettes ☐ 3

EVERYONE PLEASE ANSWER

9   Are you using any of these products nowadays?

Tick <u>all</u> boxes that apply

Nicotine chewing gum	☐ 01
Nicotine lozenges/mini lozenges	☐ 02
Nicotine patch	☐ 03
Nicotine inhaler/inhalator	☐ 04
Nicotine mouthspray	☐ 05 → **Go to next question**
Nicotine nasal spray	☐ 06
Another nicotine product	☐ 07
Electronic cigarette	☐ 08
None of these	☐ 09

10   Have you ever used any of these products in the past that you are not using nowadays?

Tick <u>all</u> boxes that apply

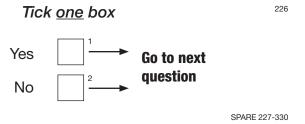|	
Nicotine chewing gum	☐ 01
Nicotine lozenges/mini lozenges	☐ 02
Nicotine patch	☐ 03
Nicotine inhaler/inhalator	☐ 04
Nicotine mouthspray	☐ 05 → **Go to next question**
Nicotine nasal spray	☐ 06
Another nicotine product	☐ 07
Electronic cigarette	☐ 08
None of these	☐ 09

11 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.
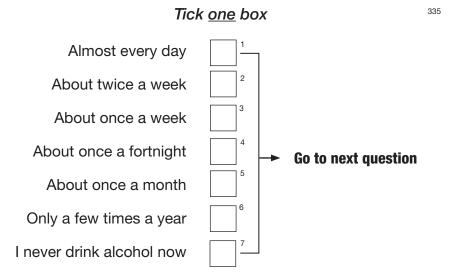
Tick all boxes that apply 207-224

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 ⎬ → **Go to next question**
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 ⎦ 225

☐

No, none of these ☐ 97 → **Go to Q13**

12 Does this bother you?

Tick one box 226
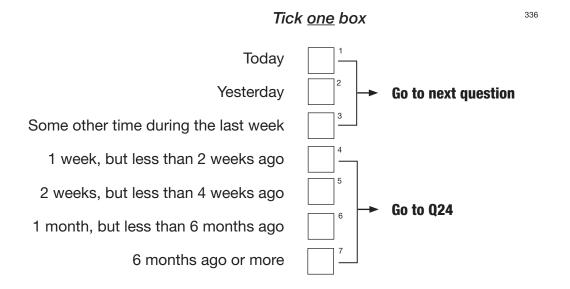
Yes ☐ 1 → **Go to next**
No ☐ 2 → **question**

SPARE 227-330

Drinking

13 Have you ever had a proper alcoholic drink – a whole drink, not just a sip?
Please don't count drinks labelled low alcohol.

331

Yes [ ]¹ ⟶ **Go to Q15**

No   [ ]² ⟶ **Go to next question**

14 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

332

Yes [ ]¹ ⟶ **Go to next question**

No   [ ]² ⟶ **Go to Q24**

15 How old were you the first time you had a proper alcoholic drink or alcopop?

Write in   333-334

I was [ ] years old ⟶ **Go to next question**

16 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	→ **Go to next question**
About once a month	☐	5	
Only a few times a year	☐	6	
I never drink alcohol now	☐	7	

17 When did you **last** have an alcoholic drink or alcopop?

Tick one box   336

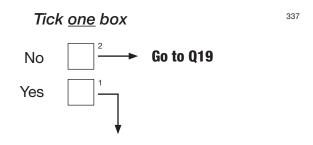|			
Today	☐	1	
Yesterday	☐	2	→ **Go to next question**
Some other time during the last week	☐	3	
1 week, but less than 2 weeks ago	☐	4	
2 weeks, but less than 4 weeks ago	☐	5	
1 month, but less than 6 months ago	☐	6	→ **Go to Q24**
6 months ago or more	☐	7	

18 Which, if any, of the drinks shown below, have you drunk in the **last 7 days**?

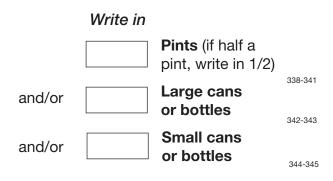Please (✔) either yes or no for each kind of drink.

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 ——→ **Go to 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

19 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 ——→ **Go to Q20**

Yes   ☐ 1 ┐
            │
            ↓

How much did you drink in the **last 7 days**?

Write in

☐   **Glasses** (count doubles as two glasses)

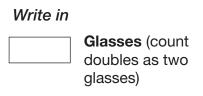   356-357

20 Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the **last 7 days**?
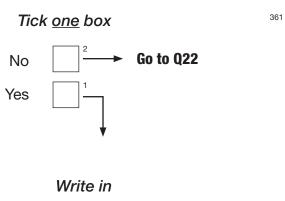
Tick <u>one</u> box   358

No   ☐ 2 ⟶ **Go to Q21**

Yes   ☐ 1

How much did you drink in the **last 7 days**?

Write in

☐ **Glasses** (count
doubles as two
glasses)

359-360

21 Wine (including babycham and champagne)

Have you drunk this in the **last 7 days**?

Tick <u>one</u> box   361

No   ☐ 2 ⟶ **Go to Q22**

Yes   ☐ 1

How much did you drink in the **last 7 days**?

Write in

☐ **Glasses**

362-363

22 Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, etc.)

Have you drunk this in the **last 7 days?**

364

Tick one box

No 2 ⟶ **Go to Q23**

Yes 1 ⟶

How much did you drink in the **last 7 days?**

Write in

□ 365-366 **Large cans or bottles**

and/or □ 367-368 **Small cans or bottles**

---

23 Other kinds or **alcoholic** drink?

Have you drunk this in the **last 7 days?**

369

Tick one box

No 2 ⟶ **Go to Q24**

Yes 1 ⟶ **Complete details below**

How much did you drink in the **last 7 days?**

Write in

Write in name of drink

□ 370 ⟶ □ 371-380

□ 381 ⟶ □ 382-391

□ 392 ⟶ □ 393-402

SPARE 403-458

General health over the last few weeks

EVERYONE PLEASE ANSWER

Please read this carefully:

We would like to know how your health has been in general over **the past few weeks**. Please answer **ALL** the questions by ticking the box below the answer which you think most applies to you.

Have you recently:

Tick <u>one</u> box on each line

		Better than usual	Same as usual	Less than usual	Much less than usual
24	been able to concentrate on whatever you're doing?	☐ 1	☐ 2	☐ 3	☐ 4

459

		Not at all	No more than usual	Rather more than usual	Much more than usual
25	lost much sleep over worry?	☐ 1	☐ 2	☐ 3	☐ 4

460

		More so than usual	Same as usual	Less useful than usual	Much less useful
26	felt you were playing a useful part in things?	☐ 1	☐ 2	☐ 3	☐ 4

461

		More so than usual	Same as usual	Less so than usual	Much less capable
27	felt capable of making decisions about things?	☐ 1	☐ 2	☐ 3	☐ 4

462

		Not at all	No more than usual	Rather more than usual	Much more than usual
28	felt constantly under strain?	☐ 1	☐ 2	☐ 3	☐ 4

463

		Not at all	No more than usual	Rather more than usual	Much more than usual
29	felt you couldn't overcome your difficulties?	☐ 1	☐ 2	☐ 3	☐ 4

464

		More so than usual	Same as usual	Less so than usual	Much less than usual
30	been able to enjoy your normal day-to-day activities?	☐ 1	☐ 2	☐ 3	☐ 4

465

Have you recently:

Tick <u>one</u> box on each line

		More so than usual	Same as usual	Less able than usual	Much less able	
31	been able to face up to your problems?	☐ 1	☐ 2	☐ 3	☐ 4	466

		Not at all	No more than usual	Rather more than usual	Much more than usual	
32	been feeling unhappy and depressed?	☐ 1	☐ 2	☐ 3	☐ 4	467

		Not at all	No more than usual	Rather more than usual	Much more than usual	
33	been losing confidence in yourself?	☐ 1	☐ 2	☐ 3	☐ 4	468

		Not at all	No more than usual	Rather more than usual	Much more than usual	
34	been thinking of yourself as a worthless person?	☐ 1	☐ 2	☐ 3	☐ 4	469

		More so than usual	Same as usual	Less so than usual	Much less than usual	
35	been feeling reasonably happy, all things considered?	☐ 1	☐ 2	☐ 3	☐ 4	470

SPARE 471-601

About you

EVERYONE PLEASE ANSWER

36 Which of these would you say you are?

Tick all boxes that apply   602-607

English ☐ 1

Welsh ☐ 2

Scottish ☐ 3   → **Go to next question**

Irish ☐ 4

British ☐ 5

Or something else? ☐ 6
(please write in the box below)

☐ 608

37 What is your religion or belief?

Tick one box   609-610

No religion ☐ 01

Christian - Catholic ☐ 02

Christian – all other denominations including ☐ 03
Church of England, Protestant

Buddhist ☐ 04

Hindu ☐ 05

Jewish ☐ 06

Muslim ☐ 07

Sikh ☐ 08

Any other religion ☐ 09
(please write in the box below)

☐ 611

BLANK PAGE

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P12353
PALE BLUE

Point	Address	HHLD	CKL	Person No
1-4	5-6	7	10	8-9

First name

Interviewer

SPARE 11

Survey month

Card | 3 | 1 | 1 |
12-14

BATCH 15-19

Health Survey for England 2018

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

Completing the questionnaire

Please read each question carefully.

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

Example:

Tick _one_ box

Yes ☐

No ☑

Sometimes you have to write a number in the box.

Example:

Write in

I was **10** years old

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.

Example:

Tick _one_ box

No ☐ ⟶ **Go to 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

1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Don't include electronic cigarettes here, we'll ask you about these later.

Tick one box

Yes ☐ 1 → **Go to next question**   22

No ☐ 2 →

2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.
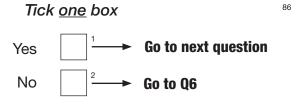
Tick one box

I have never smoked a cigarette ☐ 1 → **Go to Q6**   23

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   → **Go to next question**

I smoke between one and six cigarettes a week ☐ 5

I smoke more than six cigarettes a week ☐ 6

3 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 ⟶ **Go to next question**

4 Did you smoke any cigarettes last week?

Tick <u>one</u> box   86

Yes [ ]¹ ⟶ **Go to next question**

No   [ ]² ⟶ **Go to Q6**

5 How many cigarettes did you smoke last week?

Write in   87-88

I smoked [   ] cigarettes ⟶ **Go to next question**

The next questions are about other products, starting with **electronic cigarettes**. An "electronic cigarette" is a tube that may look like a normal cigarette or like a pen. It puffs a vapour that looks like smoke. Unlike normal cigarettes, electronic cigarettes don't burn tobacco.

Please **include** shisha pens or e-shisha when answering these questions on electronic cigarettes.

6 Have you ever heard of electronic cigarettes (e-cigarettes)?

Tick one box   89

Yes ☐¹ ⟶ **Go to next question**

No ☐² ⟶ **Go to Q9**

7 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 electronic cigarettes.

Tick one box

I have never tried electronic cigarettes ☐¹ ⟶ **Go to Q9**

I have used electronic cigarettes only once or twice ☐²   90

I used to use electronic cigarettes but I don't now ☐³

I sometimes use electronic cigarettes, but don't use them every week ☐⁴ ⟶ **Go to next question**

I use electronic cigarettes regularly, once a week or more ☐⁵

8 Did you start regularly smoking tobacco cigarettes before or after first trying e-cigarettes/ vaping devices?

Tick <u>one</u> box

91

Started regularly smoking tobacco cigarettes **before** first trying e-cigarettes/vaping devices ☐ 1

Started regularly smoking tobacco cigarettes **after** first trying e-cigarettes/vaping devices ☐ 2 → **Go to next question**

Neither - never **regularly** smoked tobacco cigarettes ☐ 3

SPARE 92-206

EVERYONE PLEASE ANSWER

9 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 → **Go to next question**

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

[   ]

No, none of these ☐ 97 → **Go to Q11**   225

10 Does this bother you?

Tick <u>one</u> box

226

Yes ☐ 1 → **Go to next question**

No ☐ 2 →

SPARE 227-330

Drinking

11 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 ⟶ **Go to Q13**

No ☐ 2 ⟶ **Go to next question**

12 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

Tick one box

332

Yes ☐ 1 ⟶ **Go to next question**

No ☐ 2 ⟶ **Go to Q16**

13 How old were you the first time you had a proper alcoholic drink or alcopop?

333-334

Write in

I was ☐ years old ⟶ **Go to next question**

14 How often do you usually have an alcoholic drink or alcopop?

Tick <u>one</u> box

Almost every day	☐ 1
About twice a week	☐ 2
About once a week	☐ 3
About once a fortnight	☐ 4 → **Go to next question**
About once a month	☐ 5
Only a few times a year	☐ 6
I never drink alcohol now	☐ 7

15 When did you **last** have an alcoholic drink or alcopop?

Tick <u>one</u> box

Today	☐ 1
Yesterday	☐ 2
Some other time during the last week	☐ 3
1 week, but less than 2 weeks ago	☐ 4 → **Go to next question**
2 weeks, but less than 4 weeks ago	☐ 5
1 month, but less than 6 months ago	☐ 6
6 months ago or more	☐ 7

About you

16 Which of these would you say you are?

Tick __all__ boxes that apply   602-607

English ☐ 1

Welsh ☐ 2

Scottish ☐ 3   **→ Go to next question**

Irish ☐ 4

British ☐ 5

Or something else? ☐ 6
(please write in the box below)

☐ 608

---

17 What is your religion or belief?

Tick __one__ box   609-610

No religion ☐ 01

Christian - Catholic ☐ 02

Christian – all other denominations including ☐ 03
Church of England, Protestant

Buddhist ☐ 04

Hindu ☐ 05

Jewish ☐ 06

Muslim ☐ 07

Sikh ☐ 08

Any other religion ☐ 09
(please write in the box below)

☐ 611

Thank you for answering these questions.

Please give the booklet back to the interviewer.

N12353

The Health Survey for England 2018

Program Documentation

Nurse Questionnaire

CONTENTS

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: ENTER THE DATE OF THIS INTERVIEW.

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 <Text fill: Respondent's name>'s date of birth separately.
        Enter the **day** here.

NDoBM
NURSE: Enter the code for the **month** of <Text fill: Respondent's name>'s date of birth.

NDoBY
NURSE: Enter the **year** of <Text fill: Respondent's name>'s date of birth.

DispAge
CHECK WITH RESPONDENT: So your age is *<computed 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, ('PARENT').
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 "PARENT") 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/parent> 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 samoke' 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:

{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 22 prescribed medicines

{FOR i:= 1 TO 22 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 <Respondent's name> by a doctor or nurse.

NURSE: Record name of the long acting medication. Only record one drug here.
Text:

{IF MedLngN = Yes}
MedLngH
How often should <Respondent's name> have <long acting medication>?
1   Weekly
2   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>.

{IF MedLngN = Yes}
MedLngW
Has <Respondent's name> 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

END IF
END IF
END IF
END IF
END IF
{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.
                Yes – for pregnancy (general)
                Yes – when trying for a baby/trying to conceive
                Yes – to aid the development of a healthy foetus (before pregnancy/in
                    pregnancy)
                Yes – to improve/protect health of the mother (before pregnancy/in pregnancy)
                Yes – as a source of vitamin B9 (before pregnancy/in pregnancy)
                Yes – as a source of iron/to prevent anaemia (before pregnancy/in pregnancy)
                Yes – to protect against neural tube defects (NTDs)/spina bifida (before
                pregnancy/in pregnancy)
                Other – Vitamin supplement (pregnancy not mentioned)
                Other – to help with health condition (pregnancy not mentioned)
                Other (please specify)
                No – I don't know.

{IF WhyFol=8 (Other)}
WhyFolO
NURSE: Write in the other reason some people take folic acid supplements
String

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

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:

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

{ELSE (Respondent aged 5-15)}
BPBlurb
READ OUT TO PARENT/PARENTS:(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/her>* 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 ANDIF 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)

{ELSEIF (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 THEN}
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/"PARENT" 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/"PARENT" 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.
    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 MEASUREMENTS
    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 4-15 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 years): 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> 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 'One' (If SmokeN=1-6) or 'Two' (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)

BIIntro
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 (Parent)
No Parent: Does not live with parent or person with legal responsibility (Parent)

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

{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.

{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
{ELSEIF 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 woth legal responsibility willing to give consent?
        1   Yes
        2   No

Ignore
NURSE: Record details of why consent refused. Include why consent refused.
        Text: 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])) THEN
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.

{ELSEIF 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
BSSign
NURSE: Ask the respondent to read and initial point number two in the 'Blood sample' section of the consent booklet. Check name by which GP knows respondent. Check GP name, address and phone number are recorded on front of the consent booklet. Circle consent code 7 on front of the consent booklet.
    PRESS <1> AND <ENTER> TO CONTINUE.

ConStorB
ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?
- 1 Storage consent given
- 2 Consent refused

{IF ConStorB = Yes}
BSStor
NURSE:
-ASK THE RESPONDENT TO READ AND COMPLETE POINT NUMBER THREE IN THE 'BLOOD SAMPLE' SECTION OF THE (COLOUR) ADULT CONSENT BOOKLET.
-CIRCLE CONSENT CODE **09** ON FRONT OF THE CONSENT BOOKLET.
    PRESS <1> AND <ENTER> TO CONTINUE.

{ELSEIF ConStorB = No}
NoBSStr
NURSE: CIRCLE CONSENT **CODE 10** ON FRONT OF THE CONSENT BOOKLET.
Cross a line through point number 3 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
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) THEN <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

ELSEIF
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?
  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.

{ELSEIF SnDrSam = No}
NoBSRsp
NURSE: CIRCLE CONSENT **CODE 12** ON FRONT OF THE CONSENT BOOKLET.
     PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF
{ELSEIF 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, 09,** AND **11** IF ALREADY CIRCLED ON THE FRONT OF THE CONSENT BOOKLET. REPLACE WITH CONSENT CODES **06, 08, 10,** AND **12** ON THE FRONT OF THE CONSENT BOOKLET. 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.