The Health Survey for England 2008 - Household Questionnaire

P2827 **The Health Survey for England 2008**

Program Documentation

Household Questionnaire

Point
SAMPLE POINT NUMBER.
   Range: 1..997

Address
ADDRESS NUMBER.
   Range: 1..97

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)

QIntro

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 NAMES OF THE PEOPLE IN THIS HOUSEHOLD.
      1   Continue

IF First person in household OR More=Yes THEN
   Name
   What is the name of person number (1-12)?
   ENTER PERSON'S FORENAME

1

More
Is there anyone else in this household?

1	Yes
2	No

ENDIF

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

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 FOR ALL HOUSEHOLD MEMBERS (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 THEN
  AgeEst
  INTERVIEWER CODE: ASK IF NECESSARY *(are you / is he/she)* AGED UNDER 2 YEARS, AT
  LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER?
  IF NOT KNOWN, TRY TO GET BEST ESTIMATE.

1	Under 2 years
2	2 to 15 years
3	16 to 64 years
4	65 and over

ENDIF

IF (AgeOf >=16) OR (AgeEst = 16 years or older) THEN
MarStat
Are you (is he/she)
ASK OR RECORD. CODE FIRST THAT APPLIES.
1   ...single, that is never married,
2   married and living with *(husband/wife)*,
3   civil partner in a legally recognised Civil Partnership
4   married and separated from *(husband/wife)*,
5   divorced,
6   or, widowed?
7   formerly in a legally recognised civil partnership and separated from civil partner
8   formerly in a legally recognised civil partnership and civil partnership is now legally dissolved
9   a surviving civil partner (his/her partner has since died)

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

IF AgeOf = 16 - 17 THEN
LegPar
Can I check, do either of *(name of respondent's)* parents, or someone who has legal parental responsibility for *him/her*, live in this household?
1 Yes
2 No
ENDIF

IF (AgeOf = 0 - 15) AND (AgeOf = Response) OR (LegPar = Yes) OR (AgeEst =Under 2 years or 2 to 15 years) THEN
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 THEN

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

Nat1Par

SHOW CARD B

From this card please tell me what is the relationship of *(name of respondent)* to *(name of parent/legal guardian)* [Par1] Just tell me the number beside the answer that applies to *(name of respondent)* and *(name of parent/legal guardian).*

IF (Par2 IN 1..12) THEN

Nat2Par

SHOW CARD B

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).*

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

ENDIF

ENDIF

ENDIF

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

    IF Person > 1 THEN
      SHOW CARD A
      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

    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

IF More than one person coded at HHldr THEN

HiHNum

You have told me that *(name)* and *(name)* jointly own or rent the accommodation. Which of you /who has the highest income (from earnings, benefits, pensions and any other sources)?

ENTER PERSON'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 HiHNum=13 THEN

JntEldA

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

ASK OR RECORD.

   (Codeframe of joint householders)

   1-12   Person numbers of household members

ENDIF

ELSEIF HiHNum=Don't know or Refused

JntEldB

ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.

ASK OR RECORD.

   (Codeframe of joint householders)

ENDIF

ENDIF

HRP

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:

(Displays name of Household Reference Person)

PRESS <1> AND <Enter> TO CONTINUE.

DVHRPNum

Person number of Household Reference Person

Eligible

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

(List of eligible respondents)

For Actigraph points

ActElig
THE PEOPLE IN THIS HOUSEHOLD ELIGIBLE FOR THE ACTIGRAPH COMPONENT ARE:
(List of eligible respondents)

ASK ALL
Tenure1
SHOW CARD C
Now, I'd like to get some general information about your household. In which of these ways does your household occupy this accommodation? Please give an answer from this card.
   1   Own it outright
   2   Buying it with the help of a mortgage or loan
   3   Pay part rent and part mortgage (shared ownership)
   4   Rent it
   5   Live here rent free (including rent free in relative's/friend's property; excluding squatting)
   6   Squatting

IF Tenure1=Pay part rent/part mortgage OR Rent it OR Live here rent free THEN
   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.
            1   ...the local authority/council/ New Town Development,
            2   a housing association or co-operative or charitable trust,
            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   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?
ENDIF
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 THEN

  NumSm

      How many people smoke inside this (house/flat) on most days?
      Range: 1..20
ENDIF

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 THEN

      NumCars

      How many are available?
              1   One
              2   Two
              3   Three or more
ENDIF

  SrcInc

  Please look at SHOW CARD D. There has been a lot of talk about health and income. We would
  like to get some idea of your household's income. This card shows various possible sources of
  income. Can you please tell me which kinds of income 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   Child Benefit
      6   Job-Seekers Allowance
      7   Pension Credit
      8   Income Support
      9   Working Tax Credit
      10 Child Tax Credit
      11 Housing Benefit
      12 Other state benefits
      13 Interest from savings and investments (e.g. stocks & shares)
      14 Other kinds of regular allowance from outside your household (e.g. maintenance, student's
          grants, rent)
      15 No source of income

NJntInc

SHOW CARD E

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

    ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.
        Range: 1..31, 96, 97

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

   OthInc

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

            1   Yes
            2   No

IF OthInc = Yes THEN

        HHInc

        SHOW CARD E

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

                ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.
                    Range: 1..31, 96, 97

     ENDIF
   ENDIF
ENDIF

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED

NHActiv

SHOW CARD F

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- 64 OR WOMEN AGED 16-59)
        9   Retired from paid work
        10   Looking after home or family
        11   Doing something else (SPECIFY)

IF NHActiv=Doing something else THEN

    NHActivO
    OTHER: PLEASE SPECIFY.
    Text: Maximum 60 characters

ENDIF

IF NHActiv=Going to school or college full-time THEN

    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

ENDIF

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

    H4WkLook

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

        1   Yes
        2   No

ENDIF

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

    H2WkStrt

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

        1   Yes
        2   No

ENDIF

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

    HEverJob

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

        1   Yes
        2   No

ENDIF

IF NHActiv=Waiting to take up paid employment already obtained THEN
   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
ENDIF

IF NHActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook =Yes) THEN
   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 HEverJob = Yes THEN
   HPayLast
   Which year did *you/name* (Household Reference Person) *your/his/her* leave last paid job?
   WRITE IN.
   Numeric: 1920..2999 Decimals: 0

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

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

HJobTitl

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

Text: Maximum 60 characters

HFtPtime

Were/Are/Will you/*name* (Household Reference Person) *be* working full-time or part-time?

(FULL-TIME = MORE THAN 30 HOURS, PART-TIME = 30 HOURS OR LESS)

1 Full-time
2 Part-time

HWtWork

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

Text: Maximum 50 characters

HMatUsed

IF RELEVANT: What materials or machinery *do/did/will you/name* (Household Reference Person) use? IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

HSkilNee

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

Text: Maximum 120 characters

HEmploye

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

     1   an employee
     2   or, self-employed?

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

IF HEmploye = self employed THEN

     HDirctr

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

1   Yes
2   No

ENDIF

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

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

     1   manager
     2   foreman or supervisor
     3   or other employee?

HNEmplee

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

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

ELSEIF (HEmploye = SelfEmp) AND (HDirctr = No) THEN

HSNEmple

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

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

ENDIF

IF HEmploye = Employee THEN

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

ELSEIF HEmploye = Self Employed THEN

HSlfWtMa

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

Text: Maximum 100 characters

ENDIF

ENDIF

ASK ALL

HRPOcc

INTERVIEWER: DID *(Household Reference Person)* ANSWER THE OCCUPATION QUESTIONS HIM/HERSELF?

1	Yes
2	No

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The Health Survey for England 2008

Program Documentation

Individual Questionnaire

General health

ASK ALL
OwnDoB
What is your date of birth?
ENTER DATE IN NUMBERS , E.G. 02/01/1972.
IF (*Name*) DOES NOT KNOW HIS/HER DATE OF BIRTH, PLEASE GET AN ESTIMATE.

IF OwnDoB = Response THEN
   OwnAge
  Can I just check, your age is (*computed age*)?
1	Yes
2	No
ENDIF
IF OwnDoB = Not known/Refused THEN
   OwnAgeE
  Can you tell me your age last birthday? IF NECESSARY: What do you estimate your age to be?
       Range: 1..120

   IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid >=16) THEN
     AgeAEst
    INTERVIEWER: ESTIMATE NEAREST AGE
18	(ie between 16-19)
25	(ie between 20-29)
35	(ie between 30-39)
45	(ie between 40-49)
55	(ie between 50-59)
65	(ie between 60-69)
75	(ie between 70-79)
85	(ie 80+)

   ELSE IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid < 16) THEN
     AgeCEst
    INTERVIEWER: ESTIMATE NEAREST AGE:
1	1 year
3	3 years
5	5 years
7	7 years
9	9 years
11	11 years
13	13 years
15	15 years
   ENDIF
ENDIF

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
5	very bad?

LongIll

Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time?

        1   Yes
        2   No

IF LongIll = Yes THEN
   FOR i = 1 TO 6 DO
     IF (i = 1) OR (More[i - 1] = Yes) THEN
     Records up to six long-standing 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.
         Open Answer: up to 60 characters
       Variable names for text are IllsTxt1-IllsTxt6

     IF (i < 6) THEN
       More[i]
     (Can I check) do you have any other long-standing illness, disability or infirmity?
       1   Yes
       2   No
     ENDIF
    ENDIF
   ENDDO

IF LongIll = Yes THEN
   LimitAct
   Does this illness or disability/do any of these illnesses or disabilities limit your activities in any way?
   1   Yes
   2   No
ENDIF

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/work/or in your free time* because of *a condition you have just told me about or some other* illness or injury?

        1   Yes
        2   No

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

Fruit and vegetable consumption

IF Age of respondent >= 5 THEN
VFInt
I'd like to ask you a few questions about some of the things you ate and drank yesterday. By yesterday I mean 24 hours from midnight to midnight. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten
>   1   Continue

VegSal
Did you eat any salad yesterday? Don't count potato, pasta or rice salad or salad in a sandwich.
INTERVIEWER: SALADS MADE MAINLY FROM BEANS CAN **EITHER** BE INCLUDED HERE **OR** AT THE NEXT QUESTION.
You can record half bowls of salad, such as 1.5, 0.5.
>   1   Yes
>   2   No

IF VegSal = Yes THEN
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
ENDIF

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

IF VegPul = Yes THEN
VegPulQ
SHOW CARD G
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 THEN
VegVegQ
SHOW CARD G
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 THEN
 VegDishQ
 SHOW CARD G
 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 THEN
 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 THEN
 FOR idx:= 1 TO 15 DO
  IF (idx = 1) OR (FrtMor[idx-1] = Yes) THEN
   FrtC[idx]
   What kind of fresh fruit did you eat yesterday?
   INTERVIEWER: USE THE **FRESH FRUIT SIZE LIST** IN THE CODING BOOKLET TO CODE THE SIZE OF THE 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] THEN
        IF FrtC[idx] = VLge THEN
          much:= 'many average slices'
        ELSEIF FrtC[idx] IN [Lge..Sml] THEN
          much:= 'much'
        ELSEIF FrtC[idx] = VSml THEN
          much:= 'many average handfuls'
      ENDIF
      FrtQ[idx]
            How *much* of this fruit did you eat yesterday?
               Range: 0.5.-.50.0

      ELSEIF FrtC[idx] = NotLst THEN
        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 < 15 THEN
        FrtMor[idx]
        Did you eat any other fresh fruit yesterday?
            1   Yes
            2   No
      ENDIF
    ENDIF
  ENDDO
ENDIF

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 THEN
  FrtDryQ
  SHOW CARD G
  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

FrtFroz
Did you eat any frozen or tinned fruit yesterday?
    1   Yes
    2   No

IF FrtFroz = Yes THEN

    FrtFrozQ
    SHOW CARD G
    How many tablespoons of frozen or tinned fruit did you eat yesterday?
    IF ASKED: 'Think about a heaped or full tablespoon'.
          Range: 0.5.-.50.0
    ENDIF

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

IF FrtDish = Yes THEN

    FrtDishQ
    SHOW CARD G
    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

Eating Habits

ASK ALL AGED 2-15

EatIntr
Now I would like to ask you about different types of food that you eat.

BreadA
What kind of bread do you usually eat? Is it ...READ OUT...CODE ONE ONLY
      1   White (incl chollah)
      2   Brown - granary, wheatmeal, (incl wheatgerm, softgrain, rye, german)
      3   Wholemeal (incl highbran)
      4   White bread with wholemeal (such as Hovis 'Best of Both' and Kingsmill 'Wholemeal and White)
    95 Or some other kind of bread
    97 Does not eat any type of bread

INTERVIEWER: If brown, check if wholemeal or some other sort of bread. If pitta/naan/soda bread etc. check if white or wholemeal.

Spontaneous: 96 Does not have a usual type

BreadQua
How many rolls or pieces of bread do (*you/name of child*) eat each day, on average? Is it... READ OUT...
      1 less than 1 a day
      2 1 or 2 a day
      3 3 or 4 a day
      4 or 5 or more a day?

Nspread
What type of margarine, butter or other spread do you usually use, for example on bread, sandwiches, toast, potatoes or vegetables?
CODE ONE ONLY. REFER TO THE CODING LIST FOR BUTTER/MARGARINE IN YOUR SHOWCARDS.
      1   Butter or margarine
      2   Low fat spread or reduced fat spread, or half-fat butter
      3   Spread not on coding list
      SPONTANEOUS:
      4   Does not have usual type
      5   Does not use fat spread

IF NSpread = Other THEN
   OthSprd
   INTERVIEWER- SPECIFY NAME OF SPREAD.
       Text: Maximum 40 characters
ENDIF

IF NSpread = Butter, low fat, not on list, no type THEN
   SprdQua
   SHOW CARD G
   How many pats or rounded teaspoons of margarine, butter or other spread do you use each day on average, for example on bread, sandwiches, toast, potatoes or vegetables?
       Range: 0…99
ENDIF

FatQ

When you eat fried foods, what kind of fat or oil are the foods usually cooked in?
CODE ONE ONLY. Is it …READ OUT…
       1   butter, ghee, lard, suet or other solid cooking fat,
       2   hard or soft margarine, half fat butter,
       3   vegetable oil e.g. sunflower, olive, rape, seed, mustard, peanut?
       4   Does not use fat not oil in cooking

CMilk

What kind of milk do you **usually** use for drinks, in tea or coffee and on cereals?
Is it …READ OUT…
       1   whole milk,
       2   semi-skimmed (incl dried semi-skimmed),
       3   skimmed (incl dried skimmed, Boots dried powder, Co-op powder),
       4   soya/rice/oat or other non-dairy milk substitute
     95   or, some other kind of milk?
    SPONTANEOUS:
     96   Does not have usual type
     97   Does not drink milk

IF CMilk = Other THEN
   OMilk
   Please specify other kind of milk.
     Text: Maximum 20 characters
ENDIF

IF Milk = Whole, semi-skimmed, skimmed, does not have type THEN
   CMilkQua
   About how much milk do you use each day, on average for drinks, in tea and coffee, on cereals etc.
   Is it …READ OUT…
   1 less than a quarter of a pint,
   2 about a quarter of a pint,
   3 about half a pint,
   4 Or, one pint or more?
ENDIF

HotSug

Do you usually have sugar in hot drinks like tea and coffee?
INTERVIEWER: If the respondent only uses artificial sweetener, code No.
       1   Yes, always,
       2   Yes, sometimes,
       3   No,
       4   Does not drink hot drinks.

CerQua

SHOW CARD H
About how many times a week do you have a bowl of breakfast cereal or porridge?
       1   6 or more times a week,
       2   3-5 times a week,
       3   1-2 times a week,
       4   Less than once a week,
       5   Rarely or never.

StarchB
SHOW CARD H
How often, on average, do you eat a serving of pasta, including macaroni cheese, or rice?
INTERVIEWER: Do not include rice pudding at this question.
1   6 or more times a week,
2   3-5 times a week,
3   1-2 times a week,
4   Less than once a week,
5   Rarely or never.

NPotatB
SHOW CARD H
Excluding chips how often, on average, do you eat a serving of potatoes?
1   6 or more times a week,
2   3-5 times a week,
3   1-2 times a week,
4   Less than once a week,
5   Rarely or never.

CheesC
SHOW CARD H.
How often on average do you eat a serving of any type of cheese, except cottage cheese?
1   6 or more times a week
2   3-5 times a week
3   1-2 times a week
4   Less than once a week
5   Rarely or never

CRedMeat
SHOW CARD H.
How often on average do you eat a serving of beef, pork or lamb, including beefburgers, sausages, bacon, meat pies, and processed meat?
1   6 or more times a week
2   3-5 times a week
3   1-2 times a week
4   Less than once a week
5   Rarely or never

CWhitMat
SHOW CARD H.
How often on average do you eat a serving of chicken or turkey, including processed chicken or turkey?
1   6 or more times a week
2   3-5 times a week
3   1-2 times a week
4   Less than once a week
5   Rarely or never

CFriedFd
SHOW CARD H.
How often on average do you eat a serving of **any** fried food, including fried fish, chips, cooked breakfast, samosas?
      1   6 or more times a week
      2   3-5 times a week
      3   1-2 times a week
      4   Less than once a week
      5   Rarely or never

CFish
SHOW CARD H.
Apart from fried fish, how often on average do you eat a serving of fish?
      1   6 or more times a week
      2   3-5 times a week
      3   1-2 times a week
      4   Less than once a week
      5   Rarely or never

CSnacks
SHOW CARD H.
How often on average do you eat snacks such as crisps, nuts or biscuits, including savoury biscuits such as cream crackers?
      1   6 or more times a week
      2   3-5 times a week
      3   1-2 times a week
      4   Less than once a week
      5   Rarely or never

NCakes
SHOW CARD H.
How often on average do you eat a serving of cakes, pies, puddings, including rice pudding or semolina, or pastries?
      1   6 or more times a week
      2   3-5 times a week
      3   1-2 times a week
      4   Less than once a week
      5   Rarely or never

Sweets
SHOW CARD H.
How often on average do you eat sweets or chocolate?
      1   6 or more times a week
      2   3-5 times a week
      3   1-2 times a week
      4   Less than once a week
      5   Rarely or never

SofDrnk

SHOW CARD H.

How often on average do you have fizzy drinks, or soft drinks like squash, excluding diet or sugar-free drinks?

       1   6 or more times a week
       2   3-5 times a week
       3   1-2 times a week
       4   Less than once a week
       5   Rarely or never

ENDIF

Adult Physical Activity Questions

_____

ASK ALL AGED 16+

Intro
Now I'd like to ask you some questions about things that you have done that involve physical activity. This may be things that you have done at work, college or in your leisure time.
INTERVIEWER: PRESS 1 AND <ENTER> TO CONTINUE
      1..1

Work
First of all, in the last 4 weeks, that is since *(date of interview – 4 weeks)*, did you do any paid or unpaid work either as an employee or as self employed?
Please include any voluntary work or part time work you may have done.
      1   Yes
      2   No

IF Work = Yes THEN

    WrkDays
    On how many days did you work in the last 4 weeks?
    INTERVIEWER: PLEASE INCLUDE ANY PAID OR UNPAID OVERTIME. INCLUDE ALL JOBS IF MORE THAN ONE. INCLUDE ALL DAYS RESPONDENT WORKED EVEN IF THEY WERE NOT FULL WORKING DAYS.
    Range: 0..28

    WrkAct2
    SHOWCARD I
    Looking at showcard I, which of these did you do whilst working? Please include any work you did on weekends.
    CODE ALL THAT APPLY
        1   Sitting down or standing up
        2   Walking at work (e.g. door to door sales, hospital nurse work)
        3   Climbing stairs or ladders
        4   Lifting, carrying or moving heavy loads

  IF WorkAct2 = Sit THEN
  WrkAct3H
  On an average work day in the last four weeks, how much time did you usually spend sitting down or standing up?
  INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
  RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
    Range: 0..12

  WrkAct3M
  (On an average work day, how much time did you usually spend sitting down or standing up?)
  ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
    :0..59
  END IF

IF WorkAct2 = walk

WrkAct4H
On an average work day in the last four weeks, how much time did you usually spend walking at work (e.g. door to door sales, hospital nurse work)?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
: 0..12

WrkAct4M
(On an average work day in the last four weeks, how much time did you usually spend walking at work e.g. door to door sales, hospital nurse work)?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
: 0..59
END IF

IF WorkAct2 = climb
WrkAct5H
On an average work day in the last four weeks, how much time did you usually spend climbing stairs or ladders?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
: 0..12

WrkAct5M
On an average work day, how much time did you usually climbing stairs or ladders?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
: 0..59
END IF

IF WorkAct2 = lift
WrkAct6H
On an average work day in the last four weeks, how much time did you usually spend lifting, carrying or moving heavy loads?
INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
: 0..12

WrkAct6M
On an average work day, how much time did you lifting, carrying or moving heavy loads?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
 : 0..59

END IF

Active
Thinking about your job in general would you say that you are ...READ OUT…
1 ...very physically active,
2 ...fairly physically active,
3 ...not very physically active,
4 ...or, not at all physically active in your job?
END IF

ASK ALL AGE 16+

Housewrk
I'd like you to think about all the physical activities you have done in the last few weeks *(when you were not doing your (paid) job)*. Have you done any housework in the past four weeks, that is from *(date of interview – 4 weeks)* up to yesterday?
> 1   Yes
> 2   No

IF Housewrk = Yes THEN
 HWrkList
 SHOW CARD J
 Have you done any housework listed on this card?
> 1   Yes
> 2   No

 HevyHWrk
 SHOW CARD K
 Some kinds of housework are heavier than others. This card gives some examples of heavy housework. It does not include everything, these are just examples. Was any of the housework you did in the last four weeks this kind of heavy housework?
> 1   Yes
> 2   No

 IF HevyHWrk = Yes THEN
 HeavyDay
 During the past four weeks on how many days have you done this kind of heavy housework?
> Range: 1..28

 IF HeavyDay IN [1..28] THEN
  HrsHHW
  On the days you did heavy housework, how long did you usually spend?
  RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
> Range: 0..12

MinHHW
RECORD MINUTES SPENT ON HEAVY HOUSEWORK.
Range: 0..59
END IF
END IF
END IF

ASK ALL AGE 16+

Garden
Have you done any gardening, DIY or building work in the past four weeks, that is since *(date of interview – 4 weeks)*?
1   Yes
2   No

IF Garden = Yes THEN
GardList
SHOW CARD L
Have you done any gardening, DIY or building work listed on this card?
1   Yes
2   No

ManWork
SHOW CARD M
Have you done any gardening, DIY or building work from this other card, or any similar heavy manual work?
1   Yes
2   No

IF ManWork = Yes THEN
ManDays
During the past four weeks on how many days have you done this kind of heavy manual gardening or DIY?
Range :1..28

HrsDIY
On the days you did heavy manual gardening or DIY, how long did you usually spend?
ENTER HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR.RECORD MINUTES AT NEXT QUESTION.
Range :0..12

MinDIY
RECORD MINUTES SPENT ON GARDENING OR DIY.
Range :0..59
END IF
END IF

ASK ALL AGE 16+

Wlk5it
I'd like you to think about **all** the **walking** you have done in the past four weeks either locally or away from here. Please include any country walks, walking to and from work or college and any other walks that you have done.

In the past four weeks, that is since *(date of interview – 4 weeks)*, have you done a **continuous** walk that lasted **at least** 5 minutes?
              1   Yes
              2   No
              3   Can't walk at all

IF Wlk5Int = Yes THEN
   Wlk10M

   In the past four weeks, have you done a **continuous** walk that lasted at least **10 minutes**? (That is since *(date of interview – 4 weeks)*).
              1   Yes
              2   No

   IF Wlk10M = Yes THEN
      DayWlk
      During the past four weeks, on how many **days** did you do a walk of at least 10 minutes? (That is since *(date of interview – 4 weeks)*).
        Range: 1..28

      Day1Wlk
      On *(any of those days)* did you do **more than one** walk lasting at least 10 minutes?
              1   Yes, more than one walk of 10+ mins (on at least one day)
              2   No, only one walk of 10+ mins a day

      IF (DayWlk in [2..28]) AND (Day1Wlk = Yes) THEN
      Day2Wlk
      On how many days in the last four weeks did you do more than one walk that lasted at least 10 minutes?
              Range: 1..28
   END IF

   IF Wlk10M = Yes THEN
      HrsWlk
      How long did you usually spend walking each time you did a walk for 10 minutes or more?
      IF VERY DIFFERENT LENGTHS, PROBE FOR MOST REGULAR. ENTER HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR.RECORD MINUTES AT NEXT QUESTION.
              Range: 0..12

              MinWlk
              RECORD MINUTES SPENT WALKING.
      Range: 0..59

IF Day1Wlk = 1 and TotTim = 10-14 THEN
WLK30 MIN
On how many days in the last four weeks did you spend 30 minutes or more walking (this could be made up of more than one walk)?
    Range 1..28
END IF
END IF
END IF

WalkPace
Which of the following best describes your **usual** walking pace ...READ OUT...
1   ...a slow pace,
2   ...an average pace,
3   ...a fairly brisk pace,
4   ...or, a fast pace - at least 4 miles per hour?
5   (none of these)
END IF

ASK ALL AGE 16+

ActPhy
SHOW CARD N
Can you tell me if you have done any activities on this card during the last 4 weeks, that is since *(date of interview – 4 weeks)*? Please include teaching, coaching, training and practice sessions.
        1   Yes
        2   No

IF ActPhy = Yes THEN
    WhtAct
    SHOW CARD N
    Which have you done in the last four weeks?
    PROBE: Any others?
    CODE ALL THAT APPLY.

    1   Swimming
    2   Cycling
    3   Workout at a gym/Exercise bike/Weight training
    4   Aerobics/Keep fit/Gymnastics/ Dance for fitness
    5   Any other type of dancing
    6   Running/Jogging
    7   Football/Rugby
    8   Badminton/tennis
    9   Squash
    10   Exercises (e.g. press-up, sit-ups).

FOR i = 1 TO 6 DO
  Records up to 6 additional sports
    OActQ[i]
    Have you done any other sport or exercise not listed on the card?
    1   Yes
    2   No

IF (OActQ = Yes) THEN

COthAct
INTERVIEWER: Record brief details of the (*first/second/third/fourth/fifth/sixth*) other sport exercise activity.
Type in the first few letters of the sport to enter coding frame.
Type 'other' if the sport is not listed. Type 'xxx' (for not listed/don't know) if unable to code.
On exiting coding frame press <Enter> to move to next question.

Note: records up to 6 activities.

    END IF
  END IF
END DO

  Note: ActVar is a combination of WhtAct and OactQ. ActVar = 1 to 10 comes from WhtAct = 1 to 10. ActVar = 11-16 comes from OactQ = 11-16.

FOR ActVar = 1 TO 16 DO
IF ((ActVar in [1..10]) AND (ActVar IN WhtAct)) OR ((ActVar in [11..16]) AND (OActQ[ActVar] = Yes)) THEN

DayExc
Can you tell me on how many separate days you did *(name of activity)* for at least 10 minutes a time during the past four weeks, that is since *(date of interview – 4 weeks)*?
IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.
    Range: 0..28

  IF DayExc in [1..28] THEN
  ExcHrs
  How much time did you usually spend doing *(name of activity)* on each day? Only count times you did it for at least 10 minutes.
  RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
    Range: 0..12

    ExcMin
    RECORD MINUTES HERE.
  Range: :0..59

  ExcSwt
  During the past four weeks, was the effort of *(name of activity)* usually enough to make you out of breath or sweaty?
      1   Yes
      2   No
  END IF

Note: repeated for each activity named in WhtAct.

IF WhtAct = 1, 3 OR 4 THEN

Intro

Now, I'd like to ask you some further questions about some of the things you have done in the last four weeks. This may include some of the things you have just told me about, but we are interested to know what different types of activities people regularly take part in.
END IF

IF WhtAct=1 THEN
Swim

You said that you did some swimming. What was it that you did mainly; swimming as a family or social activity OR swimming laps or lengths?
CODE ONE ONLY. IF RESPONDENT SAYS BOTH, PROBE FOR THE ACTIVITY THAT THEY DID MOST OFTEN.
1 Swimming as a social or family activity
2 Swimming laps or lengths
END IF

IF WhtAct = 3 THEN
Workout
SHOW CARD O
You mentioned workout at a gym / exercise bike / weight training. What did you do specifically?
CODE ALL THAT APPLY
1 Strength work out at a gym using machines or free weights
2 Exercise bike
3 Spinning classes
4 Stepping machines, rowing machines or cross trainer

5 Treadmill running

FOR Workout = 1 to 5, i = 1 to 5 DO
Day2Exc(i)

Can you tell me on how many separate days you did *(name of activity)* for at least 10 minutes a time during the past four weeks, that is since *(date of interview – 4 weeks)*?
IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.
Range: 0..28

IF Day2Exc(i) in [1..28] THEN
Exc2Hrs(i)

How much time did you usually spend doing *(name of activity)* on each day? Only count times you did it for at least 10 minutes.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0..12

Exc2Min(i)
RECORD MINUTES HERE.
Range: :0..59

Exc2Swt(i)
During the past four weeks, was the effort of *(name of activity)* usually enough to make you out of breath or sweaty?

      1   Yes
      2   No

END IF
END DO
END IF

IF WhtAct = 4 THEN

KeepFit
SHOW CARD P
You said that you did some Aerobics/Keep fit/Gymnastics/ Dance for fitness. What was that specifically?

      CODE ALL THAT APPLY
1   Aerobics/keep fit classes
2   Fitness dancing
3   Aqua Aerobics
4   Gymnastics
5   circuit training

FOR Keepfit = 1 to 5, i = 1 to 5 DO

Day3Exc(i)
Can you tell me on how many separate days you did *(name of activity)* for at least 10 minutes a time during the past four weeks, that is since *(date of interview – 4 weeks)*?
IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.

      Range: 0..28

IF Day3Exc(i) in [1..28] THEN

Exc3Hrs(i)

How much time did you usually spend doing *(name of activity)* on each day? Only count times you did it for at least 10 minutes.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

      Range: 0..12

Exc3Min(i)
RECORD MINUTES HERE.

      Range: :0..59

Exc3Swt(i)
During the past four weeks, was the effort of *(name of activity)* usually enough to make you out of breath or sweaty?

      1   Yes
      2   No

IntroSit
Now I'd like to ask you some questions about time that you might have spent sitting down.   For these questions, I'd like you to think about what you have done in the last four
weeks, that is since *(date of interview – 4 weeks) (when you were not doing your (paid) job).*
INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE
      :1..1

TVWkHr
In the last 4 weeks, how much time did you spend sitting down watching TV (including DVDs and videos) on an average weekday (that is Monday to Friday)?
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
        Range: 0..12

TVWkMin
RECORD MINUTES HERE.
            Range: :0..59

WkSit2H
In the last four weeks, how much time did you spend sitting down doing any other activity on an average weekday (that is Monday to Friday)? Please do not include time spent doing these activities while at work.
INTERVIEWER: EXAMPLES OF THESE ACTIVITIES INCLUDE READING, EATING A MEAL/SNACK, STUDYING, DRAWING, USING A COMPUTER, PLAYING VIDEO GAMES.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION"
        Range: 0..12

WkSit2H
RECORD MINUTES HERE.
        Range: :0..59

WESit1H
In the last four weeks, how much time did you spend watching TV (including watching DVDs and videos) on an average weekend day (that is Saturday and Sunday)?
INTERVIEWER: RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

        Range: 0..12

WESit1M
RECORD MINUTES HERE.
        Range: 0..59

WESit2H
In the last 4 weeks, how much time did you spend sitting down doing any other activity on an average weekend day (that is Saturday and Sunday)? Please do not include time spent doing these activities while at work.
INTERVIEWER: EXAMPLES OF THESE ACTIVITIES INCLUDE READING, STUDYING, DRAWING, USING A COMPUTER, PLAYING VIDEO GAMES.

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

WESit2M
RECORD MINUTES HERE.
        Range: 0..59

Usual

Compared with the amount of activity that you usually do both at work and in your free time would you say that in the last four weeks you were…READ OUT…

1   …more active than usual,
2   less active than usual,
3   Or, about the same as usual?

      END IF
   END DO
END IF

Children's Physical Activity Questions

_____

ASK ALL AGED 2-15

FOR CHILDREN AGED 2-12 PARENT WILL ANSWER ON BEHALF OF CHILD. CHILDREN AGED 13-15 TO ANSWER FOR THEMSELVES.

Note: Please omit references to school and playgroup throughout the children's questionnaire for all children for whom they are irrelevant (from answers to Sch7D).

ChIntro
Now I'd like to ask you some questions about things that *(you have /name of child has)* done that involve physical activity. This may be things that *(you have/he has/she has)* done at school, nursery, playgroup or things that *(you have/he has/she has)* done in the evenings and at weekends.
INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE.
       Range: 1..1

Sch7D
Can I just check, in the last seven days, that is from *(date of interview – 7)* to yesterday, did *(you/name of child)* go to school, nursery or playgroup?
       1   Yes, school
       2   Yes, nursery
       3   Yes, playgroup
       4   No

Note: If Sch7D = No, route straight to Sports and Activities section (WDIntro).

IF sch7d=1,2 or 3 THEN
   SchDays
   In the last seven days (that is from *(date of interview - 7]* to yesterday), on how many days did *(you / name of child)* go to *(school / nursery / playgroup)*?

   INTERVIEWER: ENTER NUMBER OF DAYS
   INTERVIEWER: DO NOT INCLUDE WORK EXPERIENCE OR EXTRA-CURRICULAR ACTIVITIES AS GOING TO SCHOOL
       Range :1..6
END IF

ASK IF SchDays > 0

JWlkCyc
Still thinking about the last seven days, (that is from *(date of interview – 7)* to yesterday), did *(you / name of child)* walk or cycle all or part of the way to or from *(school / nursery / playgroup)*?
INTERVIEWER: INCLUDE WALKING TO OR FROM THE BUS STOP OR THE TRAIN STATION, OR WALKING PART OF THE WAY AFTER DRIVING ("PARK AND STRIDE") BUT ONLY WHEN THEY WERE ON THEIR WAY TO OR COMING BACK FROM SCHOOL.
IF A CHILD USES A SCOOTER ON THEIR JOURNEY TO OR FROM SCHOOL, THIS SHOULD BE RECORDED AS WALKING.
       1   Yes - Walking
       2   Yes – Cycling
       3   Yes – Both
       4   No

IF JWlkCyc= 1 OR 3 THEN

JWlkDT

In the last seven days on how many days did *(you /name of child)* walk all or part of the way to *(school / nursery / playgroup)*?

      Range :0..6

JWlkDF

And on how many days did *(you / name of child)* walk all or part of the way home from *(school / nursery / playgroup)*?

      Range : 0..6

IF JWlkDT > 0 or JWlkDF > 0 THEN

JWlkTim

How long does it usually take *(you / name of child)* to walk to *(school / nursery / playgroup)*? INTERVIEWER: AN AVERAGE TIME PER DAY IS BEING SOUGHT. IF JOURNEYS TO AND FROM SCHOOL ARE DIFFERENT LENGTHS THEN ENTER AN AVERAGE. ENTER NUMBER OF MINUTES. IF NONE, ENTER 0

      Range: 0..120

END IF

END IF

IF JwlkCyc = 2 OR 3 THEN

JCycDT

In the last seven days, on how many days did *(you / name of child)* cycle all or part of the way to *(school / nursery / playgroup)*?

Range: 0..6

JcycDF

And on how many days did *(you / name of child)* cycle all or part of the way home from *(school / nursery / playgroup)*?

Range: 0..6

IF JcycDT > 0 or JcycDF > 0 THEN

JCycTim

How long does it usually take *(you / name of child)* to cycle to *(school / nursery / playgroup)*? INTERVIEWER: AN AVERAGE TIME PER DAY IS BEING SOUGHT. IF JOURNEYS TO AND FROM SCHOOL ARE DIFFERENT LENGTHS THEN ENTER AN AVERAGE. ENTER NUMBER OF MINUTES. IF NONE, ENTER 0

      Range: 0..120

END IF

END IF

ASK IF SchDays > 0

SchlBr

SHOW CARD Q

I would like you to think about *(your / name of child's)* school breaks in the last seven days, that is from *(date of interview – 7)* to yesterday. Apart from time spent eating, which activity on this card did *(you / name of child)* do most often in *(your / his / her)* morning, lunchtime and afternoon breaks?

      1   Sitting down
      2   Hanging around
      3   Walking
      4   Running around or playing games for example skipping, hide and seek, football or netball

IF SchlBr = 3 THEN
WalkPace
Which of the following best describes *(your / name of child's)* usual walking pace ...READ OUT...
1   ...a slow pace,
2   a steady average pace,
3   ...a fairly brisk pace,
4   ...or, a fast pace?
END IF

ASK ALL AGED 2-15

WDIntro
SHOW CARDS R AND S
I would now like to ask you some questions about whether *(you have / name of child has)* done any of the physical activities listed on these two showcards in the last 7 days.
INTERVIEWER: SHOW RESPONDENT CARDS R AND S.
I will first ask you about the informal activities on Showcard R and then about the more formal activities on Showcard S.
INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE
        Range: 1..1

NSWA
SHOW CARD R
Firstly, please think about **informal** activities. Since last *(day of week seven days ago), (have you / has name of child)* done any activities listed on this card on weekdays *(outside school hours)*?
INTERVIEWER: By outside school hours we mean anything not done in lessons and school breaks. The respondent should include activities done in after school clubs.
        1   Yes
        2   No

Note: If NSWA = No, route to WendWA2.

IF NSWA = Yes THEN

NSWA2
SHOW CARD R
Which ones?
CODE ALL THAT APPLY
1   Cycling (but not to or from school)
2   Walking (but not to or from school / nursery / playgroup)
3   Hoovering, cleaning car, gardening, etc
4   Hopscotch
5   Bouncing on trampoline
6   Playing around, e.g. kicking a ball around, catch, hide and seek
7   Skating / Skateboarding / using a scooter
8   Dancing, including dance lessons
9   Skipping rope

FOR ALL NSWA2 [1..9] DO
    NSPAD
    On which weekdays since last *(day 7 days ago)* did *(you / name of child)* do *(name of activity)*?
    CODE ALL THAT APPLY:
        1   Monday
        2   Tuesday
        3   Wednesday
        4   Thursday
        5   Friday

      FOR ALL NSPAD IN 1..5 DO
        NSPATH(i)
        How long did *(you / name of child)* spend in total doing *(name of activity)* on *(day)*?
        RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES
        AT NEXT QUESTION
            Range: 0..12

        NSPATM(i)
        How long did *(you / name of child)* spend in total doing *(name of activity)* on *(day)*?
        ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
            Range: 0..59
      END DO
    END DO
END IF

Note: NSPATH(i) and NSPATM(i) repeated for each day coded at NSPAD.
        NSPAD to NSPATM repeated for each activity coded at NSWA2.

WendWA2
SHOW CARD R
I would now like to ask you about any activities *(you / name of child]* did *(last weekend)*.
(last weekend) did *(you / name of child)* do any activities listed on this card?
        1   Yes
        2   No

IF WendWA2 = Yes THEN
    WEPWA2
    SHOW CARD R
    Which ones?
    INTERVIEWER: CODE ALL THAT APPLY.
    1   Cycling (but not to or from school)
    2   Walking (but not to or from school / nursery / playgroup)
    3   Hoovering, cleaning car, gardening, etc"
    4   Hopscotch
    5   Bouncing on trampoline
    6   Playing around, e.g. kicking a ball around, catch, hide and seek
    7   Skating / Skateboarding / using a scooter
    8   Dancing, including dance lessons
    9   Skipping rope

FOR ALL WEPWA2 IN [1..9] DO
  WEPAD
On which days did (you / name of child) do *(name of activity)*?
INTERVIEWER: CODE ALL THAT APPLY
    1   Saturday
    2   Sunday

  FOR ALL WEPAD IN [1..2], i = 1..2 DO
    WEPAH(i)
How long did *(you / name of child)* spend in total doing *(name of activity)* on *(day)*?

RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
    Range: 0..20

    WEPAM(i)
How long did *(you / name of child)* spend in total doing *(name of activity)* on *(day)*?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
    Range: 0..59
  END DO
  END DO
END IF

Note: WEPAH(i) and WEPAM(i) repeated for each day coded at WEPAD.
        WEPAD to WEPAM repeated for each activity coded at WEPWA2.

NSWB
SHOW CARD S
Now, please think about formal activities. Since last *(day of week 7 days ago)*, *(have you / has name of child)* done any activities listed on this card on weekdays *(outside school hours)*?
INTERVIEWER: By outside school hours we mean anything NOT done in lessons and school breaks. The respondent SHOULD include activities done in after school clubs.
    1   Yes
    2   No

IF NSWB =Yes THEN
  NSpWB
SHOW CARD S
Which ones?
INTERVIEWER: CODE ALL THAT APPLY.
1   Football / Rugby / Hockey /Lacrosse
2   Netball / Basketball / Handball
3   Cricket/ Rounders
4   Running, jogging, athletics
5   Swimming laps
6   Swimming (splashing about)
7   Gymnastics
8   Workout with gym machines / Weight training
9   Aerobics
10 Tennis / Badminton / Squash

FOR ALL NSpWB in [1..10], DO
   NSWBD
   On which weekdays in the last week did *(you / name of child)* do *(name of activity)*?
   CODE ALL THAT APPLY:
   1. Monday
   2. Tuesday
   3. Wednesday
   4. Thursday
   5. Friday

   FOR ALL NSWBD in [1..5] DO
       NSWBH(i)
       How long did *(you /name of child)* spend in total doing *(name of activity)* on *(day)*?
       RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES
       AT NEXT QUESTION
           Range: 0..4

       NSWBM(i)
       How long did *(you /name of child)* spend in total doing *(name of activity)* on *(day)*?
       ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
           Range: 0..59
   END DO
   END DO
END IF

Note: NSWBH(i) and NSWBM(i) repeated for each day coded at NSWBD.
      NSWBD to NSWBM(i) repeated for each activity coded at NSpWB.

WendWB2
SHOW CARD S
I would now like to ask you about any activities *(you / name of child)* did *(last weekend)*.
(Last weekend) did *(you / name of child)* do any activities listed on this card?
       1   Yes
       2   No

IF WendWB2 = 1 THEN

   WendWB
   SHOW CARD S
   Which ones?
   CODE ALL THAT APPLY.
   1   Football / Rugby / Hockey /Lacrosse
   2   Netball / Basketball / Handball
   3   Cricket/ Rounders
   4   Running, jogging, athletics
   5   Swimming laps
   6   Swimming (splashing about)
   7   Gymnastics
   8   Workout with gym machines / Weight training
   9   Aerobics
   10   Tennis / Badminton / Squash

FOR ALL WendWB IN [1..10] DO
WendWBD
On which days in the last week did *(you /name of child)* do *(name of activity)*?
CODE ALL THAT APPLY
    1   Saturday
    2   Sunday

    FOR ALL WendWBD in [1..2] DO
        WendWBH(i)
        How long did *(you / name of child)* spend in total doing *(name of activity)* on *(day)*?
        RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD
        MINUTES AT NEXT QUESTION
            Range: 0..20

        WendWBM(i)
        How long did *(you / name of child)* spend in total doing/playing *(name of activity)* on
        (day)?
        ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
            Range: 0..59

    END DO
  END DO
END IF

Note: WendWBH(i) and WendWBM(i) repeated for each day coded at WendWBD.
       WendWBD to WendWBM(i) repeated for each activity coded at WendWB.

ASK ALL AGED 2-15

NSOth2
SHOW CARDS R AND S
In the last seven days, that is from *(date of interview – 7)* to yesterday, *(have you / has name of child)*
done any other similar activities not listed on these two cards on weekdays?

INTERVIEWER: IF 'Yes', RECORD BRIEF DETAILS OF ALL OTHER ACTIVITIES IN THE NEXT
QUESTION
    1   Yes
    2   No

IF NSOth2 = yes THEN
NOSpEx2
INTERVIEWER: Record brief details of the *(first / second / third / fourth / fifth)* other sport or
exercise activity.
Type in first few letters of the sport to enter coding frame.
Type 'other' if the sport is not listed.
Type 'xxx' (for not listed/don't know) if unable to code.
On exiting coding frame press 'Enter' to move to next question.

Text: Maximum 50 characters

Note: repeat NSOth2 and OspEx2 for up to 5 activities.

NSOthD2
On which weekdays during the last seven days did *(you / name of child)* do *(activity)*?
CODE ALL THAT APPLY:
1   Monday
2   Tuesday
3   Wednesday
4   Thursday
5   Friday

FOR ALL NSOthD2 in [1..5] DO
   NSOthT2H(i)
How long did *(you / name of child)* spend doing *(activity]* on *(day)?*
RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT
NEXT QUESTION
     Range: 0..20

   NSOthT2M

How long did *(you / name of child)* spend doing *(name of sport/activity]* on *(day)?*
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
     Range: 0..59
END DO

   Inten
When *(you / name of child)* did *(activity)* was it hard enough to make *(you / name of child)* out of
breath or sweaty?
1   Yes
2   No
END IF

Note: NOSpEx2 to Inten repeated for each activity coded at NOSpEx2.

ASK ALL AGED 2-15

WEOth2
Did *(you / name of child)* do any other similar activities not listed on these two cards *(last weekend)*?
INTERVIEWER: IF 'Yes', RECORD BRIEF DETAILS OF ALL OTHER SPORTS AND ACTIVITIES
IN THE NEXT QUESTION.
1   Yes
2   No

IF WEOth2 = yes THEN
   WEOspEx2
INTERVIEWER: Record brief details of the *(first / second / third / fourth / fifth)* other physical
activity.
Text: Maximum 50 characters

Note: WEOth2 and WEOspEx2 are repeated for up to five activities.

WEOthD
On which days did *(you / name of child)* do *(activity)*?
CODE ALL THAT APPLY
1　Saturday
2　Sunday

FOR ALL WEOthD IN [1..2] DO
　WEOthTH(i)
　How long did *(you / name of child)* spend doing/playing *(activity)* on *(day)*?
　RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT
　NEXT QUESTION
　　　Range:　　0..20

　WEOthTM(i)
　How long did *(you / name of child)* spend doing/playing *(activity)* on *(day)*?
　ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
　　　Range:　　0..59

　Inten3
　When *(you / name of child)* did/played *(activity)* was it hard enough to make *(you / him / her)*
　out of breath or sweaty?
　　　1　Yes
　　　2　No

END DO
END IF

Note: WEOth2 to Inten3 repeated for each activity coded at WEOspEx2..

ASK ALL AGED 2-15

IntroST
Now I'd like to ask some questions about time that *(you / name of child)* might have spent sitting
down. For these questions, I'd like you to think about what *(you have / name of child has)* done in the
last seven days, that is from *(date of interview –7)* to yesterday.

Firstly I would like to ask you about any activities *(you have / name of child has)* done after school on
weekdays, from last *(day)* to yesterday.
INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE
　　　Range: 1..1

TVWkH
On weekdays from last *(day)* to yesterday, how much time did *(you / name of child)* usually spend
each day sitting watching TV including DVDs or videos?
RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT
QUESTION
　　　Range: 0..20

TVWkM
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
　　　:Range 0..59

SedWkH

Still thinking about weekdays, from last *(day)* to yesterday, how much time did *(you / name of child)* usually spend each day sitting down doing other any other activity?
INTERVIEWER: EXAMPLES OF ACTIVITIES INCLUDE READING, DOING HOMEWORK, DRAWING, USING A COMPUTER OR PLAYING VIDEO GAMES
RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
  Range: 0..20

SedWkM

ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
  Range: 0..59

TVWEH

Last weekend how much time did *(you / name of child)* usually spend each day sitting watching TV including DVDs or videos?
RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
  Range: 0..20

TVWEM

Last weekend how much time did *(you / name of child)* usually spend each day sitting watching TV including DVDs or videos?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
  Range: 0..59

SedWEH

Still thinking of last weekend, how much time did *(you / name of child)* usually spend each day sitting down doing other any other activity?
INTERVIEWER: EXAMPLES OF ACTIVITIES INCLUDE READING, DOING HOMEWORK, DRAWING, USING A COMPUTER OR PLAYING VIDEO GAMES

RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
  Range: 0..20

SedWEM

ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
  Range: 0..59

Normal

Last week, that is from *(date of interview – 7)* to yesterday *(were you / was name of child)* ...READ OUT...
  1.   ...more active than usual
  2.   less active than usual or
  3.   about the same as usual?

Involve

INTERVIEWER: How involved was *(name of child)* in answering the physical activity questions?
  1. Child was not present
  2. Child was present but did not participate
  3. Child was present and helped proxy answer *a few* questions
  4. Child was present and helped proxy answer *some* questions
  5. Child was present and helped proxy answer *most* questions

Smoking (Aged 18+)

IF Age of Respondent = 18 to 24 THEN
  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
ENDIF

      Press <1> and <Enter> to continue.

Insert self-completion intro for young adults here?

IF (Age of Respondent is 25 years or over) OR (BookChk = Asked) THEN

  SmokEver
  May I just check, have you ever smoked a cigarette, a cigar or a pipe?
      1   Yes
      2   No

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

    IF SmokeNow = Yes THEN
    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 AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.
          Range: 0..97

      IF DlySmoke = 97 THEN
        Estim
        INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS)*. WILL IT BE GIVEN IN GRAMS OR IN OUNCES?
            1   Grams
            2   Ounces

      IF Estim = grams THEN
        Grams
        PLEASE RECORD ESTIMATED*(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS)* IN GRAMS.
            Range: 1..67

ELSEIF Estim = ounces THEN

Ounces

PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS)* IN OUNCES.FOR FRACTIONS OF OUNCES RECORD:

1/4 (a quarter) oz as .25

1/3 (a third) oz as .33

1/2 (half) oz as .5

2/3 (two thirds) oz as .66

3/4 (three quarters) oz as .75

   Range: 0.01..2.40

ENDIF

RolDly

Computed: estimated tobacco consumption in ounces.

   Range: 1..97

ENDIF

For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable CigWDay.

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 AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

   Range: 0..97

IF WkndSmok = 97 THEN

Estim

INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(AT WEEKENDS)*. WILL IT BE GIVEN IN GRAMS OR IN OUNCES?

   1 Grams

   2 Ounces

IF Estim = grams THEN

Grams

PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(AT WEEKENDS)* IN GRAMS.

   Range: 1..67

ELSEIF Estim = ounces THEN

Ounces

PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(AT WEEKENDS)* IN OUNCES.FOR FRACTIONS OF OUNCES RECORD:

1/4 (a quarter) oz as .25

1/3 (a third) oz as .33

1/2 (half) oz as .5

2/3 (two thirds) oz as .66

3/4 (three quarters) oz as .75

   Range: 0.01..2.40

ENDIF

RolWknd
Computed: estimated tobacco consumption in ounces.
   Range: 1..997
ENDIF
For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable CigWEnd.

CigType

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

IF SmokeNow=Yes THEN
SmokWher
SHOW CARD U
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 or outside, eg. in garden or on doorstep)
2   Outside (other than at home)
3   Inside at work
4   Inside other people's homes
5   Inside pubs or bars
6   Inside restaurants, cafes, or canteens
7   Inside shops
8   Whilst travelling by car
9   Inside other places

   IF SmokWher = 1 THEN
   SmokHome
   SHOWCARD V
   Where in your home do you usually smoke?
   1   Outdoors, (for example in the garden or on doorstep)
   2   Own room/bedroom
   3   Living room
   4   Kitchen
   5   Toilet
   6   Bathroom
   7   Study
   8   Dining room
   9   Everywhere
   10   Somewhere else in the home
   ENDIF

IF SmokWher = 2 THEN

SmokOut

SHOW CARD W

In which of these places, if any, did you smoke during the last 7 days ending yesterday?

1   In the street or out and about
2   Outside at work
3   Outside other people's home
4   Outside pubs or bars
5   Outside restaurants, cafes or canteens
6   Outside shops
7   Outside other places

ENDIF

ENDIF

IF SmokeNow=Yes THEN

SmokPpl

SHOWCARD X

In the last 7 days, did you smoke near to any of the following types of people?

1   Babies aged 2 and under
2   Children aged 2-10
3   Children aged 11-15
4   Older adults over the age of 65
5   Pregnant women
6   Adults aged 16-64 with asthma or breathing problems
7   None of these

ENDIF

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?

ENDIF

GiveUp

Would you like to give up smoking altogether?

1   Yes
2   No

IF GiveUp = YES

GvUpReas

SHOWCARD Y

What are your main reasons for wanting to give up?

1   Because of a health problem I have at present
2   Better for my health in general
3   To reduce the risk of getting smoking related illnesses
4   Because of the smoking ban in all enclosed public places, including pubs and restaurants
5   Family/friends wanted me to stop
6   Financial reasons (can't afford it)
7   Worried about the effect on my children
8   Worried about the effect on other family members
9   Something else

    ENDIF

ENDIF

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

ENDIF

ELSE IF SmokeNow<>Yes *(Smoked but doesn't smoke cigarettes nowadays)*

SmokeCig

Have you ever smoked cigarettes?

1   Yes
2   No

IF SmokEver = YES and SmokeNow = NO

QuitReas

SHOW CARD T

Why did you decide to give up smoking? CODE ALL THAT APPLY

1   Advice from a GP or health professional
2   Advert for a nicotine replacement product
3   Government TV, radio or press advert
4   Hearing about a new stop smoking treatment
5   Financial reasons (couldn't afford it)
6   Because of the smoking ban in all enclosed public places, including pubs and restaurants
7   I knew someone else who was stopping
8   Seeing a health warning on cigarette packet
9   Family or friends wanted me to stop
10 Being contacted by my local NHS Stop Smoking Services
11 Health problems I had at the time
12 A concern about future health problems
13 Pregnancy
14 Worried about the effect on my children
15 Worried about the effect on other family member
16 My own motivation
17 Something else

18 Cannot remember
ENDIF

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

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

IF NumSmok = 97 THEN
Estim
INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS/ON WEEKENDS)*. WILL IT BE GIVEN IN GRAMS OR IN OUNCES?

1 Grams
2 Ounces

IF Estim = grams THEN
Grams
PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS/AT WEEKENDS)* IN GRAMS.
Range: 1..67

ELSEIF Estim = ounces THEN
Ounces
PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS/AT WEEKENDS)* IN OUNCES.FOR FRACTIONS OF OUNCES RECORD:
1/4 (a quarter) oz as .25
1/3 (a third) oz as .33
1/2 (half) oz as .5
2/3 (two thirds) oz as .66
3/4 (three quarters) oz as .75": 0.01..2.40
ENDIF

RolNum
Computed: estimated tobacco consumption in ounces.
Range: 1..97
ENDIF
ENDIF

For analysis purposes ounces or grams of tobacco are converted into number of cigarettes and stored in the variable NumSmoke.

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] THEN

    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 = Response THEN

    IF EndSmoke=0 THEN

    LongEnd

How many months ago was that?

    1   Less than 6 months ago

    2   Six months, but less than one year

    ENDIF

    IF EndSmoke<2 THEN

    Nicot

Did you use any nicotine products, such as nicotine patches, chewing gum, lozenges or other similar products at all to help you give up?

INTERVIEWER: IF RESPONDENT HAS GIVEN UP MORE THAN ONCE, ASK ABOUT MOST RECENT OCCASION.

    1   Yes

    2   No

    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

ENDIF

IF (Sex = Female) AND (Age of Respondent is 18 to 49 years) THEN

    IF (EndSmoke <> EMPTY) AND (EndSmoke < 2) THEN

    IsPreg

Can I check, are you pregnant now?

    1 Yes

    2   No

IF IsPreg = Yes THEN

SmokePrg

Have you smoked at all since you've known you've been pregnant?

IF YES, PROBE: All the time or just some of the time?

1 Yes, all the time
2 Yes, some of the time
3 No, not at all

IF SmokePrg = [Yes, some of the time OR No, not at all] THEN

StopPreg

Did you stop smoking specifically because of your pregnancy, or for some other reason?

1 Because of pregnancy
2 For some other reason

ENDIF

ENDIF

ENDIF

ELSEIF (IsPreg = No) OR (IsPreg = NONRESPONSE) OR (SmokeNow = Yes) THEN

PregRec

Can I check, have you been pregnant in the last twelve months?

1 Currently pregnant
2 Was pregnant in last twelve months but not now
3 Not pregnant in last twelve months

IF PregRec = Was pregnant in last twelve months but not now THEN

PregSmok

Did you smoke at all during pregnancy? (I.E. DURING TIME WHEN KNEW SHE WAS PREGNANT) IF YES, PROBE: All the time or just some of the time?

1 Yes, all the time
2 Yes, some of the time

3 No, not at all

ENDIF

ENDIF

IF (PregSmok =Yes, some of the time OR No, not at all) THEN

PregStop

Did you stop smoking specifically because of your pregnancy, or for some other reason?

1 Because of pregnancy
2 For some other reason

ENDIF

IF (SmokeNow= Yes) OR (SmokeReg= smoked occasionally..regularly) THEN

SmokeTry

Have you ever tried to give up smoking because of a particular health condition you have had at the time?

1 Yes
2 No

ENDIF

DrSmoke
Did/Has a medical person, for example a doctor or nurse ever advised you to stop smoking altogether because of your health?
  1   Yes
  2   No

IF DrSmoke = Yes THEN
DrSmoke1
How long ago was that?
INTERVIEWER: PROMPT AS NECESSARY.
    1   Within the last twelve months
    2   Over twelve months ago
ENDIF
ENDIF

CigarNow
Do you smoke cigars at all nowadays?
    1   Yes
    2   No

IF CigarNow = Yes THEN
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
ENDIF

IF Sex = Male THEN
PipeNowA
Do you smoke a pipe at all nowadays?
    1   Yes
    2   No
ENDIF
ENDIF

FathSm
Did your father ever smoke regularly when you were a child?
    1   Yes
    2   No

MothSm
Did your mother ever smoke regularly when you were a child?
    1   Yes
    2   No
ENDIF

IF age = 0-12 OR (age >=18 AND Bookchk = 1)
ExpSm
Now, in most weeks, how many hours a week are (you/name of child) exposed to other people's tobacco smoke?
    Range: 0..168

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 ExpSm >=1 AND age >=18 THEN
>   **Passive**
>   SHOW CARD Z
> 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 home
> >   4   On public transport
> >   5   In pubs
> >   6   In other places
> >   7   No, none of these

>   **IF Passive=1-6 THEN**
> >   **Bother**
> Does this bother you at all?
> >   1   Yes
> >   2   No
>   **ENDIF**
ENDIF

IF age<=15 THEN
>   **ChPasSm**
> Do you find that (you/child's name) are/is often near people who are smoking in any of these places?
> >   1   At home
> >   2   On buses or trains
> >   3   In other people's home
> >   4   In other places
> >   5   No, none of these

IF ChPasSm = 4 THEN
>   **ChPasOth**
>   INTERVIEWER: Write in other place
>   Text: 200 characters
>   **ENDIF**
ENDIF

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 THEN
   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 THEN
      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 THEN
         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
         ENDIF
      ENDIF
   ENDIF

   IF (Drink = Yes) OR (DrinkAny = very occasionally) THEN
   DrinkOft
   SHOW CARD BB
   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 THEN
   DrinkL7
   Did you have an alcoholic drink in the seven days ending yesterday?
       1 Yes
       2 No

IF DrinkL7 =Yes THEN
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 THEN
DrnkSame
Did you drink more on *one of the days/some days than others*, or did you drink about the same on *both/each of those* days?
1   Drank more on one/some day(s) than other(s)
2   Same each day
ENDIF

WhichDay
Which day *last week* did you *last have an alcoholic drink/have the **most** to drink*?
1 Sunday
2 Monday
3 Tuesday
4 Wednesday
5 Thursday
6 Friday
7 Saturday

DrnkType
SHOW CARD CC
Thinking about last *(answer to WhichDay)*, what types of drink did you have that day?
CODE ALL THAT APPLY
1   Normal strength beer/lager/cider/shandy
2   Strong beer/lager/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 THEN
NBrL7
Still thinking about last *(answer to WhichDay)*, how much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
1 Half pints
2 Small cans
3 Large cans
4 Bottles

IF NBRL7=Half pints THEN
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
ENDIF

IF NBrL7Q = Small cans THEN
> **NBrL7Q(2)**
> ASK OR CODE: How many small cans of **normal strength beer, lager, cider or shandy** did you drink that day?
>> Range: 1..97

ENDIF

> **IF NBrL7=Large cans THEN**
>> **NBrL7Q(3)**
>> ASK OR CODE: How many large cans of **normal strength beer, lager, cider or shandy** did you drink that day?
>>> Range: 1..97
>> **ENDIF**

> **IF NBrL7=Bottles THEN**
>> **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
>> **ENDIF**
> **ENDIF**

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

> **IF SBRL7=Half pints THEN**
>> **SBrL7Q(1)**
>> ASK OR CODE: How many half pints of **strong beer, lager, stout or cider** *(excluding cans and bottles of shandy)* did you drink on that day?
>>> Range: 1..97
>> **ENDIF**

> **IF SBrL7=Small cans THEN**
>> **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
>> **ENDIF**

IF SBrL7=Large cans THEN

> **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

ENDIF

IF SBrL7=Bottles THEN

> **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

ENDIF
ENDIF

IF DrnkType = Spirits THEN

> **SpirL7**
> Still thinking about last *(answer to WhichDay),* how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day? CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES.
>> Range: 1..97

ENDIF

IF DrnkType = Sherry THEN

> **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? CODE THE NUMBER OF GLASSES.
>> Range: 1..97

ENDIF

IF DrnkType = Wine THEN

> **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.

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)
ENDIF

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
CODE THE NUMBER OF GLASSES drunk as glasses.
    Range: 1..97 (ALLOW FRACTIONS)

       WL7Glz
       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 THEN 250mlGlz
       250mlGlz
       How many large (250ml) glasses did you drink?
       Range 1..97

       IF WL7Glz=2 THEN 175mlGlz
       175mlGlz
       How many standard (175ml) glasses did you drink?
       Range 1..97

       IF WL7Glz=3 THEN 125mlGlz
       125mlGlz
       How many small (125ml) glasses did you drink?
       Range 1..97

ENDIF
ENDIF
ENDIF
ENDIF

IF DrnkType = Alcopops/pre-mixed alcoholic drink THEN
PopsL7
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   Bottles

IF PopsL7 = Small cans THEN
PopsL7Q(1)
ASK OR CODE: How many small cans of **alcoholic soft drink** ('alcopop') did you drink on that day?
    Range: 1..97
ENDIF

IF PopsL7=Bottles THEN
PopsL7Q(2)
ASK OR CODE: How many bottles of **alcoholic soft drink** ('alcopop') did you drink on that day?:
    Range: 1..97
ENDIF
ENDIF

IF DrnkType=Other THEN
OthL7TA
Still thinking about last *(answer to WhichDay)*, what other type of alcoholic drink did you drink on that day? CODE FIRST MENTIONED ONLY:
    Text: Maximum 30 characters

OthL7QA
How much *(name of 'other' alcoholic drink)* did you drink on that day? WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.
    Text: Maximum 30 characters

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

IF OthL7B=Yes THEN
OthL7TB
Still thinking about last *(answer to WhichDay)*, what other type of alcoholic drink did you drink on that day? CODE FIRST MENTIONED ONLY.
    Text: Maximum 30 characters

OthL7QB
How much *(name of 'other' alcoholic drink)* did you drink on that day?
WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/SINGLES /GLASSES/ BOTTLES.
Text: Maximum 30 characters

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

IF OthL7C=Yes THEN

OthL7TC
Still thinking about last *(answer to WhichDay)*, what other type of alcoholic drink did you drink on that day?
CODE FIRST MENTIONED ONLY

OthL7QC
How much *(name of 'other' alcoholic drink)* did you drink on that day?
WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/ GLASSES/ BOTTLES.
Text: Maximum 30 characters

ENDIF
ENDIF
ENDIF
ENDIF
ENDIF

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

Classification

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 DD
Which of these descriptions applies to what you were doing last week, that is in the seven days ending *(date last Sunday)*?
CODE FIRST TO APPLY
1   Going to school or college full-time (including on vacation)
2   In paid employment or self-employment (or 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 28 DAYS OR LESS)
8   Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
9   Retired from paid work
10 Looking after the home or family
11 Doing something else (SPECIFY)

IF NActiv=Doing something else THEN
NActivO
INTERVIEWER: PLEASE SPECIFY

Text: Maximum 60 characters
ENDIF

IF (NActiv=School) THEN
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
ENDIF

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 64 years AND Sex=Male) OR (Age = 16 to 59 years AND Sex=Female))) THEN
H4WkLook
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
ENDIF

IF NActiv=Looking for paid work/training scheme OR 4WkLook=Yes THEN
2WkStrt
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

ENDIF

IF (NActiv = [Looking for paid work or a Government training scheme...Doing something else]
OR StWork=No) THEN
    EverJob
Have you ever been in paid employment or self-employed?
    1 Yes
    2 No
ENDIF

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

IF NActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook =Yes)
THEN
    HowLong
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 (Everjob=Yes) THEN
    PayLast
Which year did you leave your last **paid** job?
WRITE IN.
    Range: 1920..2001

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

PayAgeI

Computed: Age when last had a paid job.
ENDIF

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 EverjobI=Yes) OR (Respondent is Female and PayAgeI>=50) THEN
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 HOURSPART-TIME = 30 HOURS OR LESS)
    1 Full-time
    2 Part-time

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

MatUsed
IF RELEVANT: What materials or machinery do *(did/will)* you use?
IF NONE USED, WRITE IN `NONE'.
    Text: Maximum 50 characters

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

Employe
 Are you *(were you/will you be)* ...READ OUT...
    1 an employee,
    2 or, self-employed
    IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

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

IF Employe=an employee OR Dirctr=Yes THEN
EmpStat
Are you *(were you/will you be)* a ...READ OUT...
    1 manager,
    2 foreman or supervisor,
    3 or other employee?

NEmplee

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

    1 1 or 2
    2 3-24
    3 25-499

    4 500+

ELSEIF Employe = Self-employed AND Dirctr=No THEN

SNEmplee

Do *(did/will)* you have any employees?

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

ENDIF

IF Employe=Employee THEN

Ind

What does *(did)* your employer make or do at the place where you *(usually worked/will work)*?

    Text: Maximum 100 characters

ELSEIF Employe=Self-employed THEN

SlfWtMa

What *(did/will)* you make or do in your business?

    Text: Maximum 100 characters

ENDIF
ENDIF

IF NActiv = Response THEN
HRPOcc
INTERVIEWER: DID *(name of respondent)* ANSWER THE OCCUPATION QUESTIONS HIM/HERSELF?

ELSEIF (NActiv) non response THEN

ENDIF

OEmpStat
Derived employment status.
    Range: 0..8

SOC, SOCls, SEG, SIC coded during edit stage

IF Age of Respondent is 16+ THEN

   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 EE

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 THEN

   QualA

Which of the qualifications on this card do you have? Just tell me the number written beside each one. 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)

   ENDIF

IF NOT (Degree IN QualA) THEN
   OthQual
   Do you have any qualifications not listed on this card?
      1   Yes
      2   No

   IF OthQual = Yes THEN
      QualB
      What qualifications are these?
      RECORD ALL OTHER QUALIFICATIONS IN FULL. PROBE: Any others?
         Text: maximum 60 characters
   ENDIF

   ENDIF
ENDIF

Origin
SHOW CARD FF
To which of the groups listed on this card do you consider you belong?
1   White – British
2   White – Irish
3   Any other white background

Mixed:
4   Mixed - White and Black Caribbean
5   Mixed - White and Black African
6   Mixed - White and Asian
7   Any other mixed background

Asian or Asian British:
8   Asian or Asian British – Indian
9   Asian or Asian British – Pakistani
10   Asian or Asian British – Bangladeshi
11   Any other Asian/Asian British background

Black or Black British:
12   Black or Black British – Caribbean
13   Black or Black British – African
14   Any other Black/Black British background

Chinese or other ethnic group:
15   Chinese
16   Any other (please describe)
IF Origin = Any other THEN

XOrigin
Please describe

Self-completion placement (Aged 8+)

IF Age of Respondent is 13 years and over and BookChk=Given THEN
SCIntro
PREPARE *(Yellow/Blue/Brown)* SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 13-15/FOR YOUNG ADULTS/FOR ADULTS) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

ELSEIF Age of respondent is 8 to 12 years THEN
SCIntCh
Here is a little booklet which I would like to ask *(name of child)* to complete for *(him/herself)*. It asks children if they have ever tried cigarettes or alcohol, and about cycling. May I explain it to him/her?
IF ASKED, SHOW ORANGE BOOKLET TO PARENT(S). IF AGREES, PREPARE ORANGE BOOKLET. SEE CHILD. EXPLAIN HOW TO COMPLETE. REMEMBER TO USE A BLACK PEN
ENDIF

IF Age of Respondent is 18-24 and BookChk= Given
END IF

IF Age of Respondent is 13 years or over THEN
SComp2
I would now like you to answer some more questions in this booklet on your own. The questions cover general health.

INTERVIEWER: Explain how to complete booklet and show example in booklet

Wait until respondent(s) have finished and then check each booklet completed
If not, ask if questions missed in error
If in error ask respondent to complete.

ENDIF

IF Age of respondent is 8 years or over THEN
SComp3
INTERVIEWER CHECK: WAS THE (ORANGE/YELLOW/BLUE/BROWN) BOOKLET (FOR CHILDREN AGED 8-12/FOR CHILDREN AGED 13-15/FOR YOUNG ADULTS/FOR ADULTS) COMPLETED?
  1   Fully completed
  2   Partially completed
  3   Not completed

  IF SComp3 =Fully completed OR Partially completed THEN
  SC3Acc
  Was it completed without assistance?
    1 Completed independently
    2 *(Assistance from other children)*
    3 Assistance from other household member *(Assistance from adult(s) (not interviewer)*
    4 Assistance from interviewer
    5 Interviewer administered
  ENDIF

IF SComp3 = Partially completed OR Not completed THEN
SComp6
INTERVIEWER: RECORD WHY BOOKLET NOT COMPLETED / PARTIALLY
COMPLETED. CODE ALL THAT APPLY:
- 0   Child away from home during fieldwork period
- 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)
- 97   Other (SPECIFY)

   IF SComp6=Other THEN
   SComp6O
   PLEASE SPECIFY OTHER REASON.
               Text: Maximum 60 characters
   ENDIF
ENDIF

IF SComp3 = Fully completed OR Partially completed THEN
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
   ENDIF
ENDIF

IF Age of respondent is 4 TO 15 years THEN
SDQChk
INTERVIEWER PLEASE CHECK: Was the (*lilac*) booklet for parents completed?
- 1   Fully completed
- 2   Partially completed
- 3   Not completed

IF SDQChk= Partially completed OR Not completed THEN
SDQComp
INTERVIEWER: Record why booklet not completed/partially completed. CODE ALL THAT
APPLY.

     0   Child away from home during fieldwork period
     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   Other (SPECIFY)

IF SDQComp =Other THEN
SDQComp0
PLEASE SPECIFY OTHER REASON.
     Text: Maximum 60 characters
ENDIF
ENDIF
ENDIF

Measurements

ASK ALL
Intro
PREAMBLE: I would now like to measure height and weight. There is interest in how people's weight, given their height, is associated with their health. MAKE OUT LIGHT TURQUOISE MRC FOR EACH PERSON.

IF Age >=2 THEN
   RespHts
MEASURE HEIGHT AND CODE. INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: Height refused.
    1 Height measured
    2 Height refused
    3 Height attempted, not obtained
    4 Height not attempted

IF RespHts = Height measured THEN
   Height
ENTER HEIGHT.
       Range: 60.0..244.0
    ENDIF

   RelHite
INTERVIEWER CODE ONE ONLY
       1 No problems experienced reliable height measurement obtained
        Problems experienced - measurement likely to be:
       2 Reliable
       3 Unreliable

   IF RelHite = Unreliable THEN
    HiNRel
WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?
       1   Hairstyle or wig
       2   Turban or other religious headgear
       3   Respondent stooped
       4   Child respondent refused stretching
       5   Respondent would not stand still
       6   Respondent wore shoes
       95   Other, please specify

    IF HiNRel = Other THEN
      OHiNRel
PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.
       Text: Maximum 60 characters
    ENDIF
ENDIF

   MBookHt
INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD.
HEIGHT: *(x)* cm OR *(x)* feet *(x)* inches.

ELSEIF RespHts = Height refused THEN
   ResNHi
GIVE REASONS FOR REFUSAL.
           1 Cannot see point/Height already known/Doctor has measurement
           2 Too busy/Taken too long already/ No time
           3 Respondent too ill/frail/tired
           4 Considered intrusive information
           5 Respondent too anxious/nervous/shy/embarrassed
           6 Refused (no other reason given)
           7 Other

ELSEIF RespHts = Height attempted, not obtained OR Height not attempted THEN
   NoHtBC
CODE REASON FOR NOT OBTAINING HEIGHT. CODE ALL THAT APPLY.
           1   Child: 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 chairbound
           5   Confined to bed
           6   Respondent unable to remove shoes
           7   Child: subject would not stand still
           8   Ill or in pain
           9   Stadiometer faulty or not available
           10 Child asleep
           95 Other - specify

   IF OTHER IN NoHtBC THEN
      NoHitCO
      PLEASE SPECIFY OTHER REASON
               Text: Maximum 60 characters
   ENDIF
ENDIF

IF RespHts = Height refused, Height attempted, not obtained OR Height not attempted THEN
   EHtCh
   INTERVIEWER: ASK *(respondent)* FOR AN ESTIMATED HEIGHT. WILL IT BE GIVEN IN
   METRES OR IN FEET AND INCHES?
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
      PLEASE RECORD ESTIMATED HEIGHT IN METRES.
        Range: 0.01..2.44

      ELSEIF EHtCh = Feet and inches
      EHtFt
      PLEASE RECORD ESTIMATED HEIGHT. ENTER FEET.
        Range: 0..7

EHtIn
PLEASE RECORD ESTIMATED HEIGHT. ENTER INCHES.

Range: 0..11

You can enter half inches, if given, with a .5 decimal.

   ENDIF
ENDIF

EstHt
Computed: Final measured or estimated height (cm).
   Range: 0..0... ...999.9

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

IF PregNowB<> Yes THEN
   RespWts
INTERVIEWER: MEASURE WEIGHT AND CODE. *(IF RESPONDENT WEIGHS MORE THAN 130KG (20 ½ STONES) DO NOT WEIGH. CODE AS 'WEIGHT NOT ATTEMPTED')* INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: Weight refused.
      0   *If Age 2-5 years: Weight obtained (child held by adult)/ If Age over 5 years*: DO NOT USE THIS CODE
            1 Weight obtained (subject on own)
            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) THEN
   IF RespWts = Weight obtained (subject on own) THEN
      XWeight
      RECORD WEIGHT.
            Range: 10.0..130.0

   ELSEIF RespWts = Weight obtained (child held by adult) THEN
      WtAdult
      ENTER WEIGHT OF ADULT ON HIS/HER OWN.
         Range: 15.0..130.0

      WtChAd
      ENTER WEIGHT OF ADULT HOLDING CHILD.
               Range: 15.0..130.0
   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   None of these

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 MEASUREMENT RECORD CARD.
WEIGHT: (x) kg OR (x) stones (x) pounds. IF WEIGHT LOOKS WRONG, GO BACK TO
XWeight' AND REWEIGH.
ENDIF

**IF RespWts = Weight refused, Weight attempted, not obtained OR Weight not attempted
THEN**
 IF RespWts = Weight refused THEN

 ### ResNWt
 GIVE REASONS FOR REFUSAL.
  1   Cannot see point/Weight already known/Doctor has measurement
  2   Too busy/Taken long enough already/No time
  3   Respondent too ill/frail/tired
  4   Considered intrusive information
  5   Respondent too anxious/nervous/shy/embarrassed
  6   Child refused to be held by parent
  7   Parent refused to hold child
  8   Refused (no other reason given)
  9   Other

 ELSEIF RespWts = Weight attempted, not obtained OR Weight not attempted THEN
 NoWtBC
 CODE REASON FOR NOT OBTAINING WEIGHT. CODE ALL THAT APPLY.
1   Child: away from home during fieldwork period (specify in a Note)
2   Respondent is unsteady on feet
3   Respondent cannot stand upright
4   Respondent is chairbound
5   Confined to bed
6   Respondent unable to remove shoes
7   Respondent weighs more than 130 kg
8   Ill or in pain
9   Scales not working
10 Parent unable to hold child
11 Child asleep
95 Other - specify

IF NoWtBC = Other THEN
 NoWatCO
 PLEASE SPECIFY OTHER REASON.

 Text: Maximum 60 characters
 ENDIF
ENDIF

EWtCh
INTERVIEWER: ASK *(respondent)* FOR AN ESTIMATED WEIGHT. WILL IT BE GIVEN IN KILOGRAMS OR IN STONES AND POUNDS
 1 Kilograms
 2 Stones and pounds
ENDIF
ENDIF

IF EWtCh = kg
 EWtkg
 PLEASE RECORD ESTIMATED WEIGHT IN KILOGRAMS.
 Range: 1.0..210.0

ELSEIF EWtCh = StnPnd
 EWtSt
 PLEASE RECORD ESTIMATED WEIGHT. ENTER STONES.
 Range: 1..32

 EWtL
 PLEASE RECORD ESTIMATED WEIGHT. ENTER POUNDS.
 Range: 0..13
ENDIF

EstWt
Computed: Final measured or estimated weight (kg).
 Range: 0.0....999.9
  ENDIF

IF (RespHts = Yes) OR (RespWts = Yes) THEN
 StadNo
 INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF STADIOMETER USED FOR THIS INTERVIEW
 Range: 0....997

 SclNo
 INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF SCALES USED FOR THIS INTERVIEW.
 Range: 0....997
ENDIF

IF RESPONDENT IS <16
 Birth
 Can you tell me, what was *(name of child's)* weight at birth?
 INTERVIEWER: IS WEIGHT GIVEN IN KILOGRAMS OR IN POUNDS AND OUNCES? :
  1 Kilograms
  2 Pounds and ounces

IF Birth = Kilograms THEN
   Birthkg
PLEASE RECORD *(name of child's)* BIRTHWEIGHT IN KILOGRAMS.
   Range: 1.00..6.75

ELSEIF Birth = Pounds and ounces THEN
   BirthL
PLEASE RECORD *(name of child's)* BIRTHWEIGHT. ENTER POUNDS.
   Range: 2..15

   BirthO
PLEASE RECORD *(name of child's)* BIRTHWEIGHT. ENTER OUNCES.
   Range: 0..15
ENDIF

BirthWt
Computed: Given birthweight (kg)
   Range: 0.00....8.70

IF BirthWt = [between 0.1kg and 2.5kg] THEN
   Prmature
W as *(name of child)* born prematurely?
   1 Yes
   2 No

   IF Prmature = Yes THEN
   PrWeeks
How many weeks early was *(name of child)* born?
ENTER NUMBER OF WEEKS, ROUNDED TO NEAREST WEEK. IF LESS THAN
FOUR DAYS, ENTER '0'.
   Range: 0..20
   ENDIF
  ENDIF
ENDIF

Nurse Appointment

IF Age of respondent < 16 AND No legal parent in household THEN
> **NurseA**
> In order for the nurse to take any of your measurements we have to have the permission of your parents or the person who has legal parental responsibility. As there is no-one in your household who I can ask, I won't be making an appointment for you.
>> 1 Continue

ELSE (All other respondents)
> **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).
>
> 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 and take a saliva and blood sample.*
>> 1   Agreed nurse could contact
>> 2   Refused nurse contact

> **IF Nurse = Agreed nurse could contact THEN**

> **NApptLtr**
> Shortly, I will arrange a convenient time for the nurse to come and talk to you.

> **IF Nurse = Refused nurse contact THEN**
>> **NurseRef**
>> RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT **G1** ON A.R.F
>>> 0 Own doctor already has information
>>> 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 reason (specify)

>> **IF NurseRef=Other reason THEN**
>>> **NrsRefO**
>>> PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT **G1** ON A.R.F.
>>> Text: Maximum 60 characters
>> **ENDIF**

Actigraph Placement

THERE WILL BE DIFFERENT SAMLPE TYPES TO IDENTIFY THOSE ELIGIBLE FOR THE ACTIGRAPH. THOSE IN THE SAMPLE TYPES THAT ARE ELIGIBLE WILL BE FILTERED THROUGH TO THIS MODULE.

ACTIntro
As part of the Health Survey for England, we are asking some respondents to wear an activity monitor called an "Actigraph". The activity monitor is like a pedometer and records different types of movement.

Press <1> and <Enter> to continue."
Numeric: 1..1 Decimals: 0

ExcIntro
Before I go into more detail about the actigraph, I would first like to ask you a few background questions to check whether you would be able to take part.

Press <1> and <Enter> to continue."

Bed
INTERVIEWER: Is the respondent confined to bed or wheelchair?
1 Yes - cannot walk, confined to bed/wheelchair.
2 No - mobile

IF Bed=2 THEN
Latex
Do you have an allergy to latex?
    1   Yes
    2   No

Press <1> and <Enter> to continue."
Numeric: 1..1 Decimals: 0

    UPreg
   INTERVIEWER: Has the respondents (or her parent) told you that she is pregnant? Do not ask this question - only code whether or not it has been volunteered."
     1 Yes, told me she is pregnant
     2 No "No, not told me she is pregnant

Abdom
(have you / has name of child) recently had abdominal surgery, or *(do you / does he/she)* have any health problems which mean that *(you / he / she)* could not wear a belt round *(his / her)* waist?

INTERVIEWER: If necessary, explain that the activity monitor will need to be worn on an elastic belt around the waist.
1. Yes, could not wear belt
2. No

IF Abdom = 1 OR Bed = 1 THEN
NoPart
"INTERVIEWER: THANK THE RESPONDENT AND EXPLAIN THAT THEY WILL NOT BE ABLE TO PARTICIPATE IN THIS PART OF THE SURVEY.

Press <1> and <Enter> to continue."
END IF

Intro2

We would like you to wear the actigraph for 7 days. As a thank you, you will receive a £20 voucher.   Please read this leaflet, it explains more about what is involved.

INTERVIEWER: Give the respondent the (*adult/child*) actigraph leaflet and allow them time to read it and ask you any questions. If necessary, reassure them that invitation to take part is randomly selected by the computer and not based on respondent characteristics.

Press <1> and <Enter> to continue."

AGCons1
Are you willing (*for name of child*) to take part in the study?
    1   Agreed to take part and consent given
    2   No, not willing to take part

AGCons2
Are you willing to take part in the study?
    1   Agreed to take part and consent given
    2   No, not willing to take part

Place
I will now help fit the actigraph on (*you / name of child*) so that (*you / he / she*) can see how it feels.

Press <1> and <Enter> to continue

Fit
"INTERVIEWER: Fit the actigraph and suggest to the respondent that they wear it for the remainder of the day to get used to it.

Demonstrate and explain to the respondent:

- The monitor is worn on the waist using the elastic belt provided.
- Attach the belt snugly around respondent's waist so that the monitor rests on the right side of body, above the right hip.
- (*he /she*) should ideally wear the monitor under (*his / her*) clothes. (*you do not / he / she does not*) need to wear it against the skin.
- Keep the monitor fastened on the belt to reduce the risk of losing it.
- Put the monitor on when (*you wake up / name of child wakes up*) and take it off before (*you go / he / she goes*) to bed on each day.
- Please remove the monitor before (*you shower, bath or go swimming / he / she showers, bathes or goes swimming*), as if it is wet it may be damaged. (If (*you forget / he / she forgets*) to take the monitor off before bathing or swimming, (*you / he / she*) will not be harmed.)

INTERVIEWER: Press <1> and <Enter> to continue."
Numeric: 1..1 Decimals: 0

ActFit
INTERVIEWER: HOW WAS THE FIT OF THE ACTIGRAPH AGAINST THE BODY?
1. Snug fit, flat against the body
2. Snug fit, not flat because of body shape
3. Not snug fit (respondent refused to wear it tight around the waist)
4. Other

ActNo
INTERVIEWER:@|Record the serial number of the actigraph,
@|@|@|e.g. for ACT123A enter 123A.

Numeric: 1..999 Decimals: 0

Log
INTERVIEWER: Give the respondent the activity log ^Colour.

- Write the serial number on the front of the log.
- Place the coloured sticker on the actigraph and on the front cover of the activity log.
- Write in the days of the week (on page 3).
- If the respondent cannot begin wearing the actigraph the next day, then write the **actual start date** on the log.
- Explain to the respondent how to fill it in.

Respondent serial number is: ……………

Press <1> and <Enter> to continue

Actplcd
INTERVIEWER: Did you place the actigraph and activity log with (*name of respondent*)?
　　1　Yes
　　2　No

IF Actplcd=2 THEN
WhyActNo
INTERVIEWER: Please record why the actigraph and activity booklet were not placed.

Phone
INTERVIEWER: Collect the respondent's telephone number and record it on the ARF.

READ OUT: Either myself or my colleague will give you a call mid-way through the week to check how things are going.

ACTnrs
INTERVIEWER: Please start wearing the actigraph when you get up tomorrow morning and wear it every day until you go to bed on (*date*). The nurse will collect the actigraph and the activity booklet when he/she comes to visit (*you/name of respondent*). Please keep the actigraph and activity booklet in a safe place until the nurse comes to collect it.

ASK ALL WHO AGREED TO NURSE OR ACTIGRAPH:

Can I now arrange a convenient time for the nurse to visit.

INTERVIEWER: Make an appointment at a time that suits everybody
                      If necessary make more that one nurse 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
                      the nurse on the back of the MRC

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

ACTColl
INTERVIEWER: Who will be returning to collect the actigraph(s)?

1 Nurse collection
2 Interviewer collection (no nurse allocated to interviewer)
3 Interviewer collection (nurse availability not suitable for respondent)

4 Interviewer collection (other reason)
5 Not yet decided who will collect

NRFChk
INTERVIEWER: Complete the Nurse Record Form (NRF) for the person(s) in this session.

INTERVIEWER: If a respondent agrees to the nurse visit, leave the stage 2 leaflet.

 Press <1> and <Enter> to continue
      ENDIF
    ENDIF
ENDIF

Consents

ASK ALL AGED 16+
NHSCan
We would like your consent for us to send your name, address and date of birth to three National Health Service registers. These are the NHS Central Register, the NHS Cancer Registry and the Hospital Episodes Statistics Register. Please read these forms, it explains more about what is involved.
INTERVIEWER: GIVE THE RESPONDENT THE COLOUR (GREEN/YELLOW) CONSENT FORM (NHS AND CANCER REGISTRY) AND ALLOW THEM TIME TO READ THE INFORMATION.
   1   Consent given
   2   Consent not given

IF NHSCAN = Consent given THEN
  NHSSig
  EXPLAIN THE NEED FOR WRITTEN CONSENT: Before I can pass your details on, I have to obtain written consent from you.
  ENTER THE RESPONDENT'S SERIAL NUMBER ON THE TOP OF THE CONSENT FORMS.
  ASK RESPONDENT TO SIGN AND DATE BOTH FORMS.
  GIVE THE SECOND COPY OF THE FORM TO THE RESPONDENT.
  CODE WHETHER SIGNED CONSENTS OBTAINED.
  CODE ALL THAT APPLY.
    1   Hospital Episodes Statistics Register consent obtained
    2   NHS Central Register and Cancer Registry consent obtained
    3   All consents signed
    4   No signed consents
ENDIF

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

TPhone
Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.
INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER ON FRONT OF ARF.
  1 Number given
  2 Number refused
  3 No telephone
  4 Number unknown

  ReInter
  If at some future date we wanted to talk to you further about your health, may we contact you to see if you are willing to help us again?
   1 Yes
   2 No

P2827

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

First name:

Spare	Card			Spare
10-11	3	1	2	15-20
	12-14			

Survey month:

Health Survey for England 2008

Booklet for Adults

In Confidence

How to fill in this questionnaire

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 one 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

Light Brown **C/CA**

GENERAL HEALTH TODAY

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

Please answer **ALL** the questions. By ticking one box for each question below, please indicate which statements best describe your own health state **today**.

MOBILITY

Q1   **Mobility**   **Tick one box**

301

I have no problems in walking about   ☐ 1

I have some problems in walking about   ☐ 2

I am confined to bed   ☐ 3

SELFCARE

Q2   **Self-Care**   **Tick one box**

302

I have no problems with self-care   ☐ 1

I have some problems washing or dressing myself   ☐ 2

I am unable to wash or dress myself   ☐ 3

USUALACT

Q3   **Usual activities**   **Tick one box**

303

I have no problems with performing my usual activities
(eg. work, study, housework, family or leisure activities)   ☐ 1

I have some problems with performing my usual activities   ☐ 2

I am unable to perform my usual activities   ☐ 3

PAIN

Q4   **Pain/Discomfort**   **Tick one box**

304

I have no pain or discomfort   ☐ 1

I have moderate pain or discomfort   ☐ 2

I have extreme pain or discomfort   ☐ 3

ANXIETY

Q5   **Anxiety/Depression**   **Tick one box**

305

I am not anxious or depressed   ☐ 1

I am moderately anxious or depressed   ☐ 2

I am extremely anxious or depressed   ☐ 3

Spare 306-310

1

GENERAL HEALTH OVER THE LAST FEW WEEKS

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

HAVE YOU RECENTLY:

Tick one box
311

GHQCONC

	Better than usual	Same as usual	Less than usual	Much less than usual
Q6 been able to concentrate on whatever you're doing?	1	2	3	4

Tick one box
312

GHQSLEEP

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q7 lost much sleep over worry?	1	2	3	4

Tick one box
313

GHQUSE

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q8 felt you were playing a useful part in things?	1	2	3	4

Tick one box
314

GHQDECIS

	More so than usual	Same as usual	Less so than usual	Much less capable
Q9 felt capable of making decisions about things?	1	2	3	4

Tick one box
315

GHQSTRAI

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q10 felt constantly under strain?	1	2	3	4

Tick one box
316

GHQOVER

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q11 felt you couldn't overcome your difficulties?	1	2	3	4

HAVE YOU RECENTLY:

GHQENJOY

	More so than usual	Same as usual	Less so than usual	Much less than usual
Q12 been able to enjoy your normal day-to-day activities?	1	2	3	4

GHQFACE

	More so than usual	Same as usual	Less able than usual	Much less able
Q13 been able to face up to your problems?	1	2	3	4

GHQUNHAP

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q14 been feeling unhappy and depressed?	1	2	3	4

GHQCONFI

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q15 been losing confidence in yourself?	1	2	3	4

GHQWORTH

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q16 been thinking of yourself as a worthless person?	1	2	3	4

GHQHAPPY

	More so than usual	About same as usual	Less so than usual	Much less than usual
Q17 been feeling reasonably happy, all things considered?	1	2	3	4

General Health Questionnaire   (GHQ – 12)
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Thank you for answering these questions.

Please give the booklet back to the interviewer.

Health Survey for England 2008

Booklet for Young Adults

In Confidence

How to fill in this 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 **one** 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 no. | 9 |

C. On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question.

By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick **one** box

Yes   ✔ 1 ➔ **Go to Q4**

No   ☐ 2 ➔ **Go to Q5**

Smoking

DSMOKEVR

Q1   Have you ever smoked a cigarette, a cigar or a pipe?

Tick ONE box

Yes   ☐ 21 / 1

No   ☐ 2 → **Go to Q12**

DSMOKCIG

Q2   Have you ever smoked a cigarette?

Tick ONE box

Yes   ☐ 22 / 1

No   ☐ 2 → **Go to Q12**

DCIGAGE

Q3   How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

Write in how old you were then   ☐ 23-24

DSMOKNOW

Q4   Do you smoke cigarettes at all nowadays?

Tick ONE box

Yes   ☐ 25 / 1 → **Go to Q7**

No   ☐ 2

Q5   Why did you decide to give up smoking?

Tick ALL that apply
26-43

Advice from a GP/health professional	01
Advert for a nicotine replacement product	02
Government TV, radio or press advert	03
Hearing about a new stop smoking treatment	04
Financial reasons (couldn't afford it)	05
I knew someone else who was stopping	07
Seeing a health warning on a cigarette packet	08
Family or friends wanted me to stop	09
Being contacted by my local NHS Stop Smoking Services	10
Health problems I had at the time	11
Worried about future health problems	12
Pregnancy	13
Worried about the effect on my children	14
Worried about the effect on other family members	15
My own motivation	16
Something else	17
Cannot remember	98

DSMOKREG
Q6   Did you smoke cigarettes regularly or occasionally?

Tick ONE box
44

Regularly, that is at least one cigarette a day	1
Occasionally	2
I never really smoked cigarettes, just tried them once or twice	3

Go to Q12

2

DDLYSMOK

CURRENT SMOKERS

Q7   About how many cigarettes a day do you usually smoke on <u>weekdays?</u>

45-46

Write in number smoked a day

DWKNDSMO

Q8   And about how many cigarettes a day do you usually smoke at <u>weekends</u>?

47-48

Write in number smoked a day

DCIGTYPE

Q9   Do you <u>mainly</u> smoke ...

Tick ONE box

49

filter-tipped cigarettes,   1

plain or untipped cigarettes,   2

or hand-rolled cigarettes?   3

DGIVEUP

Q10   Would you like to give up smoking altogether?

Tick ONE box

50

Yes   1

No   2   **Go to Q12**

DYGVUP

Q11   What are your main reasons for wanting to give up?

Tick ALL that apply

51-66

Because of a health problem I have at present   01

Better for my health in general   02

Less risk of getting smoking related illnesses   03

Family/friends wanted me to stop   04

Financial reasons (couldn't afford it)   05

Worried about the effect on my children   06

Because of the forthcoming ban on smoking in all public places   07

Other   08

3

EVERYONE PLEASE ANSWER

Q12   Did your father ever smoke regularly when you were a child?

Tick ONE box

67

Yes [ ] 1

No [ ] 2

Don't know [ ] 8

DMAREG

Q13   Did your mother ever smoke regularly when you were a child?

Tick ONE box

68

Yes [ ] 1

No [ ] 2

Don't know [ ] 8

DEXPSM

Q14   In most weeks, how many hours a week are you exposed to other people's tobacco smoke?

69-71

Number of hours a week [ ]

Write in

DNRSMO

Q15   Do you find that you are often near people who are
a)   smoking in any of these places?

Please tick all the places where you are often near people who are smoking

Tick ALL boxes which apply

72-77

At home [ ] 1

At work [ ] 2

On buses or trains [ ] 3

In other people's homes [ ] 4

In pubs [ ] 5

In other places [ ] 6

No, none of these [ ] 7 → **Go to Q16**

4

Q15 Does this bother you?
b)

Tick ONE box

Yes

78
1

No

2

5

DRINKING

DDRINK

Q16 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick one box

79

Yes ☐ 1 → **Go to Q19**

No ☐ 2

DDRINKAN

Q17 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 one box

80

Very occasionally ☐ 1 → **Go to Q19**

Never ☐ 2

DALWAYTT

Q18 Have you always been a non-drinker or did you stop drinking for some reason?

Tick one box

81

Always a non-drinker ☐ 1

Used to drink but stopped ☐ 2

→ **Go to Q24 on page 9**

DDRINKAG

Q19 How old were you the first time you ever had a proper alcoholic drink?

82-83

Write in how old you were then ☐

6

DDRINKOF

Q20 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

84-85

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

Not all in the last 12 months ☐ 08

DDRINKL7

Q21 Did you have an alcoholic drink in the seven days ending yesterday?

Tick one box

86

Yes ☐ 1

No ☐ 2 → **Go to Q24**

DDRNKDAY

Q22 On how many days out of the last seven did you have an alcoholic drink?

Tick one box

87

One ☐ 1

Two ☐ 2

Three ☐ 3

Four ☐ 4

Five ☐ 5

Six ☐ 6

Seven ☐ 7

7

Q23 Please think about <u>the day in the last week on which you drank the most.</u> (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 <u>on that day</u>. For the ones you drank, write in how much you drank <u>on that day</u>. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

WRITE IN HOW MUCH DRUNK ON THAT DAY

TICK <u>ALL</u> DRINKS DRUNK ON THAT DAY		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles	
	88-103					
<u>Normal</u> strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy. **DDKTYP01**	01		**NBERQPT 7**	**DNBL7Q2**	**DNBL7Q3**	104-111
<u>Strong</u> beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White) **DDKTYP02**	02		**SBERQPT 7**	**DSBL7Q2**	**DSBL7Q3**	112-119
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails **DDKTYP03**	03	**DSPIRL7Q**				120-121
Sherry or martini (including port, vermouth, cinzano, dubonnet) **DDKTYP04**	04	**DSHRL7Q**				122-123

		Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)	
Wine (including babycham and champagne) **DDKTYP05**	05	**DW250ML**	**DW175ML**	**DW125ML**	**DWBTL**	124-132

TICK <u>ALL</u> DRINKS DRUNK ON THAT DAY		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles	
Alcoholic soft drink ('alcopop') or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice **DDKTYP06**	06				**DPOPSL7 Q**	133-134

Other kinds of alcoholic drink
WRITE IN NAME OF DRINK

1. **DDKTYP07**	07					135-144
2. **DDKTYP08**	08					145-154

Spare 155-300

8

GENERAL HEALTH TODAY

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

Please answer **ALL** the questions. By ticking one box for each question below, please indicate which statements best describe your own health state **today**.

MOBILITY
Q24   Mobility

Tick one box

301

I have no problems in walking about	☐ 1
I have some problems in walking about	☐ 2
I am confined to bed	☐ 3

SELFCARE
Q25   Self-Care

Tick one box

302

I have no problems with self-care	☐ 1
I have some problems washing or dressing myself	☐ 2
I am unable to wash or dress myself	☐ 3

USUALACT
Q26   Usual activities

Tick one box

303

I have no problems with performing my usual activities (eg. work, study, housework, family or leisure activities)	☐ 1
I have some problems with performing my usual activities	☐ 2
I am unable to perform my usual activities	☐ 3

PAIN
Q27   Pain/Discomfort

Tick one box

304

I have no pain or discomfort	☐ 1
I have moderate pain or discomfort	☐ 2
I have extreme pain or discomfort	☐ 3

ANXIETY
Q28   Anxiety/Depression

Tick one box

305

I am not anxious or depressed	☐ 1
I am moderately anxious or depressed	☐ 2
I am extremely anxious or depressed	☐ 3

Spare 306-310

9

GENERAL HEALTH OVER THE LAST FEW WEEKS

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

HAVE YOU RECENTLY:

Tick **one** box
311

GHQCONC

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

Q29 been able to concentrate on whatever you're doing?

Tick **one** box
312

GHQSLEEP

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

Q30 lost much sleep over worry?

Tick **one** box
313

GHQUSE

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

Q31 felt you were playing a useful part in things?

Tick **one** box
314

GHQDECIS

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

Q32 felt capable of making decisions about things?

Tick **one** box
315

GHQSTRAI

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

Q33 felt constantly under strain?

Tick **one** box
316

GHQOVER

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

Q34 felt you couldn't overcome your difficulties?

HAVE YOU RECENTLY:

GHQENJOY

	More so than usual	Same as usual	Less so than usual	Much less than usual
Q35 been able to enjoy your normal day-to-day activities?	1	2	3	4

Tick **one** box
318

GHQFACE

	More so than usual	Same as usual	Less able than usual	Much less able
Q36 been able to face up to your problems?	1	2	3	4

Tick **one** box
319

GHQUNHAP

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q37 been feeling unhappy and depressed?	1	2	3	4

Tick **one** box
320

GHQCONFI

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q38 been losing confidence in yourself?	1	2	3	4

Tick **one** box
321

GHQWORTH

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q39 been thinking of yourself as a worthless person?	1	2	3	4

Tick **one** box
322

GHQHAPPY

	More so than usual	About same as usual	Less so than usual	Much less than usual
Q40 been feeling reasonably happy, all things considered?	1	2	3	4

Thank you for answering these questions.

Please give the booklet back to the interviewer.

Point				Address		HHLD	CKL	Person No	

1-4   5-6   7   8-9

First name:

Spare   Card   Spare

3	1	3

10-11   12-14   15-20

Survey month:

Health Survey for England 2008

Booklet for 13-15 year olds

In Confidence

- Here are some questions for you to answer on your own.

- We are interested in your honest answers.

- We will not tell anyone what your answers are.

- 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

Yellow **C/CA/B/BA**

How to answer these questions

- 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 like this

  Yes [✔ 1]

  No [2]

- Sometimes you have to write a number in the box, for example

  I was **10** years old

  write in

- 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.

  No [2] → **Go to question 4**

  Yes [✔ 1]

  I was **10** years old

  write in

Cigarette Smoking

ASMOKCIG

Q1   Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

191

Yes ☐ 1

No ☐ 2

→ Go to next question

ASMOKREG

Q2   Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

192

I have never smoked ☐ 1 **→ Go to question 6**

I have only smoked once or twice ☐ 2

I used to smoke sometimes, but I never smoke a cigarette now ☐ 3

I sometimes smoke, but I don't smoke every week ☐ 4 **→ Go to question 3**

I smoke between one and six cigarettes a week ☐ 5

I smoke more than six cigarettes a week ☐ 6

ACIGAGE

Q3   How old were you when you tried smoking a cigarette, even if it was only a puff or two?

193-194

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

write in

ACIGWEEK

Q4   Did you smoke any cigarettes last week?

Tick one box

195

Yes ☐ 1 **→ Go to next question**

No ☐ 2 **→ Go to question 6**

ACIGNUM

Q5   How many cigarettes did you smoke last week?

196-197

I smoked ☐ cigarettes   **Go to next question**

write in

2

EVERYONE PLEASE ANSWER

Q6 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 ANRSMO

Tick all boxes which apply
205-208

At home ☐ 1

On buses or trains ☐ 3 → **Go to question 7**

In other people's homes ☐ 4

In other places ☐ 6

No, none of these ☐ 7 → **Go to question 8 on page 4**

ASMKBTHR

Q7 Does this bother you?

Tick one box
209

Yes ☐ 1 → **Go to next question**

No ☐ 2

Spare 210-214

Drinking

ADRPROP

Q8 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

215

Yes ☐ 1 → **Go to question 10**

No ☐ 2 → **Go to next question**

ADRPOPS

Q9 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch etc)?

Tick one box

216

Yes ☐ 1 → **Go to next question**

No ☐ 2 → **Go to question 19 on page 8**

ADRINKAG

Q10 How old were you the first time you had a proper alcoholic drink or an alcopop?

217-218

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

write in

ADRINKOF

Q11 How often do you usually have an alcoholic drink or alcopop?

Tick one box

219

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

4

Q12 When did you **last** have an alcoholic drink or alcopop?

Tick one box

220

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 → **Go to question 19 on page 8**

1 month, but less than 6 months ago [ ] 6

6 months ago or more [ ] 7

Q13 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

221

ABER2W

No [ ] 2 → **Go to question 14**

Yes [ ] 1

How much did you drink in the last 7 days?
Write in:

222-225

ABER2QPT [   ] **Pints** (if half a pint, write in ½)

226-227

ABER2QLG AND/OR [   ] **Large cans or bottles**

228-229

ABER2QSM AND/OR [   ] **Small cans or bottles**

5

Q14 **Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails**

Have you drunk this in the last 7 days?

Tick one box

ASPIRW

230

No [2] → **Go to question 15**

Yes [1]

How much did you drink in the last 7 days?
Write in:

231-232

ASPIRQGS

[ ] **Glasses** (count doubles as two glasses)

Q15 **Sherry or martini (including port, vermouth, cinzano, dubonnet)**

Have you drunk this in the last 7 days?

Tick one box

ASHERW

233

No [2] → **Go to question 16**

Yes [1]

How much did you drink in the last 7 days?
Write in:

234-235

ASHERQGS

[ ] **Glasses** (count doubles as two glasses)

Q16 **Wine (including babycham and champagne)**

Have you drunk this in the last 7 days?

Tick one box

AWINEW

236

No [2] → **Go to question 17**

Yes [1]

How much did you drink in the last 7 days?
Write in:

237-238

AWINEQGS

[ ] **Glasses**

Spare 239-245

6

Q17   **Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch, etc.)**

Have you drunk this in <u>the last 7 days</u>?

Tick one box

APOPSW

No | 246 | 2 | → **Go to question 18**

Yes | | 1 |

How much did you drink in the <u>last 7 days</u>?
Write in:

APOPSQLG | 247-248 | **Large cans or bottles**

APOPSQS M   AND/OR | 249-250 | **Small cans or bottles**

Q18   **Other kinds of <u>alcoholic</u> drink?**

Have you drunk this in <u>the last 7 days</u>?

Tick one box

No | 251 | 2 | → **Go to question 19**

Yes | | 1 | → **Complete details below**

Write in name of drink

How much did you drink in the <u>last 7 days</u>?
Write in:

| 252 | | 253-262 |

| 263 | | 264-273 |

| 274 | | 275-284 |

Spare 285-287

7

Your weight

Everyone please answer

Q19 Given your age and height, would you say
that you are...

Tick one box
288

About the right weight | 1

too heavy | 2

or too light? | 3

Not sure | 8

Q20 At the present time are you trying to **lose** weight, trying
to **gain** weight, or are you **not trying** to change your
weight?

Tick one box
289

Trying to lose weight | 1

Trying to gain weight | 2

Not trying to change weight | 3

Spare 290-310

8

General health over the last few weeks

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

HAVE YOU RECENTLY:

Tick **one** box
311

	Better than usual	Same as usual	Less than usual	Much less than usual
GHQCONC Q21 been able to concentrate on whatever you're doing?	□ 1	□ 2	□ 3	□ 4

Tick **one** box
312

	Not at all	No more than usual	Rather more than usual	Much more than usual
GHQSLEEP Q22 lost much sleep over worry?	□ 1	□ 2	□ 3	□ 4

Tick **one** box
313

	More so than usual	Same as usual	Less useful than usual	Much less useful
GHQUSE Q23 felt you were playing a useful part in things?	□ 1	□ 2	□ 3	□ 4

Tick **one** box
314

	More so than usual	Same as usual	Less so than usual	Much less capable
GHQDECIS Q24 felt capable of making decisions about things?	□ 1	□ 2	□ 3	□ 4

Tick **one** box
315

	Not at all	No more than usual	Rather more than usual	Much more than usual
GHQSTRAI Q25 felt constantly under strain?	□ 1	□ 2	□ 3	□ 4

Tick **one** box
316

	Not at all	No more than usual	Rather more than usual	Much more than usual
GHQOVER Q26 felt you couldn't overcome your difficulties?	□ 1	□ 2	□ 3	□ 4

HAVE YOU RECENTLY:

GHQENJOY
Q27 been able to enjoy your normal day-to-day activities?

Tick **one** box
317

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

GHQFACE
Q28 been able to face up to your problems?

Tick **one** box
318

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

GHQUNHAP
Q29 been feeling unhappy and depressed?

Tick **one** box
319

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

GHQCONFI
Q30 been losing confidence in yourself?

Tick **one** box
320

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

GHQWORTH
Q31 been thinking of yourself as a worthless person?

Tick **one** box
321

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

GHQHAPPY
Q32 been feeling reasonably happy, all things considered?

Tick **one** box
322

More so than usual	About same as usual	Less so than usual	Much less than usual
□ 1	□ 2	□ 3	□ 4

Thank you for answering these questions.
Please give the booklet back to the interviewer.

Point				Address		HHLD	CKL	Person No		First name:	
1-4				5-6		7		8-9			

Spare	Card			Spare	Survey month:	
10-11	3	1	4	15-20		
	12-14					

Health Survey for England 2008

Booklet for 8-12 year olds

In Confidence

- Here are some questions for you to answer on your own.

- We are interested in your honest answers.

- We will not tell anyone what your answers are.

- 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

Orange **C/CA/B/BA**

How to answer these questions

- 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 like this

  Yes | ✓ |₁

  No | |₂

- Sometimes you have to write a number in the box, for example

  I was | **10** | years old
  write in

- 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.

  No | |₂ → **Go to question 4**

  Yes | ✓ |₁

  I was | **10** | years old
  write in

Cigarette Smoking

CSMOKCIG

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

Tick one box

198

No ☐ 2 → **Go to question 2**

Yes ☐ 1

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

199-200

CSMOKAGE

I was ☐ years old

Write in

CSMOKREG

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

Tick one box

201

I have never smoked ☐ 1

I have only smoked once or twice ☐ 2

I used to smoke sometimes, but I never smoke a cigarette now ☐ 3

I sometimes smoke, but I don't smoke every week ☐ 4 → **Go to question 3**

I smoke between one and six cigarettes a week ☐ 5

I smoke more than six cigarettes a week ☐ 6

CCIGWEEK

3. Did you smoke any cigarettes last week?

Tick one box

202

No ☐ 2 → **Go to question 4**

Yes ☐ 1

How many cigarettes did you smoke last week?

203-204

CCIGNUM

I smoked ☐ cigarettes

Write in

2

EVERYONE PLEASE ANSWER

4. 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 which apply

205-208

ANSRMO

At home	1
On buses or trains	3
In other people's homes	4
In other places	6

→ **Go to question 5**

No, none of these	7

→ **Go to question 6 on page 4**

ASMKBTHR

5. Does this bother you?

Tick one box

209

Yes	1
No	2

→ **Go to the next question**

Spare 210-214

3

Drinking

ADRPROP

6. 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
215

Yes ☐ 1 → **Go to question 8**

No ☐ 2 → **Go to question 7**

ADRPOPS

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

Tick one box
216

Yes ☐ 1 → **Go to question 8**

No ☐ 2 → **Go to question 11 on page 6**

ADRINKAG

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

217-218

I was ☐ years old

write in

ADRINKOF

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

Tick one box
219

Almost every day ☐ 1

About twice a week ☐ 2

About once a week ☐ 3

About once a fortnight ☐ 4 → **Go to question 10**

About once a month ☐ 5

Only a few times a year ☐ 6

I never drink alcohol now ☐ 7

4

10. When did you **last** have an alcoholic drink or alcoholic soft drink?

Tick one box

220

Today	1	
Yesterday	2	
Some other time during the last week	3	
1 week, but less than 2 weeks ago	4	**Go to question 11**
2 weeks, but less than 4 weeks ago	5	
1 month, but less than 6 months ago	6	
6 months ago or more	7	

Spare 221-287

Your weight

Everyone please answer

11. Given your age and height, would you say
that you are...

Tick one box

288

About the right weight ☐ 1

too heavy ☐ 2

or too light? ☐ 3

Not sure ☐ 8

12. At the present time are you trying to **lose** weight, trying
to **gain** weight, or are you **not trying** to change your
weight?

Tick one box

289

Trying to lose weight ☐ 1

Trying to gain weight ☐ 2

Not trying to change weight ☐ 3

Cycling

Everyone please answer
CBICYCLE
13.   Do you have a bicycle?

290

Yes ▢ 1

No ▢ 2

▶ **Go to question 14**

CHELMA
14.   Do you wear a bicycle helmet when you ride a bike?

291

I always wear a helmet when I ride a bike ▢ 1

I sometimes wear a helmet when I ride a bike ▢ 2

I never wear a helmet when I ride a bike ▢ 3

I never ride a bike ▢ 4

▶ **Go to question 15**

CHELMB
15.   What do you think about bicycle helmets?
           Please tick all the boxes that you agree with

292-298

Wearing a helmet makes me feel safer when I ride
a bike ▢ 1

I sometimes forget to put my helmet on ▢ 2

Bicycle helmets cost too much money ▢ 3

Helmets look good ▢ 4

It is difficult to get helmets to fit ▢ 5

Helmets can protect you if you have an accident ▢ 6

Wearing a helmet makes me feel like a proper
cyclist ▢ 7

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P2827

Point				Address		HHLD	CKL	Child No	

1-4   5-6   7   8-9

First name of **child**:

Spare	Card
	3 2

10-11   12-13

First name of **parent** completing booklet:

Person no of parent	Spare

14-15   16-20

Survey month:

Health Survey for England 2008

Booklet for parents of 4-15 year olds

In Confidence

How to fill in this questionnaire

The questions in this booklet are answered by putting a tick in the box below the answer that applies to you.

Example:

Tick one box

Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life

Do you feel that you lead a ...   ✔

Lilac **C/CA/B/BA**

Strengths and Difficulties Questionnaire

We'd like you to tell us something about your child's behaviour over the **last 6 months**.

For each item, please tick the box for Not true, Somewhat true, or Certainly true to show how true the item is of your child.

(TICK **ONE** BOX ON EACH LINE)

		Not True	Somewhat true	Certainly true	
1.	Considerate of other people's feelings	☐	☐	☐	SDQFEEL 51
2.	Restless, overactive, cannot stay still for long	☐	☐	☐	SDQHYPER 52
3.	Often complains of headaches, stomach-aches or sickness	☐	☐	☐	SDQACHES 53
4.	Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐	SDQSHARE 54
5.	Often has temper tantrums or hot tempers	☐	☐	☐	SDQTEMPR 55
6.	Rather solitary, tends to play alone	☐	☐	☐	SDQLONE 56
7.	Generally obedient, usually does what adults request	☐	☐	☐	SDQOBEYS 57
8.	Many worries, often seems worried	☐	☐	☐	SDQWORRY 58
9.	Helpful if someone is hurt, upset or feeling ill	☐	☐	☐	SDQHELP 59
10.	Constantly fidgeting or squirming	☐	☐	☐	SDQFIDGT 60
11.	Has at least one good friend	☐	☐	☐	SDQPAL 61
12.	Often fights with other children or bullies them	☐	☐	☐	SDQFIGHT 62
13.	Often unhappy, down-hearted or tearful	☐	☐	☐	SDQSAD 63
14.	Generally liked by other children	☐	☐	☐	SDQLIKED 64
15.	Easily distracted, concentration wanders	☐	☐	☐	SDQHAZE 65
16.	Nervous or clingy in new situations, easily loses confidence	☐	☐	☐	SDQCLING 66
17.	Kind to younger children	☐	☐	☐	SDQKIND 67
18.	Often lies or cheats	☐	☐	☐	SDQLIES 68
19.	Picked on or bullied by other children	☐	☐	☐	SDQBULLD 69
20.	Often volunteers to help others (parents, teachers, other children)	☐	☐	☐	SDQVOL 70

		Not True	Somewhat true	Certainly true	
21.	Thinks things out before acting	☐	☐	☐	SDQTHINK 71
22.	Steals from home, school or elsewhere	☐	☐	☐	SDQSTEAL 72
23.	Gets on better with adults than with other children	☐	☐	☐	SDQADULT 73
24.	Many fears, easily scared	☐	☐	☐	SDQFEARS 74
25.	Sees tasks through to the end, good attention span	☐	☐	☐	SDQTEND 75

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26. Have you ever consulted any of the following people or organisations about any behavioural or developmental problem your child may have had?   PRBCO

CIRCLE **ALL** THAT APPLY

General Practitioner (GP)	01	76-93
Health Visitor	02	
Nurse at GP surgery or health centre	03	
Community, School or District nurse	04	
Consultant/Specialist or other doctor at hospital outpatients	05	
Social Worker	06	
Psychologist	07	
Teacher	08	
Other person or organisation (please write in who)	09	

None of these   10

Thank you for answering these questions.

Please give the booklet back to the interviewer

Health Survey for England 2008

Booklet for adults: Eating Habits

In Confidence

Point				Address		HHLD		CKL		Person no		First name:	

1-4   5-6   7   8-9

Spare	Card		Spare
	3	2	

10-11   12-13   14-20

First name:

Survey month:

How to fill in this questionnaire

Most questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

EXAMPLE QUESTION: **Tick ONE box**

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a...	☐ 1	6 2	☐ 3	☐ 4

On most pages you should answer ALL the questions but sometimes you will find the box you have ticked has an arrow next to it with an instruction to go to another question.

EXAMPLE QUESTION: **Tick ONE box**

Do you feel there are things you can do to improve your health?

Yes   6 1   ➔ **GO TO Q4**

No   ☐ 2   ➔ **GO TO Q3**

By following the arrows carefully, you will miss out the questions that do not apply to you.

Green   **C/CA**

Eating Habits

Please read this carefully

We would now like to ask you about some foods which you may eat.
Please answer ALL the questions by ticking the box which you think most applies to you.

MILK

1. What kind of milk do you **usually** use for drinks, in tea or coffee and on cereals? Is it ...

If you usually use soya, rice or other non-dairy milk substitutes please tick "do not drink milk" and record details in space below:

Tick ONE box

Whole milk	☐ 1	
Semi-skimmed milk, including dried semi-skimmed	☐ 2	
Skimmed milk, including dried skimmed	☐ 3	➔ **GO TO Q2**
Do not have a usual type	☐ 4	
Do not drink milk	☐ 5	➔ **GO TO Q3**

Details of non-dairy milk substitutes: _____

MILKQUA

2. About how much milk do you yourself use each day, on average (for drinks, in tea and coffee, on cereals etc.). Is it ...

Tick ONE box

Less than a quarter of a pint	☐ 1
About a quarter of a pint	☐ 2
About half a pint	☐ 3
One pint or more	☐ 4

CHEESE

3. How often, on average, do you eat a serving of any type of cheese, except cottage cheese?

Tick ONE box

6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

WHITMEAT

4. How often, on average, do you eat a serving of chicken or turkey?

Tick ONE box

6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never

INCLUDE: processed chicken or turkey, chicken roll, chicken nuggets, turkey burgers

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

REDMEATB

5. How often, on average, do you eat a serving of beef, pork or lamb?

INCLUDE: burgers, sausages, bacon, cold meats, ham, corned beef, luncheon meat, spam, meat pies, meat curries, casseroles.

Tick ONE box

6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never
1	2	3	4	5

FRIEDFDB

6. How often, on average, do you eat a serving of <u>any</u> fried food?

INCLUDE: Fried fish or chicken, chips (including oven chips), cooked breakfast, samosas.

Tick ONE box

6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never
1	2	3	4	5

FISH

7. Apart from fried fish, how often, on average, do you eat a serving of fish?

INCLUDE: Prawns, tinned fish such as tuna.

Tick ONE box

6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never
1	2	3	4	5

SNACK

8. How often, on average, do you eat sweet or savoury snacks such as chocolates, crisps, nuts or biscuits?

INCLUDE: savoury biscuits such as cream crackers.

Tick ONE box

6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never
1	2	3	4	5

CAKESC

9. How often, on average, do you eat a serving of cakes, pies, puddings or pastries?

Tick ONE box

6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never
1	2	3	4	5

10. About how many rounded <u>teaspoons</u> of butter, margarine or other spread do you usually use in a <u>day</u>, for example on bread, sandwiches, toast, potatoes or vegetables?

WRITE IN
No. of teaspoons per <u>day</u>

BUTTERQ
a. <u>Butter or margarine</u> (eg. Anchor, Lurpak, Stork, I can't believe it's not butter, Clover)

30-31

LOWFATQ
b. <u>Low fat or reduced spreads, half fat butter</u> (eg. Flora, Gold, Bertolli, Pure dairy free spread with Soya, Sunflower spreads, etc.)

32-33

NOFAT
c. If you do not use any of these on a normal day, please tick (✓) here ☐ 1

34

FATCOOK
11. What sort of fat or oil do you usually use for cooking or frying food?

Tick ONE box

Butter, ghee, lard, suet, solid cooking fat ☐ 1   35

Hard or soft margarine, half fat butter ☐ 2

Vegetable oil, e.g. Sunflower, olive, rape seed, mustard, peanut, corn ☐ 3

Do not use oil or fat in cooking ☐ 4

Thank you for answering these questions.

Please give the booklet back to the nurse.

P2827

The Health Survey for England 2008

Program Documentation

Nurse Schedule

Household grid

PERSON to OC are usually transmitted directly from the interview data to the nurse CAPI program. There is also a facility for nurses to key this information directly from the Nurse Record Form, for example if the nurse visit follows too quickly from the interview to allow the automatic transmission to take place.

Person
Person number of person who was interviewed
     Range 01..12

Name
Name of person who was interviewed

Sex
Sex of person who was interviewed
   1   Male
   2   Female

Age
Age of person who was interviewed
   Range 0..120

OC
Interview outcome of person who was interviewed
   1   Agreed Nurse Visit
   2   Refused Nurse Visit
   3   No outcome yet

IF AGE <= 15 THEN
   P1
   Person number of child's Parent 1.
     Range: 1..12

   NatPs1
   Parent type of Parent 1.
     1 Parent
     2 Legal parental responsibility
P2
   Person number of child's Parent 2
   (code 97=no Parent 2 in household)
     Range: 01..97

   IF P2 IN [1..12] THEN
     NatPs2
     Parent type of Parent 2.
       1 Parent
       2 Legal parental responsibility
   ENDIF
ENDIF

AdrField
PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS TAKEN FROM N.R.F. ADDRESS LABEL.
MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED.:
   Text: Maximum 10 characters

HHDate
NURSE: ENTER THE DATE OF THE ORIGINAL HOUSEHOLD INTERVIEW FROM Q2 ON THE NRF (OR INTERIM APPOINTMENT RECORD).

OpenDisp
HERE ARE THE PEOPLE AT THIS HOUSEHOLD WHO HAVE BEEN SEEN BY THE INTERVIEWER (N/Y UNDER Nurse means 'Not yet interviewed', N/E means 'not eligible for interview'.)
No, Name, Sex, Age, Nurse, Actigraph, Midweek call
 PRESS 1 AND <Enter> TO SEE WHICH NURSE SCHEDULE TO SELECT FOR EACH PERSON.

SchDisp
TO INTERVIEW EACH PERSON, PRESS <Ctrl+Enter> AND SELECT THE CORRESPONDING NURSE SCHEDULE AS LISTED BELOW.
No, Name, Sex, Age, Nurse, Nurse Schedule Type

PRESS <Ctrl+Enter> TO SELECT A NURSE SCHEDULE FOR THE PERSON YOU WANT TO INTERVIEW, OR TO EXIT.

Introduction

IF OC = 1 THEN

    Info

You are in the Nurse Schedule for:

    Person Number:

    Name:

    Age:

    Sex:

    Actigraph to collect

    Actigraph serial number

    Actigraph start date

      Can you interview this person?

    1 Yes, I will do the interview now

    2 No, I will not be able to do this interview

ELSEIF OC=2 OR 3 THEN

    RefInfo

NURSE: *(Name of respondent)* IS RECORDED AS HAVING REFUSED A NURSE VISIT. HAS *(he/she)* CHANGED *(his/her)* MIND?

NURSE: THERE IS NO INFORMATION YET FROM THE INTERVIEWER WHETHER *(Name of respondent)* HAS AGREED TO A NURSE VISIT. IF YOU ARE SURE THAT *(he/she)* HAS COMPLETED AN INTERVIEW AND HAS AGREED TO SEE YOU, CODE 1 FOR "Yes" HERE. ELSE CODE 2 FOR "No"

        1   Yes, *(now/this person)* agrees nurse visit

        2   No, *(still refuses/this person will not have a)* nurse visit

ENDIF

ALL WITH A NURSE VISIT (Info = Yes OR RefInfo = Yes, agrees nurse visit)

    NurDate

NURSE: ENTER THE DATE OF THIS INTERVIEW.

    NDoB

Can I just check your date of birth?

ENTER RESPONDENT'S DATE OF BIRTH. ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, EG 2Jan72

    ConfAge

Derived: Age of respondent based on Nurse entered date of birth and date at time of household interview.

    Range: 0..120

    DispAge

CHECK WITH RESPONDENT: So your age is *(computed age)*?

    1   Yes

    2   No

IF Age of Respondent is 0 to 15 years THEN

      CParInt

NURSE: A child can be interviewed only with the permission of, and in the presence of, their parent or person who has (permanent) legal parental responsibility, ('parent'). No measurements should be carried out without the agreement of both 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?
   A *(Name of Parent 1)*
   B *(Name of Parent 2)*
ENDIF

IF (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN
PregNTJ
Can I check, are you pregnant at the moment?
   1 Yes
   2 No
ENDIF

Actigraph Collection Block

IF Sample type = Core Actigraph AND IActColl = Nurse collection AND (Age is 16+ OR 4-15) THEN

NIntro
INTERVIEWER: Now follows the actigraph collection.
Press <1> and <Enter> to continue.

NSTime
Time at start of the of collection block.

NSDate
Date checked and collected actigraph.

NAGPerson
NURSE: Check that you have the correct person number.
AName ··········Point···Address···Hhold···Check letter···Person number

Press <1> and <enter> to continue.

NAGIntro
Thank you for taking part in this stage of the study.
During this visit, I would like to collect the actigraph and ask you about (your/his/her) experiences of wearing it.

Press <1> and <enter> to continue.

NWear
Firstly, can I check, did (you/he/she) wear it for all seven days?
        1   Actigraph worn for 7 days
        2   Actigraph worn for 5 or 6 days
        3   Actigraph worn for 3 or 4 days
        4   Actigraph worn for 2 days or less

IF NWear = 2, 3, 4
NNoWear
Why were (you/he/she) unable to wear the actigraph for all 7 days?
        1   Actigraph lost/stolen
        2   Actigraph broken
        3   Respondent ill
        4   Respondent forgot
        5   Other

IF NNoWear=Other
Noth
NURSE: Record why respondent did not wear the actigraph for all 7 days.
ENDIF
ENDIF

NUseLog

NURSE: Collect the 'Activity Booklet'.
      1 Log collected and completed in full
      2 Log collected and partially completed
      3 Log collected, not completed
      4 Log not collected - lost

IF NUseLog = (codes 1 - 3)
    NAGSDate
NURSE: Record from the activity log (front page) the **START** date of wearing the actigraph.

    NAGEDate
NURSE: Record from the activity log (front page) the **END** date of wearing the actigraph.
: DATETYPE

    NAGNum
INTERVIEWER: Record from the activity log how many days the actigraph was worn.
       : 0..7
ENDIF

    NCollect
NURSE: Did you collect the actigraph?
      1 Yes
      2 No

IF NCollect = No THEN
    NYnoACT
NURSE: Why did you not collect the actigraph?
      1 Actigraph lost/stolen
      2 Other

    IF NYNOACT= Other
    NNOoth
NURSE: Record why you didn't collect the actigraph.
    ENDIF
ENDIF

IF NCollect = Yes THEN
    NAGDesp
NURSE: Prepare the despatch note for the respondent.
Wrap the despatch note around the actigraph and send back to Brentwood (one actigraph per jiffy bag).

Serial number:
Date of birth:
Actigraph serial number: (*ActNo*)

IF Wear = 1 – 3 OR NoWear = code 2 OR (NoWear = code 1 AND Wear = codes 1-3) THEN
    NVoucher
As a token of our appreciation for taking part in this stage of the study, a £20 high street voucher will be sent to you shortly.

NURSE: Complete and leave behind the actigraph promissory note for the incentive voucher. Remember to write in the serial number on the promissory note.
Press <1> and <enter> to continue.

IF NWear = code 4 THEN
NNoVouch
Thank you for taking part in this stage of the study.
NURSE: for your information this respondent is not eligible for a voucher.
ENDIF
ENDIF

NColEnd1
NURSE: The actigraph collection for (*respondents name*) has now been completed.

IF schedule type = actigraph only THEN
NColEnd2
To complete the admin block press <Ctrl and Enter>.
ENDIF

Immunisations and Infant Length

IF CHILD AGED UNDER 2 YEARS BUT OVER 6 WEEKS:

LgthMod
NURSE: NOW FOLLOWS THE INFANT LENGTH MODULE.
PLEASE PRESS <1> AND <Enter> TO CONTINUE.
    Continue

LgthInt
(As I mentioned earlier,) I would like to measure *(child's name)*'s length.
IF ASKED: This gives us information about your child's growth.
    1   Length measurement agreed
    2   Length measurement refused
    3   Unable to measure length for other reason

IF LgthInt=Agree THEN
Length
NURSE: MEASURE INFANT'S LENGTH AND RECORD IN CENTIMETRES.
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
    Range: 40.0..999.9

IF Length <> 999.9 THEN
LgthRel
NURSE: Is this measurement reliable?
    1   Yes
    2   No

ELSE (IF Length = 999.9)
YNoLgth
NURSE: GIVE REASON FOR NOT OBTAINING A LENGTH MEASUREMENT.
    1   Measurement refused
    2   Attempted, not obtained
    3   Measurement not attempted
    ENDIF
ENDIF

IF (YNoLgth IN [Refuse..NoTry]) OR (LgthInt IN [Refuse,Unable]) THEN
NoAttL
NURSE: GIVE REASON FOR *refusal/not obtaining the measurement/not attempting the measurement*
    1   Child asleep
    2   Child too frightened or upset
    3   Child too shy
    4   Child would not lie still
    95 Other reason(s)

IF NoAttL=Other THEN
OthNLth
NURSE: ENTER DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING
THE LENGTH MEASUREMENT.
    Text: maximum 100 characters
    ENDIF
ENDIF

IF Length <> 999.9 THEN
MbkLgth
NURSE: WRITE THE RESULTS OF THE LENGTH MEASUREMENT ON RESPONDENT'S
MEASUREMENT RECORD CARD.
    Continue
    ENDIF
ENDIF

ASK ALL UNDER 2 YEARS OLD
ImAny
There is interest in what immunisations children are getting. Has *(child's name)* had any
immunisations yet?
NURSE: EXCLUDE ANY JUST FOR TRAVEL OR HOLIDAYS.
    1 Yes
    2 No

IF ImAny = Yes THEN
ImIntro
SHOW EXAMPLE RED BOOK.
When children are given immunisations, these are usually marked in a red Child Health
Record Book (or Red Book) which is kept by the parent or guardian at home. Do you have
(child's name)'s red book to hand?
NURSE: IF YES, ASK PARENT TO GET BOOKLET AND ENCOURAGE THEM TO
CONSULT IT TO FIND OR CHECK RESPONSES.
    1 Yes
    2 No

ImBook
SHOW CARD A
Has *(child's name)* had any of the immunisations on this card?
(If you need to, please refer to the red (Child Health Record) book to check.)
    1 Yes
    2 No

IF ImBook = Yes THEN
ImWhic
SHOW CARD A, AGAIN.
Which ones has *(child's name)* had?
NURSE: IF HAD SEPARATE JABS FOR MEASLES, MUMPS AND/OR RUBELLA
(INSTEAD OF ALL THREE COMBINED (MMR) DO NOT USE CODE 4, BUT CODE THESE
AS SEPARATE.
    1   Diphtheria/ Tetanus/ Whooping Cough
10

2   Polio
3   Hib (Haemophilus Influenzae type b)
4   Diptheria/ Tetanus/ Whooping Cough/ Polio/ Hib (Haemophilus
         Influenzae type b) as a 5-in-1 injection
5   Measles, Mumps, Rubella (MMR)
6   Meningococcal C
7   Pneumococcal infection (Pneomococcal conjugate vaccine, PCV)
8   (Measles as a separate immunisation)
9   (Mumps as a separate immunisation)
10   (Rubella as a separate immunisation)

ImOth
SHOW CARD A, AGAIN.
Has (child's name) had any immunisations not listed on this card? (These may also be
written in the Red Book).
INCLUDE IMMUNISATIONS RECEIVED ABROAD, BUT EXCLUDE IMMUNISATIONS
JUST FOR TRAVEL OR HOLIDAYS.
1   Yes
2   No

IF ImOth = Yes THEN
ImOthWh
Which ones?
NURSE: TYPE IN NAME OF ANY OTHER IMMUNISATIONS. WHERE POSSIBLE COPY
DIRECTLY FROM RED BOOK.
Text (maximum 100 characters)
ENDIF

IF (ImAny = Yes) OR (ImOth = Yes) THEN
ImRedB
NURSE CODE: Did parent consult health record (red book) for information or
immunisations?
IF YES: Was the information in the health record?
1   Consulted and information available
2   Consulted but information not available
3   Did not consult health record
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? NURSE: If statins have been prescribed by a doctor, please
code them here. If they are bought without a prescription, code at the statins question.
 1 Yes
 2 No

IF MedCNJD = Yes THEN
  MedIntro
 Could I take down the names of the medicines, including pills, syrups, ointments, puffers
 or injections, prescribed for you by a doctor?
 NURSE: Including the contraceptive pill.
   1 Continue

 Collect details of up to 22 prescribed medicines

 FOR i:= 1 TO 22 DO
  IF (i = 1) OR (MedBIC[i-1] = Yes) THEN
   MedBI[i]
   NURSE: ENTER NAME OF DRUG NO. *(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 30 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

IF age>=16 AND MedCNJD = No OR MedBic = 2 THEN
 Statins
Are you taking statins (drugs to lower cholesterol) bought over the counter from a
pharmacist, without the prescription of a doctor?
NURSE: Here are some examples of common statins, which may be bought over the counter:
 Atorvastatin (Lipitor)
 Fluvastatin (Lescol, Lescol XL)
 Pravastatin (Lipostat)
 Rosuvastatin (Crestor) and Simvastatin (Zocor)
 1 Yes
 2 No

IF Statins = Yes THEN
StatinA
  Have you taken/used any statins in the last 7 days?
  1 Yes
  2 No
ENDIF
ENDIF

IF Age=16-74 THEN
  Beta
Are you currently taking Beta-Blockers or Digoxins, such as Lanoxin, to treat a heart flutter?
NURSE: Use your look up card for a list of common beta blockers. Beta blockers can be taken for a variety of reasons including high blood pressure, migraines, anxiety and hypothyroidism.
    1 Yes
    2 No

IF MedCNJD = Yes THEN
  DrCod1
NURSE: To do the drug coding now, press <Ctrl + Enter>, select **DrugCode[schedule no]** with the highlight bar and press <Enter>.
Else, enter '1' to continue.
    1 Continue

Drug coding block

  Dintro
NURSE: PLEASE COMPLETE DRUG CODING FOR
Person *(person no.) (person name)*.
PRESS 1 AND <Enter> TO CONTINUE.
    1 Continue

Repeat for up to 22 drugs coded

  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) THEN
  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 THEN
    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=18-49 THEN
  Folic
At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?
    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
People can take folic acid for various health reasons. Are you taking folic acid supplements because you hope to become pregnant?
    1 Yes
    2 No
  ENDIF
ENDIF

Nicotine replacement therapy

ASK IF RESPONDENT AGED 16 AND OVER

Smoke
Can I ask, do you smoke cigarettes, cigars or a pipe at all these days?
CODE ALL THAT APPLY.
IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO'.
      1 Yes, cigarettes
      2 Yes, cigars
      3 Yes, pipe
      4 No

IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe) THEN
LastSmok
How long is it since you last smoked a *(cigarette, (and/or a) cigar, (and/or a) pipe)*?
      1 Within the last 30 minutes
      2 Within the last 31-60 minutes
      3 Over an hour ago, but within the last 2 hours
      4 Over two hours ago, but within the last 24 hours
      5 More than 24 hours ago
ENDIF

UseNic
We are also interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum, patches or inhalers. Have you used any of these types of products in the last seven days?
NURSE: PLEASE NOTE THIS DOES NOT INCLUDE THE NEW MEDICATION PRESCRIBED TO AID SMOKING CESSATION.
      1 Yes
      2 No

IF UseNic=Yes THEN
UseGum
First, in the last seven days have you used any nicotine chewing gum?
     1 Yes
     2 No

IF UseGum=Yes THEN
GumMG
What strength is the nicotine chewing gum you are using - is it 2mg or 4mg?
CODE ONE ONLY. IF BOTH - WHICH MOST RECENTLY? IF CAN'T SAY - ASK TO SEE PACKET
      1 2mg
      2 4mg
      3 Can't say (and no packet available)
ENDIF

UsePat
In the last seven days have you used nicotine patches that you stick on your skin?

      1 Yes
      2 No

IF UsePat=Yes THEN
NicPats
Can you tell me which brand and strength of nicotine patches you use?
CODE ONE ONLY. DO NOT PROMPT.
IF MORE THAN ONE TYPE - WHICH MOST RECENTLY? IF NOT SURE - ASK TO SEE
PACKET
      1 Nicorette: 5mg
      2 Nicorette: 10mg
      3 Nicorette: 15mg
      4 Nicotinell TTS: 10 (7mg)
      5 Nicotinell TTS: 20 (14mg)
      6 Nicotinell TTS: 30 (21mg)
      7 Niquitin: 7mg
      8 Niquitin: 14mg
      9 Niquitin: 21mg
      95 Other (SPECIFY AT NEXT QUESTION)
      96 Can't say (and no packet available)

IF NicPats=Other THEN
OthNic
STATE NAME AND STRENGTH OF NICOTINE PATCHES
      Text: Maximum 140 characters
ENDIF
ENDIF

UseNas
In the last seven days, have you used nicotine nasal spray or a nicotine inhaler?
1 Yes
2 No
ENDIF

Blood pressure

IF Age of Respondent 0 to 4 years THEN
   NoBP
NO BLOOD PRESSURE READING TO BE DONE. ENTER '1' TO CONTINUE.
       1   Continue
ENDIF

IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN
   PregMes
RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE.
       1   Continue
ENDIF

ALL AGED 5+ (EXCEPT PREGNANT WOMEN)
   BPMod
NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE. ENTER '1' TO CONTINUE:
       1   Continue

IF Age of Respondent is over 15 years THEN
   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.
       1   Continue

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 your results to your 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.
       1   Continue
   ENDIF

   BPConst
NURSE: Does respondent agree to blood pressure measurement?
       1   Yes, agrees
       2   No, refuses
       3   Unable to measure BP for reason other than refusal

IF BPConst = Yes, agrees THEN
   IF Age of Respondent is 13 years or over THEN
   ConSubX
May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?
        CODE ALL THAT APPLY.
        1   Eaten
        2   Smoked
        3   Drunk alcohol
        4   Done vigorous exercise
        5   (None of these)

   ELSEIF (Age of Respondent is 5 to 12 years AND BPConst = Yes, agrees) THEN
   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

   OMRONNo
RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:
        Range: 001..999

   CufSize
SELECT CUFF AND ATTACH TO THE RESPONDENT'S **RIGHT** ARM.
ASK RESPONDENT TO SIT STILL FOR FIVE MINUTES.
RECORD CUFF SIZE CHOSEN.
        1   Child (15-22 cm)
        2   Adult (22-32 cm)
        3   Large adult (32-42 cm)

   AirTemp
RECORD THE AMBIENT AIR 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 MEASUREMENTS.
        1   Continue

Map to Dias repeated for up to 3 blood pressure measurements.

   FOR I:= 1 TO 3 DO

Map[i]

TAKE THREE MEASUREMENTS FROM RIGHT ARM. ENTER (FIRST/SECOND/THIRD)
MAP 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

Pulse[i]

ENTER *(FIRST/SECOND/THIRD)* PULSE READING (bpm).
IF READING NOT OBTAINED, ENTER 999.

     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

    ENDDO

    IF NO FULL MEASUREMENT OBTAINED THEN:
    YNoBP

ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

     1 Blood pressure measurement attempted but not obtained
     2 Blood pressure measurement not attempted
     3 Blood pressure measurement refused

    ENDIF

    IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR
       FEWER THAN THREE FULL READINGS OBTAINED THEN:
    NAttBP

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 (IF AGED UNDER 16: Too shy)
     4 (IF AGED UNDER 16: Child would not sit still long enough)
     5 Problems with cuff fitting/painful
     6 Problems with equipment (not error reading)
     95 Other reason(s) (SPECIFY AT NEXT QUESTION)

    IF NattBP = Other THEN
    OthNBP

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 THEN DifBPC

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.
    1   No problems taking blood pressure
    2   Reading taken on left arm because right arm not suitable
    3   Respondent was upset/anxious/nervous
    4   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 THEN
    OthDifBP
NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.
        Text: Maximum 140 characters
    ENDIF
    ENDIF

    IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN GPRegB
Are you registered with a GP?
    1   Yes
    2   No

    IF GPRegB = Yes THEN
    GPSend
May we send your blood pressure readings to your GP?
    1   Yes
    2   No

        IF GPSend = No THEN
    GPRefC
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 THEN
        OthRefC
NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL
        Text: Maximum 140 characters
            ENDIF
        ENDIF
    ENDIF

    IF (GPRegB <> Yes) OR (GPSend = No) THEN
    Code022
CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.
    1   Continue

ELSEIF GPSend = Yes THEN
ConsFrm1
ASK THE RESPONDENT TO READ AND COMPLETE THE 'BLOOD PRESSURE TO GP'
    SECTION OF THE CONSENT BOOKLET.
CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON CONSENT
    FORM.
CHECK NAME BY WHICH GP KNOWS RESPONDENT.
CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.
      1   Continue
      ENDIF

BPOffer
OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.

Pulse	Systolic	Diastolic
i) *(First Pulse reading)*	*(First Systolic reading)*	*(First Diastolic reading)*
ii) *(Second Pulse reading)*	*(Second Systolic reading)*	*(Second Diastolic reading)*
iii) *(Third Pulse reading)*	*(Third Systolic reading)*	*(Third Diastolic 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 >114 THEN
TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your
blood pressure is high today. Blood pressure can vary from day to day and throughout the
day so that one high reading does not necessarily mean that you suffer from high blood
pressure. You are strongly advised to visit your GP within 5 days to have a further blood
pressure reading to see whether this is a once-off finding or not.
NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN
NEXT 7-10 DAYS.

IF Systolic reading 160-179 OR Diastolic reading 100-114 *(Men aged 16-49 OR Women*
aged 16+) **OR IF Systolic reading 170-179 OR Diastolic reading 105-114** *(Men aged 50+)*
THEN
TICK THE MODERATELY 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 once-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+)*
THEN
TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood
pressure is a bit high today. Blood pressure can vary from day to day and throughout the
day so that one high reading does not necessarily mean that you suffer from high blood
pressure. You are advised to visit your GP within 2 months to have a further blood pressure
reading to see whether this is a once-off finding or not.

IF Systolic reading <140 AND Diastolic reading <85 *(Men aged 16-49 OR Women aged 16+)* **OR IF Systolic reading <160 AND Diastolic reading <95** *(Men aged 50+)* **THEN**
TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

ENDIF
ENDIF
ENDIF
ENDIF

Step test exclusion module

IF (AGE=16-74) AND (PREGNTJ=No) AND (Average systolic BP<=160mmHg AND average diastolic BP<=100mmHg) AND (Beta=No).
ExIntro

The next part of my visit is a fitness exercise called the step test. Before I administer the step test I need to ask you a few questions to make sure it is safe for you to do the test.
Press 1 and enter.

IF AGE>=65 THEN
ExFalls

Have you fallen down in the past 12 months (excluding sports-related falls)?
NURSE: Include falls where injury has resulted in seeking medical treatment.

        1 Yes
        2 No

IF ExFalls=No OR (Sex=Female AND Age is 16 to 64) OR (Sex=Male AND Age is 16 to 64) THEN
ExDizzy

Do you have **any** problems with your balance?
Nurse: If asked, conditions that affect balance such as vertigo or Meniere's Disease should be included here.

        1 Yes
        2 No

IF ExFalls=Yes or ExDizzy= Yes THEN
NoElig1

NURSE: this person is **not eligible** to take the step test. Explain that it would be safest if you didn't administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.

        ENDIF
      ENDIF
    ENDIF

IF ExDizzy=No THEN
ExHeart

SHOWCARD B
Can you tell me if you have **EVER** had any of the things listed on this card?
Please look down the whole list
NURSE: PRESS F9 for a list of 'lay' terms for some of the items on this card

        Heart Attack
        Heart Valve Disease
        Atrial Fibrillation (Heart Flutter)
        Abnormal Heart Rhythm
        Heart Transplant
        Congenital Heart Disease
        Transient Ischaemic attack (mini stroke)
        Stroke
        Angina
        Intermittent Claudication

F9 guide for nurses:

Abnormal Heart Rhythm	Palpitations (heart arrhythmias)		Palpitations
	Tachycardia		Rapid Heart
	Bradycardia (heart block)		Slow Heart
	Heart Fibrillation		Flutter

Intermittent claudication { is muscle pain on exercise which is relieved by rest.
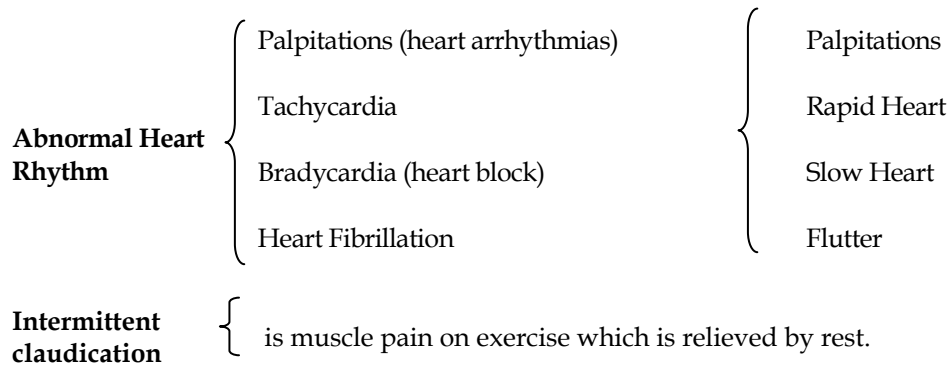
IF ExHeart=Yes THEN
WhExHeart
Which ones?
PROBE: What others? CODE ALL THAT APPLY
    1   Heart Attack
    2   Heart Valve Disease
    3   Atrial Fibrillation (Heart Flutter)
    4   Abnormal Heart Rhythm
    5   Heart Transplant
    6   Congenital Heart Disease
    7   Transient Ischaemic attack (mini stroke)
    8   Stroke
    9   Angina
    10   Intermittent Claudication
    ENDIF

IF WhExHeart = 1-6, 8-10 THEN
NoElig2
NURSE: this person is **not eligible** to take the step test. Explain that it would be safest if you didn't administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.
    ENDIF

IF WhExHeart=7 THEN
Extia
Have you had an attack in the last year, that is since <date one year ago>
    1   Yes
    2   No

IF Extia = Yes THEN
NoElig3
NURSE: this person is not eligible to take the step test. Explain that it would be safest if you didn't administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.
        ENDIF
        ENDIF
        ENDIF

ENDIF
ENDIF
IF ExTia=No THEN
ExAsprin
Do you currently take aspirin for your TIA?
        1 Yes
        2 No

        IF ExAsprin = No THEN
            NoElig4
NURSE: this person is **not eligible** to take the step test. Explain that it would be safest if you didn't administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.
        ENDIF
    ENDIF

    IF ExHeart=No OR ExAsprin=Yes THEN
    ExSurg
Can I check, have you ever had heart surgery?
NURSE: PROBE to include things like cardiac catheterisation, coronary angioplasty or a pacemaker fitted?
        1 Yes
        2 No

        IF ExSurg = Yes THEN
    NoElig5
NURSE: this person is **not eligible** to take the step test. Explain that it would be safest if you didn't administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.
        ENDIF
    ENDIF

    IF ExSurg=No THEN
    ExMeds
NURSE CHECK: Has this person already told you that they are currently taking Beta Blockers or Digoxins, such as Lanoxin, to treat a heart flutter?
NURSE: Beta blockers can be taken for a variety of reasons including high blood pressure, migraines, anxiety and hypothyroidism.
        1 Yes
        2 No

        IF ExMeds= Yes THEN
    NoElig6
NURSE: this person is **not eligible** to take the step test. Explain that it would be safest if you didn't administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.
        ENDIF
    ENDIF

IF ExMed=No THEN
ExCOPD

Has a doctor told you that you have long term damage to your lungs?

This can include conditions like Chronic Bronchitis, Emphysema or any other Chronic Obstructive Pulmonary Disease?

    1 Yes
    2 No

    IF ExCOPD=No THEN
ExMusc

Do you have any problems with joints, muscles or bones that might prevent you from stepping up and down repeatedly?
Nurse: include rheumatism, arthritis, tear or injuries to ligaments, knee problems etc

    1 Yes
    2 No

      IF ExCOPD = Yes OR ExMusc=Yes THEN
NoElig7

NURSE: this person is **not eligible** to take the step test. Explain that it would be safest if you didn't administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.

      ENDIF
    ENDIF
  ENDIF

IF ExMusc=No THEN
Exabs

In the past three months, that is since <date three month ago>, have you had abdominal surgery?

    1 Yes
    2 No

    IF Exabs = Yes THEN
  NoElig8

NURSE: this person is **not eligible** to take the step test. Explain that it would be safest if you didn't administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.

      ENDIF
    ENDIF

IF ExAbs=No THEN
Exasthma

Do you have asthma?

    1   Yes
    2   No

    IF ExAsthma=Yes THEN
  ExAstMed

Nurse: people with asthma are eligible for the step test, if they are willing to take part. During or before the test, they should use the medication they would normally take when doing or about to do physically active things.
Please advise the respondent about this.

Continue
ENDIF
ENDIF

ASK IF HAVE NOT BEEN SCREENED OUT TO THIS POINT
ExChesP
I am now going to ask you some questions mainly about symptoms of the chest. Have your ever had any pain or discomfort in your chest?
1　Yes
2　No

IF ExChesP= Yes THEN
ExUphill
Do you get it when you walk uphill or hurry?
1　Yes
2　No
3　Sometimes / occasionally
4　Never walks uphill or hurries
5　(Cannot walk)

IF ExUphill = Sometimes / occasionally THEN
ExOccas1
Does this happen on most occasions?
1　Yes
2　No

IF (ExUphill=Yes) OR (ExOccas1 =Yes) THEN
ExWalkdo
What do you do if you get while you are walking? Do you stop, slow down or carry on?
NURSE: IF RESPONDENT UNSURE, PROBE: What do you do on most occasions?
1　Stop
2　Slow down
3　Carry on

IF ExWalkdo = Stop or Slow down THEN
ExStopWlk
If you stand still does the pain go away or not?
NURSE: IF RESPONDENT UNSURE, PROBE: What happens to the pain on most occasions?
1　Pain goes away
2　Pain doesn't go away

IF ExStopWlk = Pain goes away THEN

Howsoon

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

      1   10 minutes or less,

      2   or more than 10 minutes

IF Howsoon =10 minutes or less THEN

PanSitC

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

NURSE: USE CARD C TO HELP CODE POSITION OF PAIN OR DISCOMFORT.

CODE ALL THAT APPLY. PROBE: Where else?

      1   Sternum (upper or middle)

      2   Sternum lower

      3   Left anterior chest

      4   Left arm

      5   Right anterior chest

      6   Right arm

      7   (Somewhere else)

Automatically derived Rose Angina Score. **ExPossangi** is calculated using the following rules:

IF (PanSitC= 1-4 AND ExUphill=Yes) THEN ExPossangi=1.

ExPossangi (D)

    Angina

    No angina

IF ExPossangi = Angina THEN

NoElig9

NURSE: This person is **not eligible** to take the step test. Explain that it would be safest if you didn't administer this test. Circle code 06 on the front of the consent booklet.

Press 1 and enter to continue.

                  ENDIF

                ENDIF

              ENDIF

            ENDIF

          ENDIF

        ENDIF

      ENDIF

    ENDIF

  ENDIF

ASK IF NOT BEEN SCREENED OUT AT THIS POINT

EverPain

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

      1   Yes

      2   No

Respondents with possible infarction are not eligible. **PossMI** is calculated using the following rules:

IF Everpain = Yes THEN EXCLUDED

PossMI (D)

    1 Yes
    2 No

IF PossMI = Yes THEN

NoElig10

NURSE: this person is **not eligible** to take the step test. Explain that it would be safest if you didn't administer this test. Circle code 06 on the front of the consent booklet.

Press 1 and enter to continue.

    ENDIF
  ENDIF
ENDIF

ASK IF NOT BEEN SCREENED OUT AT THIS POINT

Latex

Do you have an allergy to latex?

    1 Yes
    2 No

IF Latex = Yes THEN

NoElig11

NURSE: This person is **not eligible** to take the step test. Explain that it would be safest if you didn't administer this test. Circle code 06 on the front of the consent booklet.

Press 1 and enter to continue.

    ENDIF
  ENDIF
ENDIF

Introduction of the Step Test

StepIntro
NURSE: EXPLAIN THE PURPOSE OF THE TEST.
'I would now like to carry out the step test, this involves you stepping up and down onto the step repeatedly. I will first demonstrate the movement to you.

If you cannot do this movement, or if you feel it would be unsafe to try to do it, please tell me. I do not want you to try to do any movement that you feel might be unsafe'.

Do you have any questions before we begin?
          1   Continue

StepDemo
NURSE: Demonstrate the movement to the respondent using the <15cm/20cm> step.
PRESS <1> AND <ENTER> TO ACTIVATE THE SOUND FILE TO BEGIN THE DEMONSTRATION.

DemoDisp
NURSE: To stop the demonstration press <1> and <enter>.
Allow the respondent a minute to practice the movement.
You can go back to the sound file by pressing the 'up' key.

When you have finished the demonstration exercise press <1> and <enter> to continue.

StepIntr2
NURSE: After you have described the test and demonstrated the movement, discuss with respondent whether they could attempt the test.

ASK: Do you feel that this would be safe?
          1   Yes
          2   No

IF StepIntr2= No THEN
          NoElig12
NURSE: This person is **not eligible** to take the step test. Explain that it would be safest if you didn't administer this test. Circle code 06 on the front of the consent booklet.
Press 1 and enter to continue.

ELSEIF StepIntr2=Yes THEN
StepCons
NURSE: Does the respondent agree to do the step test?

Ask the respondent to read and complete the 'Step test' section of the consent booklet.

          1   Yes, step test agreed
          2   No, step test refused

IF StepCons = Yes, step test agreed THEN
StepWrit
NURSE: Circle code 05 on front of the consent booklet.
     1   Continue

 StepInt3
NURSE: Explain the test fully and continue with step test.
     1   Continue

ELSEIF StepCons = No, step test refused THEN
StepCode
NURSE: This person is not eligible to take the step test. Explain that we can only administer the test if we have written consent from them.

Circle code 06 on front of the consent booklet
     1   Continue
  ENDIF
ENDIF

 FitHR
NURSE: Fit the heart rate monitor on to the participant. Switch on the wrist watch and check that it is giving a heart rate reading. If no heart rate reading is detected, adjust the strap until a reading is given.
     1   Continue

 StopHR
NURSE PROMPT: The age related stepping heart rate for this respondent is (stepping heart rate textfill[1]).

You should stop the test if the respondent's heart rate goes above the maximum shown on the screen at any point during the test.

'Keep stepping on the step until I tell you to stop.'

Please advise respondents to take any action they normally would prior to undertaking any physical activity.

If necessary, provide gentle encouragement i.e. 'you're doing really well' but DON'T indicate timings.

     1   Continue

---

[1] Formulae for stepping heart rate calculation:
Age related heart rate is based on 208-(age*0.7)
Respondents aged 16-59 should stop above 85% of 208-(age*0.7)
Respondents aged 60-74 should stop above 80% of 208-(age*0.7)

Start

NURSE: You will need to start your stop watch after the count down marker
Record heart rate, on your **PINK** record card, **AT EVERY 30 SECOND INTERVALS** during the test.

Check respondent is about to use the **<15cm/20cm>** step.

'Please start the test AFTER the count down.'

Press<1> and <Enter> to activate the sound file to begin the test.

HRRecord

NURSE: THE AGE RELATED STOPPING HEART RATE FOR THIS RESPONDENT IS (stepping heart rate textfill[1]).

You should stop the test if the respondent's heart rate goes above the maximum shown on the screen at any point during the test.

After the test stop you stop watch, immediately record the recovery heart rate at EVERY 15 SECOND INTERVALS for 2 MINUTES.

Press<1> and <Enter> to record recovery heart rate.

Recov

NURSE: At each 'beep' record the recovery heart rate on your PINK record card.

Once finished, press <1> and <Enter> to continue.

HR1

NURSE: Please enter the **first** heart rate measurement.
Enter 997 if no heart rate readings were obtained AT ALL.
Enter 999 if this reading was not obtained.
        :40..220, 997, 999

HR2

NURSE: Please enter the **first** heart rate measurement.
Enter 999 if this reading was not obtained.
        :40..220, 999

{Repeat for HR3 through to HR16}

IF HR1=997 OR after HR16=response
HRRecov1

NURSE: Please enter the **first** recovery heart rate measurement.
Enter 997 if no heart rate readings were obtained AT ALL.
Enter 999 if this reading was not obtained.
        :40..220, 997, 999

HRRecov2
NURSE: Please enter the **first** recovery heart rate measurement.
Enter 999 if this reading was not obtained.
:40..220, 999

{Repeat for HRRecov3 through to HRRecov8}

IF HRRecov1=997 OR after HRRecov8=response
SafeChk
NURSE: Remind the respondent that although they should not experience any after effects once they have cooled down after the exercise, the respondent should inform their GP if they feel any discomfort during or immediately following the test.
1   Continue

Complet
Nurse: Did the respondent complete the test (all 8 minutes?)
1 Yes
2 No

IF Complet=Yes
Problem
Nurse: Did the respondent have any problems in doing the step test?
1 Yes
2 No

IF Problem=Yes
WhtProb
Nurse: What problem(s) did the respondent have in doing the test?
1 Respondent felt unsafe doing test
2 Respondent fatigue
3 Respondent pain/ discomfort
4 Respondent slipped/ fell off step etc
5 Other problem
ENDIF

Cadence
NURSE: Did the respondent keep pace with the rhythm produced by the laptop accurately?
1 Yes
2 No

IF Cadence=No THEN
Reliable
NURSE: Do you think the results are likely to be reliable?
1 Results likely to be reliable
2 Results not reliable/accurate
ENDIF
ENDIF

IF Complet=No
   CmplngM
How long did the respondent step for?
Enter time in MINUTES here
         : 0…7

   CmplngS
How long did the respondent step for?
Enter time in SECONDS here
         :0..59

   Whystop
NURSE: Why was the test stopped early?
         1   Respondents heart rate exceeded a safe level specified for that age
         2   Respondent slipped/ stumbled /fell off step / lost balance etc
         3   Respondent felt unsafe doing test
         4   Respondents performance deteriorated during the test
         5   Respondent showed signs of confusion during the test
         6   Respondent showed signs of respiratory distress such as gasping for breath
         7   Respondent fatigue
         8   Respondent pain/ discomfort
         9   Respondent wanted to stop the test
         10 Nurse felt it unsafe for the respondent to continue
         11 Other problem

   IF Whystop = Other problem THEN
   WhyOth
NURSE: Please describe the other problem
   ENDIF
ENDIF

Saliva sample

IF Respondent aged 4 and over THEN

SalInt1
NURSE: NOW FOLLOWS THE SALIVA SAMPLE.
1   Continue

SalIntr1
NURSE: Ask respondent for a saliva sample.
READ OUT: I would like to take a sample of saliva (spit). This simply *involves (keeping a cotton swab in your mouth for a few minutes {aged 16+} / using a straw to dribble saliva into a tube {aged 4-15}).* The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking.
1   Respondent agrees to give saliva sample
2   Respondent refuses to give saliva sample
3   Unable to obtain saliva sample for reason other than refusal

IF SalIntr1=Agree AND Age=16+ THEN
SalWrit
NURSE: Ask the respondent to read and complete the 'Saliva sample' section of the consent booklet.
Circle code 03 on front of the Consent Booklet.
Press <1> and <Enter> to continue
ENDIF

IF SalIntr1=Agree AND Age=4-15 THEN
SalWritC
NURSE: Ask the parent to read and complete the 'Saliva sample' section
of the consent booklet.
Show respondent the saliva sample information on the child
information and consent sheet.
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
Press <1> and <Enter> to continue.
ENDIF

IF SalIntr1=Agree
SalInst
NURSE: Ask respondent to keep the (cotton swab in the mouth for a few minutes / dribble through straw into the tube).
Write the serial number and date of birth on the green label using a blue biro.
Serial number:
Date of birth:
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 SalObt1=obtained
SalHow
NURSE: Code the method used to obtain the saliva sample.
  1 Dribbled into tube
  2 Cotton 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.
    1 Respondent not able to produce any saliva
    95 Other (specify at next question)

  IF SalNObt = Other THEN
       OthNObt
  NURSE: Give full details of reason(s) why saliva sample not
  obtained.
Text: Maximum 140 characters
    ENDIF
  ENDIF
ENDIF

Waist and hip circumference

ASK ALL Respondents aged 11+ AND PregNTJ=No THEN

WHMod

NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.

 1 Continue

WHIntro

I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.

 1 Respondent agrees to have waist/hip ratio measured
 2 Respondent refuses to have waist/hip ratio measured
 3 Unable to measure waist/hip ratio for reason other than refusal

IF WHIntro=Agree THEN

Repeat for up to three waist-hip measurements. Third measurement taken only if difference between first two measurements is greater than 3cm.

FOR Loop:= 1 TO 3 DO
 IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2]. Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3)) THEN
Waist

NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM. ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

 Range: 45.0..1000.0
 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)) THEN
 Hip

NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM. ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN CENTIMETRES (Remember to include the decimal point).
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

 Range: 75.0..1000.0
 ENDIF
ENDDO

 IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9) THEN
 YNoWH

ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS

 1 Both measurements refused
 2 Attempted but not obtained
 3 Measurement not attempted
 ENDIF
ENDIF

IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR only one waist/hip measurement obtained) THEN
WHPNABM
GIVE REASON(S) *(FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED).* CODE ALL THAT APPLY.

1 Respondent is chairbound
2 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
95 Other (SPECIFY AT NEXT QUESTION)

IF WHPNABM = Other THEN
OthWH
GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP MEASUREMENT:

Text: Maximum 140 characters
ENDIF
ENDIF

IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN
WJRel
RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:

1 No problems experienced, RELIABLE waist measurement
2 Problems experienced - waist measurement likely to be RELIABLE
3 Problems experienced - waist measurement likely to be SLIGHTLY UNRELIABLE
4 Problems experienced - waist measurement likely to be UNRELIABLE

IF WJRel = Problems experienced THEN
ProbWJ
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

1 Increases measurement
2 Decreases measurement
ENDIF
ENDIF

IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN
HJRel
RECORD ANY PROBLEMS WITH HIP MEASUREMENT:

1 No problems experienced, RELIABLE hip measurement
2 Problems experienced - hip measurement likely to be RELIABLE
3 Problems experienced - hip measurement likely to be SLIGHTLY UNRELIABLE
4 Problems experienced - hip measurement likely to be UNRELIABLE

IF HJRel = Problems experienced THEN
ProbHJ
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR
DECREASE THE HIP MEASUREMENT.
    1 Increases measurement
    2 Decreases measurement
ENDIF
ENDIF

IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN
WHRes
OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE
APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.
       Waist*:*   *(Waist measurements 1 and 2)*
       Hip: *(Hip measurements 1 and 2)*
   Press <1> and <Enter> to continue.
ENDIF
ENDIF

Blood sample

ASK ALL aged 16+ (EXCEPT PREGNANT WOMEN)

BlIntro
NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE.
PRESS <1> AND <ENTER> TO CONTINUE.
    1   Continue

ClotB
EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.
May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin?
(NURSE: ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE.)
    1   Yes
    2   No

IF ClotB = No THEN
Fit
May I just check, have you ever had a fit (including epileptic fit, convulsion, convulsion associated with high fever)?
    1   Yes
    2   No
ENDIF

IF Fit = No THEN
BSWill
Would you be willing to have a blood sample taken?
    1   Yes
    2   No

IF BSWill = No THEN
RefBSC
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

IF RefBS = Other THEN
OthRefBS
GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.
    Text: Maximum 135 characters
ENDIF

ELSEIF BSWill = Yes THEN
BSConsC
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.
    1 Continue
    ENDIF
ENDIF

IF BSWill = Yes THEN
    BSCons
NURSE: Ask the respondent to read and complete point number one in the
'Blood sample' section of the consent booklet.
Circle consent code 07 on the front of the Consent Booklet.
Press <1> and <Enter> to continue.

    GPSam
NURSE CHECK:
    1 Respondent registered with GP
    2 Respondent not registered with GP

    IF GPRegB = Yes OR GPSam = GP THEN
    SendSam
May we send the results of your blood sample analysis to your GP?
    1 Yes
    2 No

      IF SendSam = Yes THEN
    BSSign
NURSE: Ask the respondent to read and complete 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 no. are recorded on front of the Consent Booklet.
Circle consent code 09 on front of the Consent Booklet.
Press <1> and <Enter> to continue.

      ELSEIF SendSam = No THEN
    SenSaC
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

        IF SenSaC = Other THEN
    OthSam
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) THEN
    Code08
CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

ConStorB

ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?

  1   Yes, Storage consent given
  2   No, Consent refused

IF ConStorB = Yes THEN

Code09

NURSE: Ask the respondent to read and complete point number three in the 'Blood sample' section of the consent booklet.

Circle consent code 11 on front of the Consent Booklet.

Press <1> and <Enter> to continue.

ELSEIF ConStorB = No THEN

Code10

CIRCLE CONSENT **CODE 12** ON FRONT OF CONSENT BOOKLET.

PRESS <1> AND <ENTER> TO CONTINUE.

ENDIF

TakeSam

CHECK YOU HAVE ALL APPLICABLE SIGNATURES. TAKE BLOOD SAMPLES:

FILL *(1 Plain (red) tube / 1 Plain (red) tube, 1 EDTA (purple) tube)*.

WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE GREEN LABEL USING A BLUE BIRO. ONE LABEL PER TUBE.

  Serial number: *(displays serial number)*
  Date of birth: *(displays date of birth)*

CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT. STICK THE GREEN LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.

PRESS <1> AND <ENTER> TO CONTINUE.

SampF1

CODE IF PLAIN RED TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):

  1   Yes
  2   No

SampF2

CODE IF EDTA PURPLE TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):

  1   Yes
  2   No

IF SampF1 = Yes OR SampF2 = Yes THEN
    SampTak:= Yes
ELSEIF
    SampTak:= No
ENDIF

SampTak
  Computed: Blood sample outcome.
     1   Blood sample obtained
     2   No blood sample obtained

IF SampTak = Yes THEN
SampArm
RECORD WHICH ARM BLOOD TAKEN FROM.
  1 Right
  2 Left
  3 Both

SamDifC
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 THEN
  OthBDif
  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 THEN
    Code11
  CIRCLE CONSENT **CODE 13** ON FRONT OF CONSENT BOOKLET.
  PRESS <1> AND <ENTER> TO CONTINUE.

    ELSEIF SnDrSam = No THEN
    Code122
  CIRCLE CONSENT **CODE 14** ON FRONT OF CONSENT BOOKLET.
  PRESS <1> AND <ENTER> TO CONTINUE.
      ENDIF

  ELSEIF SampTak = No THEN
  NoBSC
CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.
  1 No suitable or no palpable vein/collapsed veins
  2 Respondent was too anxious/nervous
  3 Respondent felt faint/fainted
  4 Other

    IF NoBSM = Other THEN
  OthNoBSM
GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.
   Text: Maximum 140 characters
    ENDIF
  Code12
CROSS OUT CONSENT CODES 07, 09, 11, AND 13 IF ALREADY CIRCLED ON FRONT OF CONSENT BOOKLET. REPLACE WITH CONSENT CODES 08, 10, 12, AND 14 ON FRONT OF CONSENT BOOKLET. PRESS <1> AND <ENTER> TO CONTINUE.
    ENDIF
  ENDIF
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

  VpSam
NURSE: Code the number of attempts made to take blood.
   1 Sample taken on first attempt
   2 Sample taken on second attempt
   3 Both attempts failed

  VpPress
NURSE: Code who applied pressure to the puncture site.

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
   96 None

IF VpProb = Other THEN
   VpOther
NURSE: RECORD THE DETAILS OF THE OTHER ABNORMALITY FULLY.
   Text: Maximum 140 characters
      ENDIF

IF VpProb= Sensory deficit, Haematoma, Swelling or Other THEN
   VpDetail
   NURSE: You have coded that an abnormality was noted after 5 minutes.
   Please record the action you took when you noticed this abnormality in the Office
      Consents Booklet.
   There is space at the back of the Office Consents 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

Self-Completion

ASK ALL AGE 16 YEARS AND OVER

NSCIntro
PREPARE GREEN SELF-COMPLETION BOOKLET BY ENTERING SERIAL NUMBERS.
CHECK YOU HAVE CORRECT PERSON NUMBER.

NSComp2
I would now like you to answer some questions by completing this booklet on your own.
The questions cover eating habits.
EXPLAIN HOW TO COMPLETE BOOKLET. REMEMBER TO USE A BLACK PEN.

NSCCheck
NURSE: Wait until the respondent has finished and then check that the booklet has been
completed. If not, ask if any questions were missed in error. If in error, ask the respondent to
complete.

NSComp3
NURSE CHECK: WAS THE GREEN BOOKLET COMPLETED?
1 Fully completed
2 Partially completed
3 Not completed

IF NSComp3 = Fully completed OR Partially completed THEN
NSC3Acc
Was it completed without assistance?
1 Completed independently
2 Assistance from other household member
3 Assistance from nurse
4 Nurse administered
ENDIF

IF NSComp3 = Partially completed OR Not completed THEN
NSComp6
NURSE: 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)
95 Other (SPECIFY)

IF NSComp6 = OTHER THEN
NSComp6O
PLEASE SPECIFY OTHER REASON
        Text: Maximum 60 characters
ENDIF

ENDIF

IF NSComp3 = Fully completed OR Partially completed THEN
    NSComp5A
NURSE: CODE WHO WAS PRESENT IN ROOM WHILE SELF-COMPLETION WAS
COMPLETED. INCLUDE YOURSELF AND 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 Nurse
    9 No-one else present
ENDIF

    AllCheck
CHECK BEFORE LEAVING RESPONDENT:
THAT ALL *(CHILDREN AGED 2-15/RESPONDENTS)* HAVE A CONSENT BOOKLET.
THAT YOU HAVE RE-CHECKED THE PUNCTURE SITE AFTER TAKING BLOOD FOR
    THAT INDIVIDUAL (IF APPLICABLE)
THAT FULL GP DETAILS ARE ENTERED ON FRONT OF CONSENT BOOKLET.
THE NAME BY WHICH GP KNOWS RESPONDENT.
THAT ALL DETAILS ARE COMPLETED ON FRONT OF CONSENT BOOKLET.
ALL NECESSARY SECTIONS OF THE CONSENT BOOKLET HAVE BEEN INITIALLED
    AND THAT THE RESPONDENT HAS PRINTED THEIR NAME, SIGNED AND
    DATED THE CONSENT BOOKLET.
THAT THERE ARE SEVEN APPROPRIATE CONSENT CODES RINGED ON FRONT OF
    THE CONSENT BOOKLET.
    Continue

    Thank
NURSE: END OF QUESTIONNAIRE REACHED. THANK RESPONDENTS FOR THEIR
CO-OPERATION.
THEN ENTER '1' TO FINISH.

HSE 2008

INTERVIEWER

SHOWCARDS

&

Coding Frames

CARD A

RELATIONSHIP

1   Husband / Wife

2   Partner / Cohabitee

3   Natural son / daughter

4   Adopted son / daughter

5   Foster son / daughter

6   Stepson / Stepdaughter / Child of partner

7   Son-in-law / Daughter-in-law

8   Natural parent

9   Adoptive parent

10   Foster parent

11   Step-parent

12   Parent-in-law

13   Natural brother / Natural sister (ie. both natural parents the same)

14   Half-brother / Half-sister (ie. one natural parent the same)

15   Step-brother / Step-sister (ie. no natural parents the same)

16   Adopted brother / Adopted sister

17   Foster brother / Foster sister

18   Brother-in-law / Sister-in-law

19   Grandchild

20   Grandparent

21   Other relative

22   Other non-relative

CARD B

1   Own natural child

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

CARD C

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 (include rent-free in relative's/friend's property; excluding squatting)

6   Squatting

CARD D

1   Earnings from employment or self-employment

2   State retirement pension

3   Pension from former employer

4   Personal pensions

5   Child Benefit

6   Job-Seekers Allowance

7   Pension credit

8   Income Support

9   Working Tax Credit

10   Child Tax Credit

11   Housing Benefit

12   Other State Benefits

13   Interest from savings and investments (eg. stocks and shares)

14   Other kinds of regular allowance from outside your household (e.g. maintenance, student grants, rent)

15   No source of income

CARD E

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**

CARD F

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

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 G

CARD H

1   6 or more times a week

2   3 - 5 times a week

3   1 - 2 times a week

4   Less than once a week

5   Rarely or never

CARD I

1   Sitting down or standing up

2   Walking at work (e.g. door to door sales, hospital nurse work)

3   Climbing stairs or ladders

4   Lifting, carrying or moving heavy loads

CARD J

1   Hoovering

2   Dusting

3   Ironing

4   General tidying

5   Washing floors and paintwork

CARD K

1   Moving heavy furniture

2   Spring cleaning

3   Walking with heavy shopping (for more than 5 minutes)

4   Cleaning windows

5   Scrubbing a floor with a scrubbing brush

CARD L

1   Hoeing, weeding, pruning

2   Mowing with a power mower

3   Planting flowers/seeds

4   Decorating

5   Minor household repairs

6   Car washing/polishing

7   Car repairs/maintenance

CARD M

1   Digging, clearing rough ground

2   Building in stone / bricklaying

3   Mowing large areas with a hand mower

4   Felling trees, chopping wood

5   Mixing / laying concrete

6   Moving heavy loads

7   Refitting a kitchen or bathroom

CARD N

1   Swimming

2   Cycling

3   Workout at a gym/Exercise bike/Weight training

4   Aerobics/Keep fit/Gymnastics/ Dance for fitness

5   Any other type of dancing

6   Running/Jogging

7   Football/Rugby

8   Badminton/tennis

9   Squash

10   Exercises (e.g. press-up, sit-ups)

CARD O

1   Strength work out at the gym using machines or free weights

2   Exercise Bike

3   Spinning Class

4   Stepping machine, rowing machine or cross trainer

5   Treadmill running

CARD P

1   Aerobics / Keep fit

2   Dance for fitness

3   Aqua aerobics

4   Gymnastics

5   Circuit training

CARD Q

1   Sitting down

2   Hanging around

3   Walking

4   Running around or playing games for example skipping, hide and seek, football or netball

CARD R

INFORMAL ACTIVITIES

1   Cycling (but not to or from school)

2   Any walking (but not to or from
    school)

3   Hoovering, Cleaning car, Gardening, etc

4   Hopscotch

5   Bouncing on trampoline

6   Playing around, e.g. kicking a ball around, catch, hide
    and seek

7   Skating / Skateboarding/using a scooter

8   Dancing, including any dance lessons

9   Skipping with a skipping rope

CARD S

SPORTS, GAMES AND OTHER ORGANISED ACTIVITIES

1   Football / Rugby / Hockey / Lacrosse

2   Netball /Basketball /Handball

3   Cricket/ Rounders

4   Running / jogging / athletics

5   Swimming laps

6   Swimming (splashing about)

7   Gymnastics

8   Workout with gym machines / Weight training

9   Aerobics

10 Tennis / Badminton / Squash

CARD T

1   Advice from a GP or health professional

2   Advert for a nicotine replacement product

3   Government TV, radio or press advert

4   Hearing about a new stop smoking treatment

5   Financial reasons (could not afford it)

6   Because of the smoking ban in all enclosed public places, including pubs and restaurants

7   I knew someone else who was stopping

8   Seeing a health warning on a cigarette packet

9   Family or friends wanted me to stop

10 Being contacted by local NHS Stop Smoking Services

11 Health problems I had at the time

12 Worried about future health problems

13 Pregnancy

14 Worried about the effect on my children

15 Worried about the effect on other family members

16 My own motivation

17 Something else

18 Cannot remember

CARD U

1   At my home (indoors or outside e.g. garden or on doorstep)

2   Outside (other than at home)

3   Inside at work

4   Inside other people's homes

5   Inside pubs or bars

6   Inside restaurants, cafes or canteens

7   Inside shops

8   Whilst travelling by car

9   Inside other places

CARD V

1 Outside, for example in the garden or on the doorstep

2 Own room or bedroom

3 Living room

4 Kitchen

5 Toilet

6 Bathroom

7 Study

8 Dining room

9 Everywhere

10 Somewhere else in the home

CARD W

1   In the street, or out and about

2   Outside at work

3   Outside other people's homes

4   Outside pubs or bars

5   Outside restaurants, cafes or canteens

6   Outside shops

7   Outside other places

CARD X

1   Babies aged under 2

2   Children aged 2-10

3   Children aged 11-15

4   Older adults aged 65 and older

5   Pregnant women

6   Adults aged 16-64 with asthma or breathing problems

7   No, none of these

CARD Y

1   Because of a health problem I have at present

2   Better for my health in general

3   To reduce the risk of getting smoking related illnesses

4   Because of the smoking ban in all enclosed public places, including pubs and restaurants

5   Family or friends want me to stop

6   Financial reasons (cannot afford it)

7   Worried about the effect on my children

8   Worried about the effect on other family members

9   Something else

CARD Z

1 At own home

2 At work

3 In other people's homes

4 On public transport

5 In pubs

6 In other places

7 No, none of these

CARD BB

1   Almost every day

2   Five or six days a week

3   Three or four days a week

4   Once or twice a week

5   Once or twice a month

6   Once every couple of months

7   Once or twice a year

8   Not at all in the last twelve months

CARD CC

1   Normal strength (less than 6 % alcohol) beer, lager,
    stout, cider, or shandy (excluding cans or bottles of
    shandy)

2   Strong beer, lager, stout or cider (6% alcohol or more)
    (eg. Tennants 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 or 'alcopops' such as Two Dogs,
    or a pre-mixed alcoholic drink such as Bacardi
    Breezer, Metz or Smirnoff Ice

7   Other alcoholic drinks

8   Low alcohol drinks only

CARD DD

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

8   Permanently unable to work because of long-term sickness or disability

9   Retired from paid work

10 Looking after the home or family

11 Doing something else **(PLEASE SAY WHAT)**

CARD EE

1   Degree or 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 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 (eg typing/ bookkeeping/ commerce)

CARD FF

To which of the groups listed on this card do you consider you belong?

1   White – British
2   White – Irish
3   Any other white background

4   Mixed - White and Black Caribbean
5   Mixed - White and Black African
6   Mixed - White and Asian
7   Any other mixed background

Asian or Asian British:

8   Asian or Asian British – Indian
9   Asian or Asian British – Pakistani
10   Asian or Asian British – Bangladeshi
11   Any other Asian/Asian British background

Black or Black British:

12   Black or Black British – Caribbean
13   Black or Black British – African
14   Any other Black/Black British background

Chinese or other ethnic group:

15   Chinese
16   Any other (please describe)

FRESH FRUIT SIZES

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

NB All brands of butter and hard block margarine code as 1

Anchor Lighter	2
Anchor Lighter Speadable	2
Anchor New Zealand Butter	1
Anchor Spreadable	1
Argento Spread	1
Asda	
Cholesterol Reducing Spread	2
Good For You Sunflower Spread	2
Natural Sunflower Spread	2
Olive Gold Spread	2
Soft Margarine	1
Sunflower Spread	2
Sunflower low fat spread	2
You'd Butter Believe It	1
Belazu Spreadable Olive Oil	2
Belazu Spreadable Olive Oil with Basil	2
Benecol Buttery Taste Spread	1
Benecol Light Spread	2
Benecol Olive Spread	2
Bertolli Olive Spread	2
Bridel Beurre Butter with salt crystals	1
Bridel Unsalted Organic Butter	1
Beppiro Occelli Italian Butter	1
Burro De Paoli Italian Butter	1
Butter (any variety)	1
Clover	1
Co-op Good Life low fat sunflower spread	2
Co-op Red Seal Soft Spread	1
Country Life English Butter Spreadable	1
Country Life Lighter Spreadable	2
Country Life Lightly Salted Spreadable	1
Country Life Sweetcream Salted Butter	1
Country Life Unspreadable	1
Country Life Unsalted Butter	1
Denhay Farmhouse Butter	1
Flora / Flora Buttery / Flora Reduced Salt	1
Flora Extra Light	2
Flora Light	2
Flora No Salt Spread	2
Flora Omega 3 Plus Spread	2
Flora Pro Activ	2
Flora Pro Activ Extra Light	2
Flora Pro Activ Light Spread	2
Flora Pro Activ Olive Spread	2
Gold Top Jersey Butter Lightly Salted	1
Half Fat butters (own brand)	2
Hard margarine (own brand)	1
I Can't Believe it's not Butter	1
I Can't Believe it's not Butter Light	2
I Can't Believe it's not Butter Light + calcium.	2
Kerrygold Lighter Softer Butter	2
Kerrygold Pure Irish butter	2
Kerrygold Softer Butter	1
Lurpak Butter Slightly Salted	1
Lurpak Spreadable Lighter	2
Lurpak Spreadable Slightly Salted	1
Lurpak Spreadable	1
Lurpak Spreadable Unsalted	1
Lurpak Unsalted Butter…	1
Marks and Spencer	
English Churn	1

Sunglow	2
Sunflower Lite	2
Meadowcup	1
President Slightly Salted Butter	1
President Slightly Salted Butter Light	2
President Unsalted Butter	1
Pure Dairy Free Soya Spread	1
Pure Dairy Free Sunflower Spread	1
Pure Organic Spread	2
Rachel's Organic Butter	1
Rachel's Organic Unsalted Butter	1
Sainsbury	
Basics Reduced Fat Soft Spread	2
Basics Salted Butter	1
Butterlicious	1
Buttersoft Slightly Salted	1
Buttersoft Slightly Salted Light	2
English Butter Slightly Salted	1
English Butter Unsalted	1
Margarine Packet	1
Olive Gold Reduced Fat Spread	2
Olive Light Be Good To Yourself	2
So Organic Slightly Salted Butter	1
Soft Margarine	1
Spread with Omega 3 Be Good To Yourself	2
Sunflower Spread	2
Sunflower Be Good To Yourself Spread Light	2
Taste the Difference Jersey Butter Salted	1
Taste the Difference Normandy Butter Salted	1
Smart Price Reduced Fat Soft Spread	2
Smart Price Salted Butter	1
Smart Price Spreadable Butter	1
Somerfield Low Fat Sunflower	2
Somerfield Supersoft	1
Soya Margarine (own brands)	1
St Helen's Farm Goats Butter	1
St Ivel Gold Light Spread	2
St Ivel Gold Extra Light	2
St Ivel Gold Omega 3	2
Tesco	
Butter Me Up	1
Butter Me Up Light	2
English Butter Salted	1
English Butter Unsalted	1
English Slightly Salted Butter	1
Enriched Sunflower Spread	2
Enriched Olive Spread	2
Finest Brittany Butter	1
Finest Cornish Butter	1
Finest Greek Olive Spread	2
Healthy Living Enriched Sunflower Spread	2
Healthy Living Olive Light Spread	2
Olive Spread	2
Organic Slightly Salted Butter	1
Organic Unsalted Butter	1
Soft Spread	1
Spreadable	1
Value Butter	1
Value Butter Unsalted	1
Value Soft Spread	1
Tomor hard margarine	1
Tomer Kosher Vegetarian Margarine	1

Utterly Butterly 2
Utterly Butterlyomega 3 2
Vitalite 2
Waitrose
     Dairy Butter Salted 1
     English Butter 1
     Olive Spread 2
     Sunflower Spread 1
     Somerset Butter.............................. 1
Weight Watchers 2
Wheelbarrow Dutch Butter Unsalted 1
Willow (Dairy Crest) 1
Yeo Valley Butter Slightly Salted…. 1
Yeo Valley Organic British Butter 1
Yeo Valley Organic Spreadable Butter….. 1
Yeo Valley Organic Unsalted Butter   1

HEIGHT CONVERSION CHART

1 inch = 2.54 cm

Centimetres	Feet	Inches
46	1	6
48	1	7
51	1	8
53	1	9
56	1	10
58	1	11
61	2	0
64	2	1
66	2	2
69	2	3
71	2	4
74	2	5
76	2	6
79	2	7
81	2	8
84	2	9
86	2	10
89	2	11
91	3	0
94	3	1
97	3	2
99	3	3
102	3	4
104	3	5
107	3	6
109	3	7
112	3	8
114	3	9
117	3	10
119	3	11
122	4	0
124	4	1
127	4	2
130	4	3
132	4	4
135	4	5
137	4	6
140	4	7
142	4	8
145	4	9
147	4	10
150	4	11
152	5	0
155	5	1
157	5	2
160	5	3
163	5	4
165	5	5
168	5	6
170	5	7

Centimetres	Feet	Inches
173	5	8
175	5	9
178	5	10
180	5	11
183	6	0
185	6	1
188	6	2
191	6	3
193	6	4
196	6	5
198	6	6
201	6	7
203	6	8
206	6	9

WEIGHT CONVERSION CHART
1kg=2.2 lbs

Kg	st	lbs	Kg	st	lbs	Kg	st	lbs
6.4	1	0	29.5	4	9	52.7	8	4
6.8	1	1	30.0	4	10	53.2	8	5
7.3	1	2	30.5	4	11	53.6	8	6
7.7	1	3	30.9	4	12	54.1	8	7
8.2	1	4	31.4	4	13	54.5	8	8
8.6	1	5	31.8	5	0	55.0	8	9
9.1	1	6	32.3	5	1	55.5	8	10
9.5	1	7	32.7	5	2	55.9	8	11
10.0	1	8	33.2	5	3	56.4	8	12
10.5	1	9	33.6	5	4	56.8	8	13
10.9	1	10	34.1	5	5	57.3	9	0
11.4	1	11	34.5	5	6	57.7	9	1
11.8	1	12	35.0	5	7	58.2	9	2
12.3	1	13	35.5	5	8	58.6	9	3
12.7	2	0	35.9	5	9	59.1	9	4
13.2	2	1	36.4	5	10	59.5	9	5
13.6	2	2	36.8	5	11	60.0	9	6
14.1	2	3	37.3	5	12	60.5	9	7
14.5	2	4	37.7	5	13	60.9	9	8
15.0	2	5	38.2	6	0	61.4	9	9
15.5	2	6	38.6	6	1	61.8	9	10
15.9	2	7	39.1	6	2	62.3	9	11
16.4	2	8	39.5	6	3	62.7	9	12
16.8	2	9	40.0	6	4	63.2	9	13
17.3	2	10	40.5	6	5	63.6	10	0
17.7	2	11	40.9	6	6	64.1	10	1
18.2	2	12	41.4	6	7	64.5	10	2
18.6	2	13	41.8	6	8	65.0	10	3
19.1	3	0	42.3	6	9	65.5	10	4
19.5	3	1	42.7	6	10	65.9	10	5
20.0	3	2	43.2	6	11	66.4	10	6
20.5	3	3	43.6	6	12	66.8	10	7
20.9	3	4	44.1	6	13	67.3	10	8
21.4	3	5	44.5	7	0	67.7	10	9
21.8	3	6	45.0	7	1	68.2	10	10
22.3	3	7	45.5	7	2	68.6	10	11
22.7	3	8	45.9	7	3	69.1	10	12
23.2	3	9	46.4	7	4	69.5	10	13
23.6	3	10	46.8	7	5	70.0	11	0
24.1	3	11	47.3	7	6	70.5	11	1
24.5	3	12	47.7	7	7	70.9	11	2
25.0	3	13	48.2	7	8	71.4	11	3
25.5	4	0	48.6	7	9	71.8	11	4
25.9	4	1	49.1	7	10	72.3	11	5
26.4	4	2	49.5	7	11	72.7	11	6
26.8	4	3	50.0	7	12	73.2	11	7
27.3	4	4	50.5	7	13	73.6	11	8
27.7	4	5	50.9	8	0	74.1	11	9
28.2	4	6	51.4	8	1	74.5	11	10
28.6	4	7	51.8	8	2	75.0	11	11
29.1	4	8	52.3	8	3	75.5	11	12

WEIGHT CONVERSION CHART
1kg=2.2 lbs

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

Below is a list of some of the conditions people may mention at the long standing illness question *Illsm*. 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
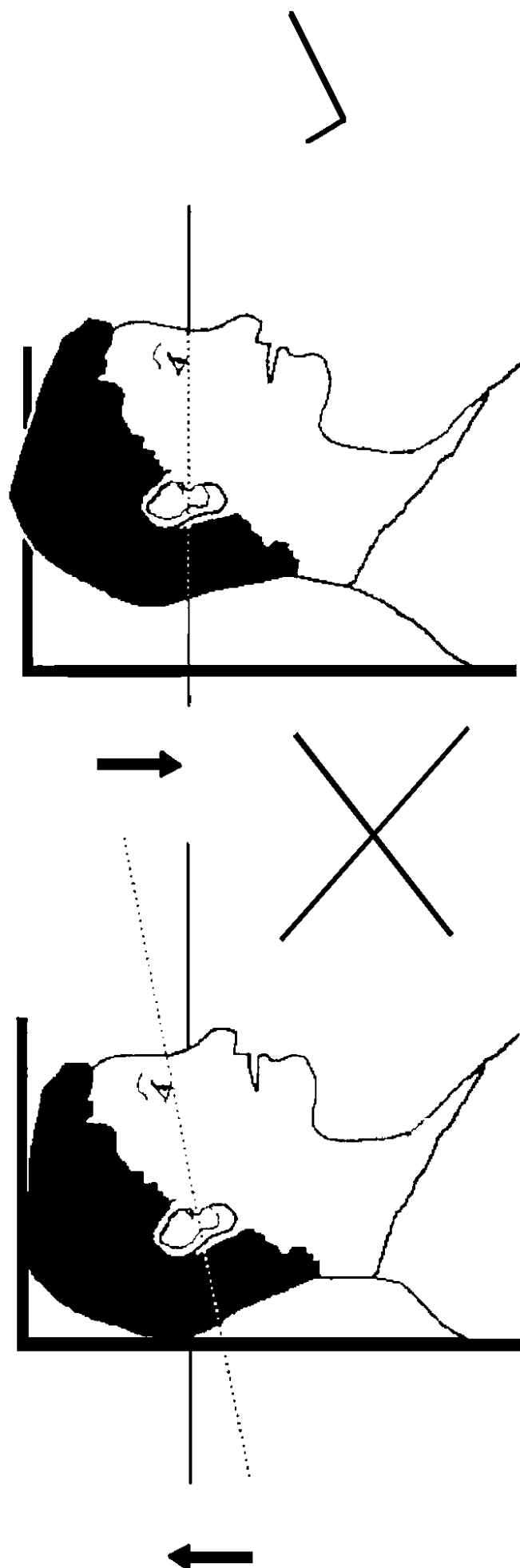
MEASURING CHILDREN'S HEIGHT

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.

HORIZONTAL

**APPLY GENTLE
UPWARDS PRESSURE**

STRETCH

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
- LOWER HEADPLATE
- BREATHE OUT
- STEP OFF
- READ MEASUREMENT
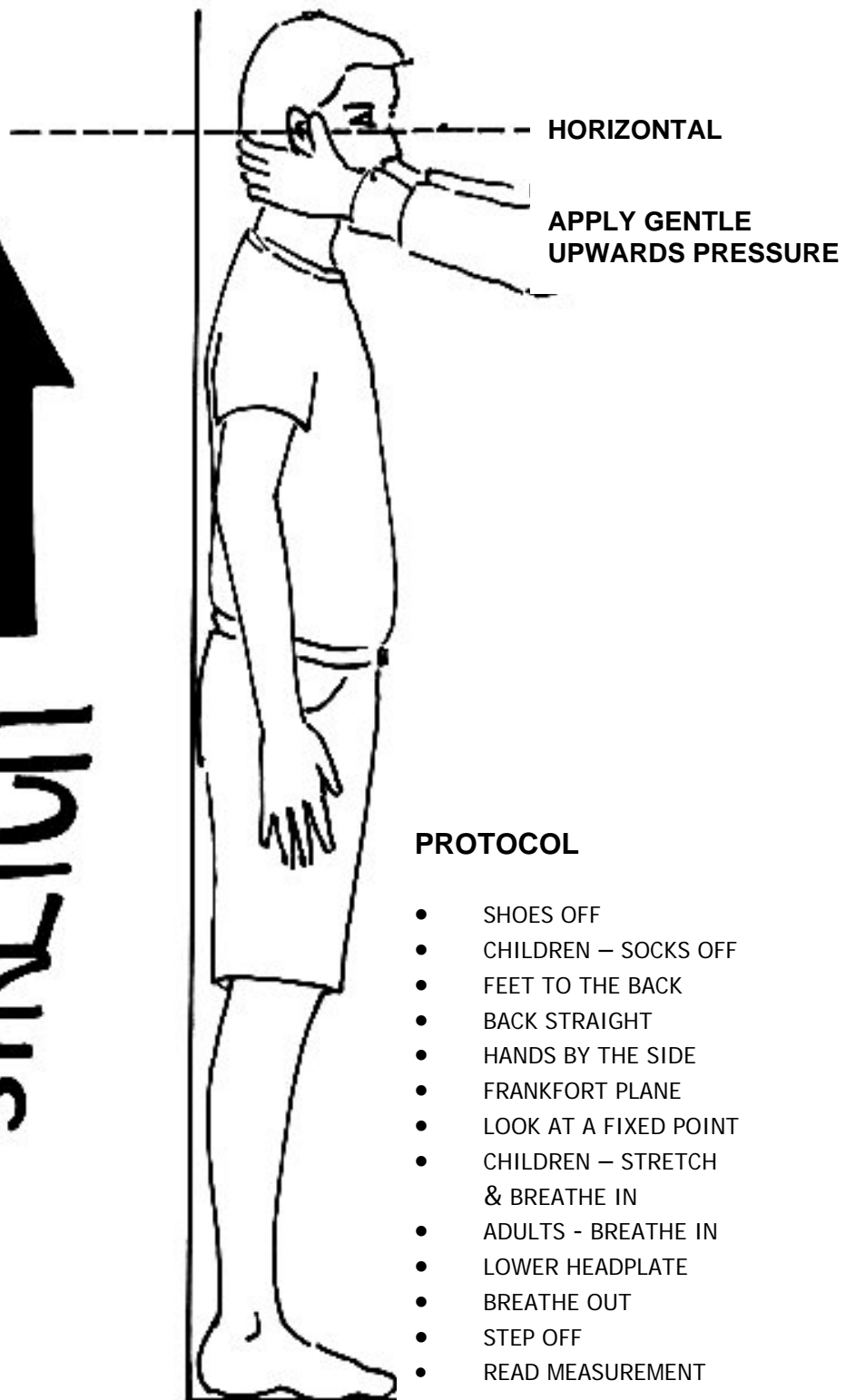
LOOK-UP CHARTS FOR IF OVER 12 DWELLING UNITS OR OVER 12 HOUSEHOLDS IDENTIFIED AT AN ADDRESS

NUMBER OF DU's/HH:	SELECTION NUMBER FOR 1 DU:	SELECTION NUMBERS FOR 3 HOUSEHOLDS
13	12	8, 11, 4
14	8	7, 6, 5
15	11	8, 9, 5
16	7	9, 16, 11
17	13	11, 9, 16
18	3	11, 6, 18
19	14	13, 18, 7
20	2	17, 1, 4
21	14	16, 10, 2
22	8	16, 4, 22
23	13	19, 3, 22
24	5	10, 19, 14
25	12	23, 15, 4
26	6	22, 20, 17
27	17	14, 24, 25
28	17	2, 17, 25
29	2	19, 18, 4
30	21	28, 7, 20

LOOK-UP CHART IF 30 + DWELLING UNITS IDENTIFIED AT AN ADDRESS

Number of DU's	Selection number for 1 DU	Number of DU's	Selection number for 1 DU
31	10	46	35
32	26	47	8
33	8	48	36
34	22	49	15
35	8	50	44
36	3	51	35
37	28	52	2
38	19	53	24
39	25	54	17
40	16	55	49
41	41	56	27
42	32	57	39
43	9	58	3
44	40	59	48
45	7	60	35

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NURSE SHOWCARDS

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CARD A

IMMUNISATIONS

1   **Diphtheria/ Tetanus/ Pertussis (Whooping Cough)**

2   **Polio**

3   **Hib (Haemophilus Influenzae type b)**

4   **Five-in-one injection (Diphtheria/ Tetanus/ Pertussis / Polio/ Hib)**

5   **Measles, Mumps, Rubella (MMR)**

6   **MenC (Meningococcal group C)**

7   **Pneumococcal infection (Pneumococcal conjugate vaccine, PCV)**

CARD B

Heart Attack

Heart Valve Disease

Atrial Fibrillation (or Heart Flutter)

Abnormal Heart Rhythm

Heart Transplant

Congenital Heart Disease

Transient Ischaemic attack (mini stroke)

Stroke

Angina

Intermittent Claudication
(muscle pain in the legs on exercise which is relieved by rest)

CARD C

Right   6   5   1   3   4   Left

6   5   2   3   4
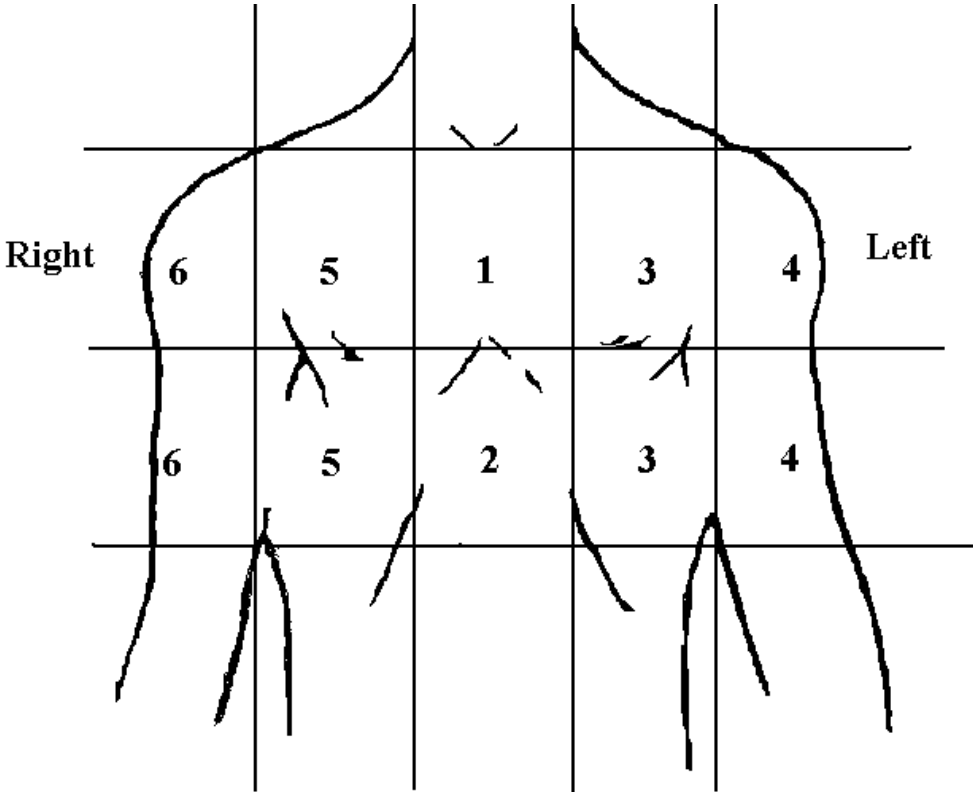
NURSE LOOK UP CARD

Beta Blockers

A

Acebutolol

Sectral

Atenolol

Tenormin
Co-tenidone
Kalten
Tenoret 50
Tenoretic
Beta-Adalat
Tenif

B

Bisoprolol Fumarate

Cardicor
Emcor

C

Carvedilol

Carvedilol
Eucardic

Celiprolol Hydrochloride

Celiprolol
Celectol

E

Esmolol Hydrochloride

Brevibloc

L

Labetalol Hydrochloride

Trandate

M

Metoprolol Tartrate

Betaloc
Lopresor
Betaloc-SA
Lopresor SR

N

Nadolol

Corgard

Nebivolol

Nebilet

O

Oxprenolol Hydrochloride

Oxprenolol
Trasicor
Slow-Trasicor
Trasidrex

P

Pindolol

Visken
Viskaldix

Propranolol hydrochloride

Inderal
Half-Inderal LA
Inderal-LA
Propranolol

S

Sotalol Hydrochloride

Sotalol
Beta-Cardone
Sotacor

T

Timolol Maleate

Betim
Moducren
Prestim

Digoxin

Lanoxin
Lanoxin-PG

Digitoxin

STEP TEST

STOPPING RULES FOR NURSES

Nurses: the following protocol outline under what circumstances the step test should be terminated.

Stop the test if…

- …the respondent's heart rate exceeds a safe level specified for that age - given to you at ***StopHR*** in the computer program

- …the respondent verbally complains about safety

- …the respondent's performance clearly deteriorates, such as the respondent slows down and cannot keep pace with the rhythm

---

Stop the test if…

- …the respondent shows signs of confusion during the test

- …the respondent is showing signs of respiratory distress, such as gasping for breath

- …the respondent slips, stumbles, falls off the step or loses balance

---

Stop the test …

- …because of respondent fatigue

- …if the respondent wants too – this could be for any reason

or

- If you feel it is unsafe for the respondent to continue for any reason in addition to the ones above

STEP TEST

PROTOCOLS

Introduce

"Now I would like to assess your level of physical fitness through a stepping exercise. This involves you stepping up and down a step repeatedly to a timed rhythm."

Demonstrate & practice

"I will demonstrate the movement to you…"

- Demonstrate the movement using the demonstration screen.
- To activate sound file press <1> enter.
- Allow respondent to practice movement for at least a minute – until they feel comfortable.
- Obtain written consents.

Preparation

Check…
- You are using the correct step (15cm or 20cm)
- Step is set up near a suitable wall (if available)
- If floor is not carpeted use non-slip mat
- Respondent is wearing flat comfortable walking shoes / trainers

Set up the heart rate monitor:
- Fit strap below the sternum
- Fit wrist watch – facing outwards
- Check that a heart rate reading is given
- If no heart rate reading is detected – adjust the strap/moisten electrodes until reading is given

- Have stop watch ready 00.00

Doing the test…

- Both feet together at base of step
- Explain you may request them to stop at any point
- Test begins after the count down marker "5, 4, 3, 2, 1…up up down down"
- Start stop watch after the count down marker
- Full foot should be on step
- First heart rate reading recorded 30 seconds into test, second reading 1 minute into test etc
- Give gentle encouragement during test but don't give away timings.
- Record recovery heart rate 15 seconds after completion time. Recovery heart rate recorded at 15 second intervals for 2 minutes.
- Record readings on heart rate record card, transfer accurately into CAPI.

INFANT FRANKFORT PLANE CARD
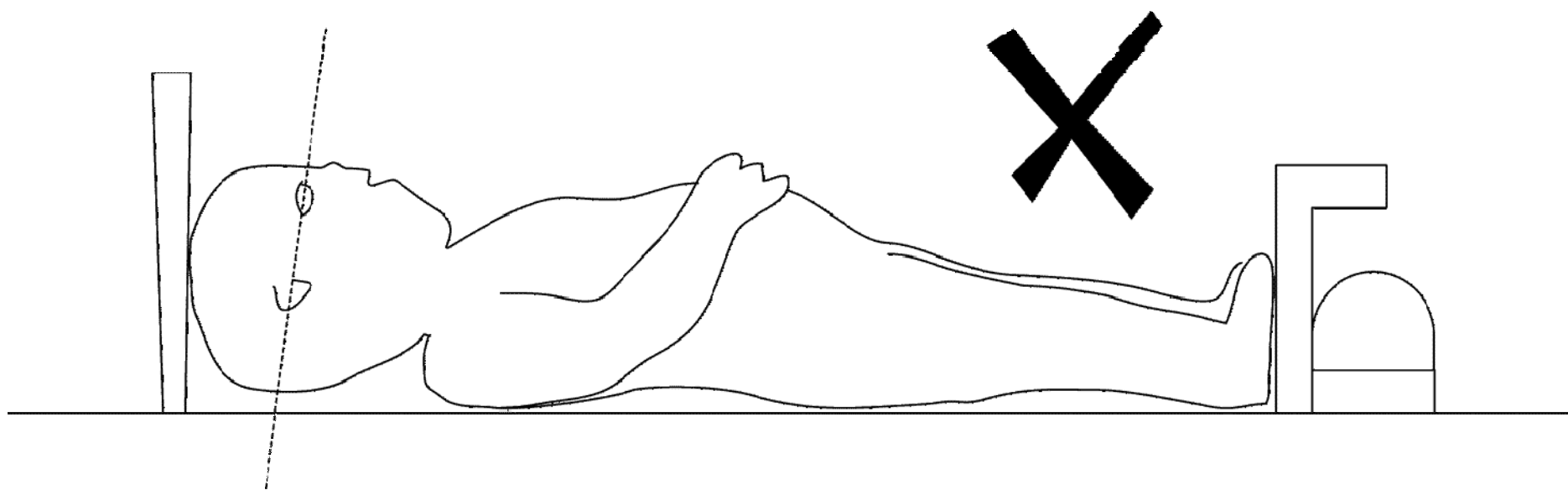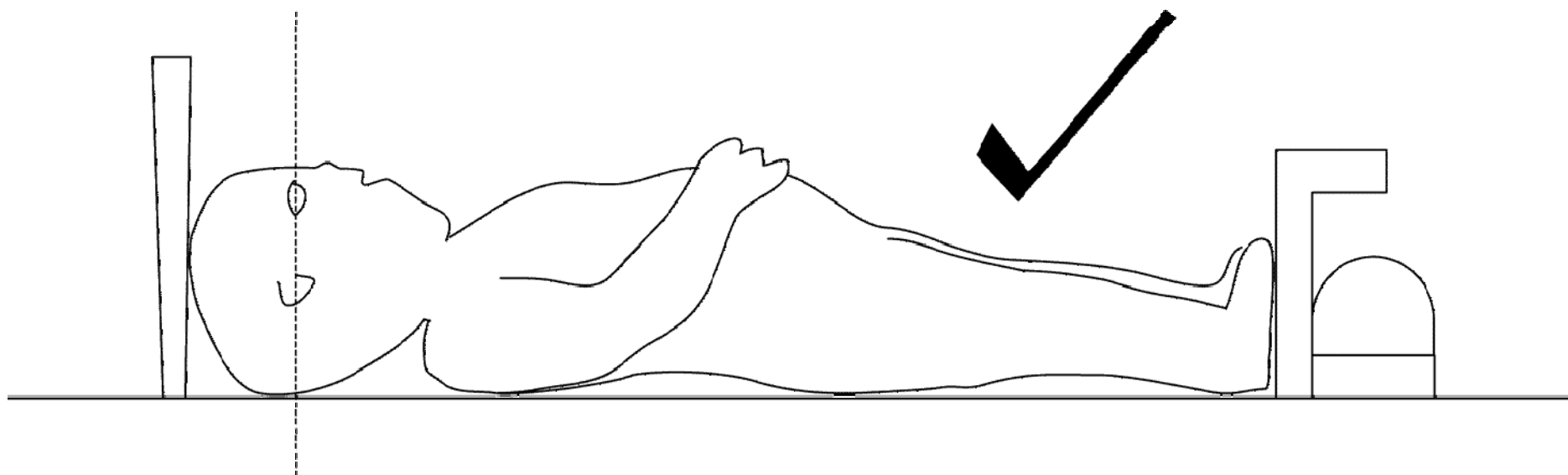
HEALTH SURVEY FOR ENGLAND: 2008

CODING PRESCRIBED MEDICINES

CODING OF PRESCRIBED MEDICINES : ALPHABETICAL INDEX

A

ABIDEC	09.06.07
ACAMPROSATE	04.10.01
ADALAT, ADALAT LA, ADALAT RETARD	02.06.02
ALLOPURINOL	10.01.04
ALUPENT	03.01.01
AMILORIDE	02.02.03
AMIODARONE (HYDROCHLORIDE)	02.03.02
AMITRIPTYLINE	04.03.01
AMLODIPINE BESILATE (was AMLODIPINE BESYLATE)	02.06.02
AMOXIL	05.01.01
AMOXICILLIN (was AMOXYCILLIN)	05.01.01
AMPICILLIN	05.01.01
ANTABUSE	04.10.01
AQUEOUS CREAM	13.02.01
ARTHROTEC	10.01.01
ASACOL	01.05.00

ASILONE

antacid liquid	01.01.02
suspension	01.01.01

ASPIRIN

analgesic	04.07.01
antiplatelet	02.09.00
migraine	04.07.04
myocardial infarction	02.10.01
rheumatic disease	10.01.01

ATENOLOL	02.04.00
ATROVENT	03.01.02
AUGMENTIN, AUGMENTIN-DUO	05.01.01
AXID	01.03.01

AZATHIOPRINE

myasthenia gravis	10.02.01
rheumatic disease	10.01.03
transplant rejection	08.02.01
ulcerative colitis	01.05.00

B

BACLOFEN	10.02.02
BACTROBAN	13.10.01
BALNEUM, BALNEUM PLUS, BALNEUM WITH TAR	13.02.01
BECLAZONE (inhaler)	03.02.00
BECLOFORTE (inhaler)	03.02.00

BECLOMETASONE DIPROPIONATE (was BECLOMETHASONE DIPROPIONATE)

asthma	03.02.00
nasal allergy	12.02.01
skin	13.04.00

1

C

3

N

Codes taken from the British National Formulary No. 50 Sept '05

WAIST/HIP AND HEIGHT CONVERSION CHART

1 inch = 2.54cm
1 foot = 0.305m

cm	inches	m	feet'inches''
51	20	1.27	4'2''
53	21	1.32	4'4''
56	22	1.37	4'6''
58	23	1.42	4'8''
61	24	1.47	4'10''
64	25	1.52	5'0''
66	26	1.55	5'1''
69	27	1.58	5'2''
71	28	1.60	5'3''
74	29	1.63	5'4''
76	30	1.65	5'5''
79	31	1.68	5'6''
81	32	1.70	5'7''
84	33	1.73	5'8''
86	34	1.75	5'9''
89	35	1.78	5'10''
91	36	1.80	5'11''
94	37	1.83	6'0''
97	38	1.85	6'1''
99	39	1.88	6'2''
102	40	1.91	6'3''
104	41	1.93	6'4''
107	42	1.96	6'5''
109	43	1.98	6'6''
112	44	2.01	6'7''
114	45	2.03	6'8''
117	46	2.06	6'9''
119	47	2.08	6'10''
122	48	2.11	6'11''
127	50	2.13	7'0''

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CONSENT BOOKLET

Please use capital letters and write in ink

ADDRESS

Survey month: _____

POINT | ADDRESS

HHLD CKL PERSON NO

1. Nurse number

2. Date schedule completed

DAY   MONTH   YEAR

3. Full name (of person tested) _____

Name by which GP knows person (if different) _____

4. Sex   Male   1   5. Date of birth: DAY   MONTH   YEAR

Female   2

6. Full name of parent/guardian (*if person under 18*) _____

7. **GP NAME AND ADDRESS** (Please complete fully)

Dr: ……………………………………………………………….

Practice Name: ……………………………………………………

Address: ……………………………………………………….

………………………………………………………………………

Town: ………………………………………………………………

County: …………………………………………………………….

Postcode: …………………………………………………………..

Telephone no: ………………………………………………….

8. **NURSE USE ONLY**

GP address complete	1
GP address incomplete	2
No GP	3

9.

SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
a) Blood pressure to **GP**	01	02
b) Saliva sample to be collected	03	04
c) Step test consented	05	06
d) Sample of blood to be taken	07	08
e) Blood sample results to **GP**	09	10
f) Blood sample for **storage**	11	12
g) Blood sample results to **respondent**	13	14

BLOOD PRESSURE TO GP CONSENT FORM   BP (C)

(CHILD AGED 5-15)

1. *I am the parent/guardian of the child named on this booklet and I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing his/her General Practitioner (GP) of his/her blood pressure results.*

    I am aware that the results of his/her blood pressure measurement may be used by his/her GP to help monitor his/her health and that his/her GP may wish to include the results in any future report about him/her.

SALIVA SAMPLE CONSENT FORM   S(C)

(CHILD AGED 4-15)

1. *I am the parent/guardian of the child named on this booklet and I consent to a qualified nurse collecting a sample of his/her saliva on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.*

    This saliva sample will <u>only</u> be tested for cotinine, a derivative of nicotine. It will not be tested for substance abuse.

2. *The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.*

Respondents (Child) Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

BLOOD PRESSURE TO GP CONSENT FORM   BP (A)

(ADULT AGED 16+)

<div align="right"><u>**Please initial box if consent given**</u></div>

1. *I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my blood pressure results.*

   I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me. ☐

SALIVA SAMPLE CONSENT FORM   S (A)

(ADULT AGED 16+)

<div align="right"><u>**Please initial box if consent given**</u></div>

1. *I consent to a qualified nurse collecting a sample of my saliva on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.* ☐

   This saliva sample will <u>only</u> be tested for cotinine, a derivative of nicotine. It will not be tested for substance abuse.

2. *The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.* ☐

STEP TEST CONSENT FORM   ST (A)

(ADULT AGED 16 to 74)

<div align="right"><u>**Please initial box if consent given**</u></div>

1. *The details of the step test have been fully explained to me by the nurse. The nurse has asked questions to make sure that it is safe for me to attempt the exercise assessment.* ☐

2. *I understand that my participation is voluntary and if at any time during the test I feel uncomfortable or unhappy I can stop the test immediately.* ☐

3. *I consent to take part in the exercise assessment for the National Centre for Social Research/UCL Joint Health Surveys Unit.* ☐

BLOOD SAMPLE CONSENT FORM

BS (A)

(ADULT AGED 16+)

1. *I consent to the nurse taking a sample of my blood on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit. This blood sample will <u>not</u> be used to test for HIV virus or used for genetic testing. The sample will be tested for total and HDL cholesterol, and glycated haemoglobin. I consent to the sample being taken.*

2. *I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample analysis results for total and HDL cholesterol, and glycated haemoglobin. I am aware that the results of my blood sample analysis may be used by my GP to help him/her monitor my health and that my GP may wish to include the results in any future report about me.*

3. *I consent to any remaining blood being stored for future analysis. This blood sample may be used for future studies of the causes, diagnosis, treatment and outcome of disease, provided that the studies are approved by an NHS ethics committee. I understand that the samples will be stored with no identification except a coded study number. Only authorised members of the research team for this study would be able to find out who the codes referred to. Before being used in future research, some details of my medical history (but not any details which would identify me) may be attached to the sample, but the study number code will then be removed from the blood sample and the medical details. The stored blood will not be available for commercial purposes. When the sample is tested for research, it will no longer be possible to link it to me, so I will not be told the results of the testing. I understand that it will not be possible to remove my results from reports, as the results cannot be linked to me. I understand that I can withdraw my consent to store my blood at any time, without giving any reason, by asking the investigators in writing for my blood to be removed from storage and destroyed.*

Print name: _____

Signed (respondent) _____

Date _____

Signed (nurse) _____

Date _____

DESPATCH NOTE FOR BLOOD and SALIVA SAMPLES
(OFFICE COPY)

5

1. AGE GROUP: TICK SAMPLE TUBES OBTAINED:

16+ | 1   Plain ☐   EDTA ☐   Saliva ☐

4+ | 2   Saliva ☐

2. BLOOD/SALIVA
    TAKEN: Day ☐☐   Month ☐☐   Year ☐☐☐☐

3. BLOOD/SALIVA
    DESPATCH: Day ☐☐   Month ☐☐   Year ☐☐☐☐

Venepuncture:

Please complete:

1. Did you experience any problems in taking the Venepuncture? If yes, please record these below and state what action you took.

THE HEALTH SURVEY FOR ENGLAND 2008
DESPATCH NOTE FOR BLOOD AND SALIVA SAMPLES
(LABORATORY COPY)

Complete <u>all</u> sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER:

POINT   ADDRESS   HHLD   CKL   PERSON

C ☐☐☐☐ ☐☐ ☐ ☐ ☐☐

2. SEX: Male ☐ 1
   Female ☐ 2

3. DATE OF BIRTH: Day ☐☐ Month ☐☐ Year ☐☐☐☐

4. AGE GROUP: TICK SAMPLE TUBES OBTAINED:

   16+ ☐ 1   Plain ☐   EDTA ☐   Saliva ☐

   4+ ☐ 2   Saliva ☐

5. BLOODS/SALIVA TAKEN: Day ☐☐ Month ☐☐ Year ☐☐☐☐

6. STORAGE CONSENT:
   Given ☐ 1
   Not given/not applicable ☐ 2

7. NURSE NUMBER: ☐☐☐☐☐☐

LABELLING ON SAMPLE TUBES AND THIS FORM <u>MUST</u> CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY

TUBES ENCLOSED:	✓ if rec'd	ACTION REQUIRED
Saliva	☐	
Plain Red	☐	Total cholesterol
		HDL cholesterol
EDTA Purple	☐	Glycated haemoglobin

IF ITEM 4 ABOVE = 1

Store if item 6 does **NOT** = 2