

The Health Survey for England 2012 - Household Questionnaire

**Health Survey for England 2012**

**Program Documentation**

**Household Questionnaire  
P3227**

Variable names used in the CAPI program are shown in this document. In some cases the variable is renamed in the data set. In such cases, the variable name used in the data set is also shown, in red.

**Point2 PSU** SAMPLE POINT NUMBER.

**Address AddNum** ADDRESS NUMBER.

**Hhold** HOUSEHOLD NUMBER.

**WhoHere**

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

**Hysize**

**Derived household size.**

**Range:** 1..12

**SizeConf**

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

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

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

**INFORMATION COLLECTED ABOUT EACH PERSON IN HOUSEHOLD**

**Person** Person number in Household Grid

**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?

**AgeOf Age**

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

**IF Aged 16 or over THEN**

**MarStat MarstatC**

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

**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

**IF Aged 0 - 15 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

**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.

**SelCh**

INTERVIEWER: Is this child selected for an individual interview?

1 Yes

2 No

**Nat1Par NatPr1**

SHOW CARD A2

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*).

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

**IF (Par2 IN 1..12) THEN**

**Nat2Par NatPr2**

SHOW CARD A2

From this card please tell me the relationship of (*name of respondent*) to (Just tell me the number beside the answer that applies to (*name of respondent*)).

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

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

**RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL**

**RelTo**

SHOW CARD A1

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

ARRAY [1..12]

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

**ASK ALL**

**HHldr**

In whose name is the accommodation owned or rented? Anyone else?  
CODE ALL THAT APPLY.

(*Codeframe of all household members*)

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

**HHResp**

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

(*Codeframe of adult household members*)

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

**IF More than one person coded at HHldr 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 2 people have the same income THEN**

**JntEldA**

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

ASK OR RECORD.

(*Codeframe of joint householders*)

- 1-12 Person numbers of household members

**IF Don't know or Refused Person with highest income**

**JntEldB**

ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.

ASK OR RECORD.

(*Codeframe of joint householders*)

**HRP**

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:

(*Displays name of Household Reference Person*)

**DVHRPNum**

**Person number of Household Reference Person**

**ASK HOUSEHOLD REFERENCE PERSON**

**Tenure1 TenureB**

**SHOW CARD A3**

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

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

**IF Pay part rent/part mortgage OR Rent it OR Live here rent free 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.**

**INTERVIEWER:** If asked, New Town Development should be included as local authority or council.

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

**Furn1**

Is the accommodation provided...**READ OUT...**

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

**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

**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 Yes THEN**

**NumSm**

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

Range: 1..20

**ASK ALL**

**Car**

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

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

1 Yes

2 No

**IF Yes THEN**

**NumCars**

How many are available?

1 One

2 Two

3 Three or more

**SrClnc SrCln**

**SHOWCARD A4**

Please look at SHOW CARD A4. There has been a lot of talk about health and income. We would like to get some idea of your household's income. This card shows various possible sources of income. Can you please tell me which 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 Job-Seekers Allowance
- 6 Employment and Support Allowance
- 7 Income Support
- 8 Pension Credit
- 9 Working Tax Credit
- 10 Child Tax Credit
- 11 Child Benefit
- 12 Housing Benefit
- 13 Council Tax Benefit
- 14 Other state benefits
- 15 Interest from savings and investments (e.g. stocks & shares)
- 16 Other kinds of regular allowance from outside your household (e.g. maintenance, student's grants, rent)
- 17 No source of income

**AttDisab**

SHOWCARD A5

Can I just check, does your household receive any of these listed on this card?

- 1 Attendance Allowance
- 2 Disability Living Allowance – care component
- 3 Disability Living Allowance – mobility component
- 4 None of these

**IF AttDisab = 1-3 THEN**

**AtDisAmt**

SHOWCARD A6

Now looking at this card, which of these rates are you currently receiving? Just tell me the number beside the row that best apply to you.

CODE ALL THAT APPLY.

**Attendance Allowance**

- 1 Higher rate for attendance during day AND night - £73.60
- 2 Lower rate for day OR night - £49.30

**Disability Living Allowance (DLA) - Care Component**

- 3 Highest rate - £73.60
- 4 Middle rate - £49.30
- 5 Lowest rate – £19.55

**Mobility Component**

- 6 Highest rate - £51.40
- 7 Lower rate – 19.55

**NJntInc**

SHOW CARD A7

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.

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

**OthInc**

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

- 1 Yes
- 2 No

**IF Yes THEN**

**HHInc**

SHOW CARD A7

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.

## EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON

### NHActiv

SHOW CARD A8

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 Doing something else THEN

### NHActivo

OTHER: PLEASE SPECIFY.

Text: Maximum 60 characters

IF 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

IF (NHActiv = 7, 9, 10, 11) 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

IF NHActiv=6 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

**IF (NHActiv = 6-11) OR (HStWork = No) THEN**

**HEverJob**

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

- 1 Yes
- 2 No

**IF NHActiv =5 (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

**IF NHActiv=5,6 (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 months but less than 6 months
- 5 months but less than 12 months
- 6 12 months or more.

**ENDIF**

**IF Ever been in paid employment or self employed THEN**

**HPayLast**

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

WRITE IN.

**IF Last paid job <= 8 years ago THEN**

**HPayMon**

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

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

**IF (HEverJob = Yes) OR (NHActiv = 2, 3, 4, 5) 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

**IF Employee OR Director of a limited company THEN**

**HEmpStat**

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

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

**HNEmploye**

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

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

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

**HSNEmploye**

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

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

**IF Employee 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

**Sector**

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

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

**IF Self Employed THEN**

**HSIfWtMa**

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

Text: Maximum 100 characters

**The Health Survey for England 2012**

**Program Documentation**

**Individual Questionnaire  
P3227**

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**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.

**OwnAge**Can I just check, your age is (*computed age*)?

- 1 Yes  
2 No

**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 (Est. age from HH 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

**ASK ALL****GenHelf**

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

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

**III12m**

Do you have any have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- 1 Yes  
2 No

**IF III12m = Yes THEN RECORD UP TO SIX CONDITIONS OR ILLNESSES****IIIstxt[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 IIIstxt1-IIIstxt6**

**More[i]**

(Can I check) do you have any other physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

1 Yes

2 No

**IF ILL12m = Yes THEN****IIIAff**

SHOW CARD B1

Do any of your conditions or illnesses affect you in any of the following areas? Please read out the number that applies.

CODE ALL THAT APPLY

- 1 Vision (for example blindness or partial sight)
- 2 Hearing (for example deafness or partial hearing)
- 3 Mobility (for example walking short distances or climbing stairs)
- 4 Dexterity (for example lifting and carrying objects, using a keyboard)
- 5 Learning or understanding or concentrating
- 6 Memory
- 7 Mental health
- 8 Stamina or breathing or fatigue
- 9 Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)
- 10 Other (PLEASE SPECIFY)
- 11 None of the above (spontaneous only)
- 12 Refusal (spontaneous only)

**IF IIIAff = Other THEN****ILLOth**

What other area(s) do any of your conditions or illnesses affect you in?

Text : Maximum 100 characters

**If Yes at ILL12m****ReducAct**

Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities

READ OUT...

- 1 Yes, a lot
- 2 Yes, a little
- 3 Not at all

**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

## **Estimated height and weight**

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**ASK ALL RESPONDENTS AGED 16+**

### **EHtCh**

How tall are you without shoes? You can tell me in metres or in feet and inches.

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

- 1 Metres
- 2 Feet and inches

**IF EHtCh = Metres THEN**

### **EHtM**

INTERVIEWER: PLEASE RECORD HEIGHT IN METRES.

Range: 0.01..2.44

**ELSE IF EHtCh = Feet and inches THEN**

### **EHtFt**

INTERVIEWER: PLEASE RECORD HEIGHT. ENTER FEET.

Range: 0..7

### **EHtIn**

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

Range: 0..11

**ENDIF**

### **EWtCh**

How much do you weigh without clothes and shoes? You can tell me in kilograms or in stones and pounds.

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

- 1 Kilograms
- 2 Stones and pounds

**IF EWtCh = Kilograms THEN**

### **EWtKg**

INTERVIEWER: PLEASE RECORD WEIGHT IN KILOGRAMS.

Range: 1.0..210.0

**ELSE IF EWtCh = Stones and pounds THEN**

### **EWtSt**

INTERVIEWER: PLEASE RECORD WEIGHT. ENTER STONES.

Range: 1..32

### **EWtL**

INTERVIEWER: PLEASE RECORD WEIGHT. ENTER POUNDS.

Range: 0..13

**ENDIF**

## Personal Care Plans

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### IF Age16+ AND LonglII = Yes THEN

#### ConvDoc

You mentioned earlier that you have a/some long term health condition(s). Doctors, nurses or other health workers sometimes have a special discussion with people with a long term condition, to look at the way that their health and care is managed. This is to make sure that people are given information and understand the options for their condition, are happy with the care they are receiving overall for their health, and know how they can be involved in decisions about their care.

Have you had a conversation like this with your doctor, nurse or health worker about your long term condition(s)?

- 1 Yes
- 2 No
- 3 Not sure

### IF ConvDoc=Yes

#### LastYr

Was this in the last 12 months or longer ago?

- 1 In last 12 months
- 2 Longer ago

### IF Age16+ AND LonglII = Yes THEN

#### PlanAg

Sometimes a doctor, nurse or other health worker will agree a Personal Care Plan for someone with a long term condition, where they write down how the condition will be managed and who is involved in providing general health care or support.

In the last 12 months, have you and a health professional agreed a Personal Care Plan for your overall health and social care needs?

- 1 Yes, have agreed a personal care plan in the last 12 months
- 2 Yes, agreed a personal care plan more than 12 months ago
- 3 No, do not have a personal plan

### IF PlanAg = No THEN

#### OffPlan

Have you talked about a Personal Care Plan with a health care professional, or been offered a Personal Care Plan in the last 12 months?

- 1 Yes
- 2 No

### IF OffPlan = Yes THEN

#### WhyNoPI

Why have you not agreed a Personal Care Plan after discussing it? Is that because you didn't want one or is there some other reason?

- 1 Did not want a personal care plan
- 2 Still discussing a plan, not yet agreed
- 95 Other reason - SPECIFY

### IF WhyNoPI = Other THEN

#### NoPIOth

INTERVIEWER: Specify other reason.

Text: Maximum 50 characters

### IF OffPlan = No THEN

#### LikePlan

Would you like the opportunity to discuss a Personal Care Plan with a health professional?

- 1 Yes
- 2 No
- 3 Don't know

**IF PlanAg = Yes THEN****CareImpr**

Has your Care Plan improved the health or social care services you receive?

IF YES: Would you say they have improved a great deal or to some extent?.

- 1 Yes - improved a great deal
- 2 Yes - improved to some extent
- 3 No - not improved
- 4 Don't know / can't say

**ASK ALL WHO HAVE A LONG-TERM CONDITION****OptOff****SHOWCARD B2**

There are various options for self care support that health care professionals may offer to people with long term health conditions. This card shows some of them. Have you discussed or been offered any of the things on this card in the last 12 months (even if you decided not to take them up)?

PROBE FULLY: Which others?

CODE ALL THAT APPLY.

- 1 Being given help to find information about your condition
- 2 Being given help to find information about the choices you have for care from health professionals
- 3 Attending a training course on your condition, such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc.
- 4 Joining a support network or attending a group for people with a long-term condition
- 5 Having equipment fitted into your home
- 6 Other (PLEASE SPECIFY)
- 7 None of these

**IF (Other IN OptOff) THEN****OpOffOt**

INTERVIEWER: Please specify.

Text: Maximum 50 characters

**OptDone****SHOWCARD B3**

And over the last 12 months which, if any, of the things on this card have you actually done to help manage your condition? Just read out the numbers that apply.

PROBE FULLY: Which other things (have you done to help manage your condition in the last 12 months)? CODE ALL THAT APPLY

- 1 Read and used information about your condition
- 2 Read and used information about the choices you have for care from health professionals
- 3 Attended a training course on your condition such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc
- 4 Joined a support network or attended a group for people with a long-term condition
- 5 Had equipment fitted into your home
- 6 Other (PLEASE SPECIFY)
- 7 None of these

**IF (Other IN OptDone) THEN****OpDonOt**

INTERVIEWER: Please specify.

Text: Maximum 50 characters

## Doctor-diagnosed hypertension

---

**IF Age>=16**

**EverBP**

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

- 1 Yes
- 2 No

**IF EverBP = Yes THEN**

**DocNurBP DocBP**

Were you told **by a doctor or nurse** that you had high blood pressure?

- 1 Yes
- 2 No

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

**PregBP**

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

- 1 Yes
- 2 No

**IF PregBP = Yes THEN**

**NoPregBP OthBP**

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

- 1 Yes
- 2 No

**ENDIF**

**ENDIF**

**ENDIF**

**IF DocNurBP=Yes and NoPregBP <> No THEN**

**AgeinfBP AgeBP**

How old were you when you were first told by a (doctor/nurse) that you had high blood pressure? Interviewer: Type in age in years.

Numeric: 0..100

**MedcinBP MedBP**

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

- 1 Yes
- 2 No

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

**StillBP BPStill**

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

- 1 Yes
- 2 No

**PastAbBP EverMed**

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

- 1 Yes
- 2 No

**IF PastAbBP = Yes THEN****FinTab StpMed**

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

- 1 **Doctor advised me to stop due to:** ...improvement
- 2 ...lack of improvement
- 3 ...other problem
- 4 **Respondent decided to stop:** ...because felt better
- 5 ... for other reason
- 95 **Other reason**

**IF FinTaBC=6 THEN****FinTaOth**

INTERVIEWER: Please specify other reason

Text: Maximum 50 characters

**ENDIF****ENDIF****ENDIF****OthAdv**

SHOW CARD C1

Are you receiving any (*other*) treatment or advice because of your high blood pressure?

INCLUDE REGULAR CHECK-UPS

- 1 Yes
- 2 No

**IF OthAdv = Yes THEN****WhatTrt WhtTrt**

SHOW CARD C1

What other treatment or advice are you currently receiving because of your high blood pressure? PROBE: What else? CODE ALL THAT APPLY

- 1 Blood pressure monitored by GP/other doctor/nurse
- 2 Advice or treatment to lose weight
- 3 Blood tests
- 4 Change diet
- 5 Stop smoking
- 6 Reduce stress
- 95 Other (RECORD AT NEXT QUESTION)

**IF AdBPc = Other THEN****WhatTSp**

PLEASE SPECIFY...

Text: Maximum 50 characters

**ENDIF****ENDIF****ENDIF**

## Diabetes

---

**ASK ALL AGED 16+****EverDi**

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

1. Yes
2. No

**IF EverDi=YES THEN****Diabetes**

Were you told by a doctor that you had diabetes?

1. Yes
2. No

**IF FEMALE****DiPreg**

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

1. Yes
2. No

**IF Di Preg=Yes THEN****DiOth**

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

1. Yes
2. No

**IF EverDi=YES AND HAD DIABETES APART FROM WHEN PREGNANT THEN****DiAge**

Apart from when you were pregnant, approximately how old were you when you were first told by a doctor that you had diabetes?

INTERVIEWER: Type in age in years.

**Insulin**

Do you currently inject insulin for diabetes?

1. Yes
2. No

**DiMed**

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

1. Yes
2. No

**OthDi**

SHOW CARD D1

Are you currently receiving any other treatment or advice for diabetes?

INTERVIEWER: Include regular check-ups.

1. Yes
2. No

**OtherDi**

SHOW CARD D1

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

PROBE: What else?

CODE ALL THAT APPLY.

1. Special diet
2. Eye screening / regular eye tests
3. Regular check-up with GP/hospital/clinic
4. Other (RECORD AT NEXT QUESTION)

**COtherDi [Editor back code]**

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

PROBE: What else?

CODE ALL THAT APPLY.

- 1 Special diet
- 2 Eye screening / regular eye tests
- 3 Regular check-up with GP/hospital/clinic
- 4 Other (RECORD AT NEXT QUESTION)

**WhatDSp**

INTERVIEWER: SPECIFY OTHER TREATMENT OR ADVICE.

**IF Eye Screening NOT MENTIONED AT OtherDi**

**WhyNoET**

You did not mention regular eye tests for your diabetes. Is there any reason why you are not having your eyes tested regularly?

- 1 Not needed / never been told that I need eye tests
- 2 Been offered regular eye tests but didn't want them
- 3 Been offered regular eye tests but not able to take them up
- 4 Other (RECORD AT NEXT QUESTION)

**IF WhyNoET = Other THEN**

**OthNoET**

INTERVIEWER: PLEASE SPECIFY.

## Social care

---

### ASK ALL AGED 65+

#### Intro

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

For each task, I'd like you to tell me which option applies to you.

#### TasksA

##### SHOW CARD E1

Thinking about **getting in and out of bed** on your own, please look at this card and tell me the option which best applies to you?

INTERVIEWER: Do not include help from special aids or equipment such as wheelchairs or stair lifts.

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

#### Tasks [Repeat for tasks B to M]

Still looking at Showcard E1, what about...

(B) **washing your face and hands**

(C) **having a bath or a shower, including getting in and out of the bath or shower**

(D) **dressing or undressing, including putting on shoes and socks**

(E) **using the toilet**

(F) **eating, including cutting up food**

(G) **taking the right amount medicine at the right times**

(H) **getting around indoors**

(I) **getting up and down stairs**

(J) **getting out of the house, for example to go to the doctors or visit a friend**

(K) **shopping for food including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away**

(L) **doing routine housework or laundry**

(M) **doing paperwork or paying bills**

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

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

*For following tasks include additional instruction:*

(C) **having a bath or a shower:** INTERVIEWER: If respondent says they can do one but not the other, ask them to think about the washing facilities they have.

(G) **taking the right amount of medicine at the right times.** INTERVIEWER: Include prescribed medicines and medicines you can buy over the counter.

**TIntro**

I'd like to ask you about any help you have received in the last month, even if you don't usually need any help. Please think only about help you have received because of long-term physical or mental ill health, disability or problems relating to old age.

**TaskHlpA**

Have you received help from anyone with *getting in out of bed on your own*, in the **last month**?

**EXPLAIN IF NECESSARY:** Include help even if it was for a short time or provided by husband/wife/ another family member

- 1 Yes
- 2 No

**Repeat for tasks B to M**

*Subsequent times TaskHlp is asked*

What about (*insert shortened task B to M listed in bold*)?

**EXPLAIN IF NECESSARY:** Include help even if it was for a short time or provided by husband/wife/ another family member

**ASK IF NECESSARY:** Have you received help from anyone with (*insert shortened task B to M listed in bold*), in the **last month**?

- 1 Yes
- 2 No

**If (TaskHlpK=Yes) OR (TaskHlpL=Yes) OR (TaskHlpM = Yes) THEN**

**CheckA**

Do you receive this help with (*insert tasks K/L/M*) because of long standing physical or mental ill-health, a disability or problems relating to old age?

- 1 Yes for some or all
- 2 No, none of this help is because long standing physical or mental ill-health, disability or problems relating to old age

**ENDIF**

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

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

**Intro**

I am now going to ask you some questions about who helps you with different things. I will show you **two** lists of people who may have helped you.

**HelpInf**

SHOWCARD E2

In the last month, who has helped you with (*insert list of tasks in group*)?

First, please tell me about all of the people from this list who have helped you? Please only think about help received because of long-term physical or mental ill-health, disability or problems relating to old age.

INTERVIEWER: Probe fully. CODE ALL THAT APPLY:

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

**Repeat for task groups 1-3 where help received for at least one task in the group.****HelpForm**

SHOWCARD E3

Now, please tell me about all of the people from this list who have helped you with (*insert list of tasks in group*) in the last month?

INTERVIEWER: Probe fully.

CODE ALL THAT APPLY.

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

**IF HelpForm = Other THEN****HelpFormo**

Who was the other person that helped you?

Text: Maximum 100 characters

**Repeat for task groups 1-3 where help received for at least one task in the group.****If Helpinf = Response 1-7 THEN****HelpFam**You've told me that your (*person who helped*) helped you. Can I just check, does this person live in this household?

- 1 Yes
- 2 No

**IF HelpFam = Yes THEN****NumFam**

Please enter person number

**IF (HelpFam = No) AND (Helpinf = Response 1-10) THEN****NamFam**What is your (*person who helped*) name?

Text: Maximum 20 characters

**ENDIF**

**IF HelpFam = Yes THEN****SexFam**

INTERVIEWER CODE OR ASK SEX OF PERSON WHO HELPS

- 1 Male
- 2 Female

**ENDIF****ENDIF****MoreFam**

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

**IF HelpForm= Home care worker /home help/personal assistant THEN****Hhelp**

You have told me that a home care worker/home help/personal assistant helped you in the last month. Do you have just one person helping you, or do you have more than one?

- 1 One
- 2 More than one

**IF Hhelp = More than one THEN****Hhelpb**

Do they all help with the same kinds of things, or do you have different people helping with different things?

- 1 All help with same kind of things
- 2 Different people help with different things

**IF Hhelpb = Different people help with different things THEN****Hhelpc1**I'd like you to think about the home care workers, home helps or personal assistants who help with different things, so that I can ask you about each of them later. Thinking of the **first** home care worker/ home help/ personal assistant, what sort of thing do they help you with?

CODE MAIN TASK

- 1 Getting up in the morning
- 2 Going to bed
- 3 Washing/ bathing/personal care
- 4 Meals/ eating
- 5 Getting out of the house/shopping
- 6 Cleaning/ laundry
- 7 Other

**Hhelpc2**Thinking of the **second** home care worker/ home help/ personal assistant, what sort of thing do they help you with?

CODE MAIN TASK

- 1 Getting up in the morning
- 2 Going to bed
- 3 Washing/ bathing/personal care
- 4 Meals/ eating
- 5 Getting out of the house/shopping
- 6 Cleaning/ laundry
- 7 Other

**MoreHC**

Are there any more home care workers, home helps or personal assistants who help you with different kinds of things?

- 1 Yes
- 2 No

**IF MoreHC = Yes THEN****Hhelpc3**

Thinking of the third home care worker/ home help/ personal assistant, what sort of thing do they help you with?

**CODE MAIN TASK**

- 1 Getting up in the morning
- 2 Going to bed
- 3 Washing/ bathing/personal care
- 4 Meals/ eating
- 5 Getting out of the house/shopping
- 6 Cleaning/ laundry
- 7 Other

**Ask for each of those identified at HelpInf and Helpform****HelpHours HelpHo****SHOWCARD E4**

Thinking about (*helper's role/name*), in the last week how many hours have they helped you in person with these kinds of tasks?

*(If person who cares for respondent lives in the household)*

Please only think about the hours they were helping you with these kinds of tasks and not about the time they were around in the house or there to help you if you needed it.

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

**INTERVIEWER NOTE:**

ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE '1-4 hours'

IF 2 PEOPLE HELP AT THE SAME TIME, CODE DOUBLE THE HOURS

**INTERVIEWER:** If Home care worker/ Personal Assistant or other care staff live in/sleep in,  
INCLUDE ALL HOURS THEY ARE ON DUTY

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

**IF HelpHours = don't know or refusal THEN****HelpHourB**

Can you tell me whether in the last week your (*helper's name*) helped you in person with these tasks for.....READ OUT....

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

**ASK IF (HelpForm = 1-8) OR (Helpinf = 1-10 AND (HelpHours = 6-9 OR HelpHourB = 2-3))**

**Note:** There are two routes through this section of questions:

- **Route A: Formal providers arranged with involvement from local authority**
- **Route B: Home care workers where local authority not involved in arrangement and informal providers who provided 20+ hours of care in the last week**

**Intro**

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

**ASK IF ANY FORMAL CARERS AT HelpForm, OR INFORMAL CARERS FOR >20 HOURS****HaveDP****SHOWCARD E5**

Local authorities/council/social services offer different ways of arranging payment for people's care. This card describes some of these ways. Please look at the card and tell me whether either of these apply for the care you receive?

INTERVIEWER: Only include payments for social care. Do not include other payments for example, pension or Attendance Allowance

INTERVIEWER: IF RESPONDENT SELECTS ONLY ONE ANSWER (1 OR 2) PROBE FOR THE OTHER ONE: Does the other one also apply?

CODE ALL THAT APPLY (1 and 2 can be coded together, 3 can only be coded on its own).

- 1 Direct payments
- 2 Council manages the money
- 3 Neither of these

**PersB**

Do you have a Personal Budget, sometimes known as an Individual Budget? This is when the local authority/council/social services decides the amount or pot of money necessary to meet your social care needs. You can choose how to spend this money which can be used for a range of services, not just social care.

INTERVIEWER EXPLAIN IF NECESSARY: The money could be paid to you as a Direct Payment or the local authority/council/social services could manage the money for you.

- 1 Yes, have Personal Budget/Individual Budget
- 2 No, do not have Personal Budget/ Individual Budget

**IncAss**

Has the council or local authority made an assessment of what you can afford for any of your care needs? This is sometimes called an income assessment or means testing.

INTERVIEWER EXPLAIN IF NECESSARY: This might have been when the local authority/council was organising care services or arranging a Direct Payment for your care.

- 1 Yes, had income assessment
- 2 No

**Repeat for each formal care provider at HelpForm****Lhelp****SHOWCARD E6**

How was the help from your (*name of formal care provider*) arranged? Please look at this card and tell me which option applies.

- 1 Arranged without involvement from the local authority, council or social services
- 2 Local authority, council or social services arranged this help for me
- 3 Local authority, council or social services told me about the help but I arranged it myself or my family arranged it for me
- 4 Other

**Route A: Questions for formal providers arranged through local authority – this set of questions is asked once to cover all providers for which the answer to LAhelp was 2 or 3.**

**IF LAHelp = 2 OR 3 THEN**

**AnyPay[1]**

Do you (*and your husband/partner, wife/partner if appropriate*) pay or give any money for the help given by your (*list of relevant formal providers*)? Please include any payments made for this care, even if not made directly to the care provider.

1 Yes

2 No

3 (don't know)

**IF AnyPay = Yes THEN**

**Allcost**

Does this payment cover all the cost of this help or some of the cost of this help?

EXPLAIN IF NECESSARY: the payment for your (*list of relevant formal providers*)

1 All

2 Some

**HowPay**

SHOWCARD E7

How do you usually pay or give money to your (*list of relevant formal providers*) for helping you?

CODE ALL THAT APPLY

I use money from:

- 1 my own personal income, savings, pension or benefit (such as Attendance Allowance)
- 2 my Direct Payment/ Personal or Individual Budget from the Local Authority/ council/ Social Services
- 3 from another source

**ENDIF**

**AddPay**

(And in addition to what you pay), as far as you are aware does anyone else or any organisation pay or give money to your (*list of relevant formal providers*) for the care you receive - for example the council or a family member? Do not count any benefits such as Carers Allowance or Attendance Allowance.

INTERVIEWER CODE:

- 1 Yes, the local authority /council / social services
- 2 Yes, a family member (with their own money)
- 3 Yes, other
- 4 No, nobody else pays

**IF AddPay = Yes, the local authority/council/social services THEN**

**LAPay**

And does the local authority, council or social services pay your (*list of relevant formal providers*) directly or is it through your Direct Payment or a Personal Budget?

CODE ALL THAT APPLY:

- 1 Local authority/social services or council pay directly
- 2 Paid through Direct Payments / Personal or Individual Budgets

**ENDIF**

**Route B: Ask once if route A already asked or twice if route A not asked.****Priorities**

- 1 First home care worker/home help/personal assistant NOT arranged via council providing most hours
- 2 Second home care worker/home help/personal assistant NOT arranged via council providing next greatest number of hours
- 3 Carer at HelpForm (any number of hours)
- 4 Carer at HelpInf (only if provides >20 hours. If more than one carer at 3 or 4, then:
  - Priority given to the one with the most hours
  - Priority given to those living in the same household
  - Priority given in order of listing at Helpinf and Helpform

**AnyPay**

Do you (*and your husband/partner, wife/partner if appropriate*) pay or give any money for the help given by your (*relevant provider*)? Please include any payments made for this care, even if not made directly to the care provider.

- 1 Yes
- 2 No
- 3 (Don't know)

**IF AnyPay = Yes THEN****Allcost**

Does this payment cover all the cost of this help or some of the cost of this help?

**EXPLAIN IF NECESSARY:** the payment for your (*relevant provider*)

- 1 All
- 2 Some

**HowPay**

## SHOWCARD E7

How do you usually pay or give money to your (*relevant provider*) for helping you?

**CODE ALL THAT APPLY**

I use money from:

- 1 my own personal income, savings, pension or benefit (such as Attendance Allowance)
- 2 my Direct Payment/ Personal or Individual Budget from the Local Authority/ council/ Social Services
- 3 from another source

**ENDIF**

**AddPay**

(And in addition to what you pay), as far as you are aware does anyone else or any organisation pay or give money to your (*relevant provider*) for the care you receive - for example the council or a family member? Do not count any benefits such as Carers Allowance or Attendance Allowance.

**INTERVIEWER CODE:**

- 1 Yes, the local authority /council / social services
- 2 Yes, a family member (with their own money)
- 3 Yes, other
- 4 No, nobody else pays

**IF AddPay = Yes, the local authority/council/social services THEN****LAPay**

And does the local authority, council or social services pay your (*relevant provider*) directly or is it through your Direct Payment or a Personal Budget?

**CODE ALL THAT APPLY:**

- 1 Local authority/social services or council pay directly
- 2 Paid through Direct Payments / Personal or Individual Budgets

**ENDIF**

**Whoans**

INTERVIEWER: WHO ANSWERED THE QUESTIONS IN THIS SECTION?

- 1 Respondent only
- 2 Respondent with assistance of another person

**Comments**

INTERVIEWER: Do you have any comments about this section?

- 1 Yes
- 2 No

**IF Comments = Yes THEN****CommentX**

INTERVIEWER: PLEASE ENTER COMMENTS HERE.

Text: Maximum 100 characters

**END IF****ASK ALL AGED 65+****Intro**

I'm going to ask you about services that people can make use of.

- 1 Continue

**MealProv**

In the last month, have you regularly had your main meals provided for you?

EXPLAIN IF NECESSARY: Provided by someone who is not living here with you?

INTERVIEWER: Don't count meals eaten elsewhere.

- 1 Yes
- 2 No

**IF MealProv = Yes THEN****Meals**

SHOWCARD E8

Who provided your meals? PROBE: Who else?

INTERVIEWER EXPLAIN IF NECESSARY: Meals on Wheels may be provided by the council or another organisation

CODE ALL THAT APPLY

- 1 Meals on Wheels
- 2 Private frozen meal provider such as Wiltshire farm foods
- 3 Family/friend/neighbour brought me ready prepared meals
- 4 Other
- 5 None of these

**LnchClub**

In the last month did you attend a lunch club run by the council or a voluntary body?

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

**DayCen**

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

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

**ASK ALL AGED 16+****Intro**

The next few questions are about help or support that people provide for others.

**ProvHlp**

Have you personally provided help or support to anyone **in the last month** because they have long-term physical or mental ill-health, a disability or problems relating to old age? Do not include help given in a professional capacity or as part of a job, but include help or support given to your family, friends or neighbours.

INTERVIEWER: Include help for wife/husband/partner

- 1 Yes
- 2 No

**IF ProvHlp = Yes THEN****Checkhlp**

Can I just check, are you only including help or support that you give this person/these people because they have long-term physical or mental ill-health, disability or problems relating to old age, or were you thinking about help more generally?

- 1 Yes, thinking of help/support given because of health/old age
- 2 No, was thinking about help more generally

**IF Checkhlp = Yes THEN****HelpNo**

How many people do you provide this kind of help and support to?

Range: 0..97

**IF HelpNo = >=4 THEN****Intro**

Now I'd like you to think about the **three** people you provide the **most** help and support to.

**PrNameA**

Just so I can refer to them later on, I'd like to take down their first names. What are their names?

WRITE IN FIRST NAME OF FIRST PERSON CARED FOR

Text: Maximum 50 characters

**PrNameB**

What are their names?

WRITE IN FIRST NAME OF SECOND PERSON CARED FOR

Text: Maximum 50 characters

**PrNameC**

What are their names?

WRITE IN FIRST NAME OF THIRD PERSON CARED FOR

Text: Maximum 50 characters

**ENDIF**

**PrRel**

SHOWCARD E9

Thinking about (*name of person respondent helps*), what is their relationship to you?

They are my...

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

**IF PrRel = Other THEN****RelOth**

Please specify the other relationship.

Text: Maximum 50 characters

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

- 1 Same household
- 2 Different household

**If PrHHold=Same household THEN****NumHlp**

Please enter person number.

(CODE HH GRID No. age and sex will be taken from household grid)

**If PrHHold= Different household THEN****AgeHlp**How old is (*name of person respondent helps*)?

INTERVIEWER: If necessary ask respondent to estimate.

Range: 1..130

**GendHlp:**INTERVIEWER CODE OR ASK: Is (*name of person respondent helps*) male or female?

- 1 Male
- 2 Female

**ENDIF****ENDIF****Repeated for each person respondent helps**

**IntroB**

SHOWCARD E10

I'm going to ask you about the amount of time you spend helping. Please look at SHOWCARD E10, the next question is about the time you spend **in person** helping with tasks like this.

INTERVIEWER: Please ensure respondent has sufficient time to look at Showcard E10.

**PrHours**

SHOWCARD E11

Thinking only about the types of tasks and activities I showed you on the Showcard, how many hours did you spend helping (*name of person respondent helps*) in the **last week**?

INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet, or doing occasional errands or odd jobs without the person they are helping

INTERVIEWER: IF YOU THINK THE ANSWER MAY BE A **DAILY** AMOUNT, CHECK 'So that is xx hours in the last week?', CHANGE ANSWER IF NECESSARY

INTERVIEWER NOTE: ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE 1-4 hours'

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

If PrHours= don't know or refusal THEN

**PrHours2**

Thinking of the same type of help you give (*name of person respondent helps*) can you tell me whether **in the last week** you helped him/her:....READ OUT....

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

If PrHours= no help in the last week THEN

**PrUsHrs**

SHOWCARD E12

How many hours do you help (*name of person respondent helps*) in a **usual** week?

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

**Repeated for each person respondent helps**

**ASK IF CARE FOR MORE THAN ONE PERSON AGED 65+****PrOldHr**

SHOWCARD E12

Thinking about the total time you spend providing support or help to [*text fill (if also some younger)* **the older people that you care for**], [*name of person cared for*], about how many hours altogether did you spend **last week** helping them?

**INTERVIEWER EXPLAIN IF NECESSARY:** not help over the phone or by internet, or doing occasional errands/odd jobs without the person they are helping

**INTERVIEWER NOTE:** ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE '1-4 hours'

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

**ASK IF PrHours =>20 hours in the last week****Prtask**

SHOWCARD E13

And looking at this card, which of the activities do you help or support (*name of person respondent helps*)? Please think only of help or support given because of long-term physical or mental ill-health, disability or problems relating to old age. CODE ALL THAT APPLY

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

**Repeated for each person respondent helps****Intro**

The next few questions are about the effects on you of caring and about any support you may receive with your care responsibilities

**Support**

SHOWCARD E14

Do you receive any of these types of support in caring for (*name of person respondent helps*)? Please think only about help or support given directly to you.

Please read out the numbers that apply from this card. CODE ALL THAT APPLY

- 1 Help from GP or nurse
- 2 Access to respite care
- 3 Help from professional care staff
- 4 Help from carers' organisation or charity
- 5 Help from other family members
- 6 Advice from local authority/ social services
- 7 Help from friends/neighbours
- 8 No, I don't receive any of these

**Repeated for each person respondent helps**

**IF HelpNo = 1 THEN****HealthA[1]**

SHOWCARD E15

**In the last three months**, has your own health been affected, in any of the ways listed on this card, by the help or support that you give to your (*name of person respondent helps*)?

Please read out the numbers that apply from this card

CODE ALL THAT APPLY

- 1 Feeling tired
- 2 Feeling depressed
- 3 Loss of appetite
- 4 Disturbed sleep
- 5 General feeling of stress
- 6 Physical strain
- 7 Short tempered
- 8 Developed my own health condition
- 9 Made an existing condition worse
- 10 Other
- 11 No, none of these

**IF HelpNo = >=2 THEN****HealthA[2]**

SHOWCARD E15

**In the last three months**, has your own health been affected, in any of the ways listed on this card, by the help or support that you give to the people you care for?

Please read out the numbers that apply from this card

CODE ALL THAT APPLY

- 1 Feeling tired
- 2 Feeling depressed
- 3 Loss of appetite
- 4 Disturbed sleep
- 5 General feeling of stress
- 6 Physical strain
- 7 Short tempered
- 8 Developed my own health condition
- 9 Made an existing condition worse
- 10 Other
- 11 No, none of these

**IF(HealthA=1 -10) AND (IF HelpNo=1) THEN****HealthGP[1]**

Have you seen your GP because your health has been affected by the support you give to your (*name of person respondent helps*)?

- 1 Yes
- 2 No

**IF(HealthA=1 -10) AND (IF HelpNo=2 or more) THEN****HealthGP[2]**

Have you seen your GP because your health has been affected by the support you give to the people that you care for?

- 1 Yes
- 2 No

**ASK IF AGE 16-65****IF HelpNo = 1 THEN****HlthEmp[1]**

SHOWCARD E16

Has your ability to take up or stay in employment been affected, in any of the ways listed on this card, by the help or support that you give to your (?)

Please read out the numbers that apply from this card

CODE ALL THAT APPLY

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

**IF HelpNo = 2 or more THEN****HlthEmp[2]**

SHOWCARD E16

Has your ability to take up or stay in employment been affected, in any of the ways listed on this card, by the help or support that you give to [the people you care for]?

Please read out the numbers that apply from this card

CODE ALL THAT APPLY

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

**ASK ONCE FOR ALL WHO CARE FOR SOMEONE****IF HelpNo=1 THEN****LAass**

Have the Local Authority (council) carried out a carer's assessment as a result of the help or support that you provide to your (*name of person respondent helps*) you care for?

- 1 Yes
- 2 No

**IF HelpNo=2 or more THEN**

Have the Local Authority (council) carried out a carer's assessment as a result of the help or support that you provide to [the people you care for]?

- 1 Yes
- 2 No

## **Adult physical activity**

---

### **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.

#### **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 F1

Looking at showcard F1, 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..20

##### **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

Range: 0..59

**END IF**

#### **IF WorkAct2 = walking at work**

##### **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.

Range: 0..20

#### **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

Range: 0..59

**END IF**

#### **IF WorkAct2 = climbing stairs or ladders**

##### **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.

Range: 0..20

#### **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

Range: 0..59

**END IF**

#### **IF WorkAct2 = lifting, carrying or moving heavy loads**

##### **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.

Range: 0..20

#### **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

Range: 0..59

**END IF**

#### **IF WorkAct2 = climbing stairs or ladders**

##### **WrkCliEv**

You said that you do some climbing of stairs or ladders at work. Do you do that every working day, or only on some days?

- 1      Every working day
- 2      Only some days

**IF WrkCliEv = Only some days****WrkClID**

On how many days in the last four weeks did you do some climbing at work?

Range: 1..28

**IF WorkAct2 = lifting, carrying or moving heavy loads****WrkLftEv**

You said that you do some lifting, carrying or moving heavy loads at work. Do you do that every working day, or only on some days?

- |   |                   |
|---|-------------------|
| 1 | Every working day |
| 2 | Only some days    |

**IF WrkLftEv = Only some days****WrkLftd**

On how many days in the last four weeks did you do some lifting, carrying or moving heavy loads at work?

Range: 1..28

**ASK ALL****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 HswrkHM**

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 HwrkLstHM**

SHOW CARD F2

Have you done any housework listed on this card?

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

**HeavyHWrk HvyHwkHM**

SHOW CARD F3

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 HeavyHWrk = Yes THEN****HeavyDay HvyDyHM**

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..20

**MinHHW**

RECORD MINUTES SPENT ON HEAVY HOUSEWORK.

Range:0..59

**END IF****END IF****END IF****ASK ALL AGE 16+****Garden GardnHM**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 GardListM**

SHOW CARD F4

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

- 1 Yes
- 2 No

**ManWork ManwrkHM**

SHOW CARD F5

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 MnDayHM**

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..20

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

Range: 0..20

**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)

**ASK ADULTS AGED 65 AND OVER****Walk65**

During the past four weeks, was the effort of walking for 10 minutes or more usually enough to make you breathe faster, feel warmer or sweat?

- 1     Yes
- 2     No

**END IF****ASK ALL AGE 16+****ActPhy**

SHOW CARD F6

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 F6

Which have you done in the last four weeks?

PROBE: 'What 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).

**OActQ[i]**

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

- 1     Yes
- 2     No

**Record up to 6 additional sports****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.

**OthAct**

INTERVIEWER: ENTER BRIEF DESCRIPTION OF THIS SPORT.

Text: Maximum 80 characters

**END IF****END IF**

**FOR EACH ACTIVITY AT WhtAct OR COthAct/OthAct ASK****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..20

**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**

**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 BOTH, PROBE FOR 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 F7

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

**ASK FOR EACH ACTIVITY AT Workout****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..20

**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 IF**

**IF WhtAct = 4 THEN****KeepFit**

SHOW CARD F8

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

**ASK FOR EACH ACTIVITY AT Keepfit****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..20

**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  |

**IF [WhtAct = 3, 4 OR 10] OR COthAct = Response THEN**

**ExcMus ExcMu**

During the past four weeks, was the effort of [*name of activity recorded at WhtAct or COthAct*] usually enough to make your muscles feel some tension, shake or feel warm?

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

**END IF**

**ASK AGED 65+**

**IF WhtAct =10 OR COthAct = Repsonse THEN**

**ExcMov**

Did these exercises involve you standing up and moving about?

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

**END IF**

**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.

**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..20

**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, , 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..20

**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..20

**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..20

**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**

---

### **ASK ALL AGED 2-15**

PARENTS ANSWER FOR CHILDREN AGED 2-12, CHILDREN AGED 13-15 ANSWER FOR THEMSELVES.

#### **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.

#### **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

(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**

#### **JWIkCyc**

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 BUS STOP OR STATION, OR WALKING PART WAY AFTER DRIVING, BUT ONLY WHEN ON THE WAY TO OR FROM SCHOOL.

IF A CHILD USES A SCOOTER TO/ FROM SCHOOL, RECORD AS WALKING.

- 1 Yes - Walking
- 2 Yes – Cycling
- 3 Yes – Both
- 4 No

**IF JWIkCyc= 1 OR 3 THEN**

#### **JWIkDT**

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

#### **JWIkDF**

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 JWIkDT > 0 or JWIkDF > 0 THEN****JWIkTim**How long does it usually take (*you / name of child*) to walk to (*school / nursery / playgroup*)?

INTERVIEWER: IF JOURNEYS TO/ 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 JwIkCyc = 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: IF JOURNEYS TO/ 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 SCH7D = School****SchlBr**

SHOW CARD G1

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 WalkPac2**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 G2 AND G3

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 G2 AND G3.

I will first ask you about the informal activities on Showcard R and then about the more formal activities on Showcard S.

**NSWA**

SHOW CARD G2

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

**IF NSWA = Yes THEN****NSWA2**

SHOW CARD G2

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

**ASK FOR EACH ACTIVITY AT NSWA2****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 EACH DAY AT NSPAD, REPEAT NSPATH and NSPATM****NSPATH**

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

**NSPATM**

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

**WendWA2**

SHOW CARD G2

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 G2

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 EACH ACTIVITY AT WEPWA2****WEPA2**On which days did (*you / name of child*) do (*name of activity*)?

INTERVIEWER: CODE ALL THAT APPLY

- 1 Saturday
- 2 Sunday

**FOR EACH DAY AT WEPA2, REPEAT WEPAH AND WEPAM****WEPAH**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**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

**NSWB**

SHOW CARD G3

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 G3

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 EACH ACTIVITY AT NSpWB****NSWBD NSWD**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 EACH DAY AT NSWBD, REPEAT NSWBH AND NSWBM****NSWBH**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 HR, MINUTES AT NEXT Q

Range: 0..20

**NSWBM**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

**WendWB2 Wend2WB**

SHOW CARD G3

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 = Yes THEN****WendWB**

SHOW CARD G3

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 EACH ACTIVITY AT WendWB****WendWBD WdWD**

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 EACH DAY AT WendWBD, REPEAT WendWBH AND WendWBM****WendWBH**

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**

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

**ASK IF Total time spent on activities on any day of week >= 480 minutes****Check**

Can I check, you mentioned that you spent (*number of hours and minutes spent on activities in total on day of week*) doing these activities on (*day of week*). This seems a lot, are you sure this is correct?

*[List of activities mentioned and time spent on them]*

- 1 Yes
- 2 No

**Check repeated for each day of week****ASK ALL AGED 2-15****NSOth2**

SHOW CARDS G2 AND G3

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?

- 1 Yes
- 2 No

**Record up to 5 additional sports**

IF NSOth2 = Yes THEN

**NOSpEx2 NsOthSp**

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.

Text: Maximum 50 characters

**FOR EACH ADDITIONAL ACTIVITY****NSOthD2 NsOthD**

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 EACH DAY AT NSOthD2****NSOthT2H**

How long did (you / name of child) spend doing (activity] on (day)?

RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HR. RECORD MINS AT NEXT Q

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

**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

**ASK ALL AGED 2-15****WEOth2**

Did (you / name of child) do any other similar activities not listed on these two cards (*last weekend*)?

- 1 Yes
- 2 No

**Record up to 5 additional sports**

**IF WEOth2 = yes THEN**

**WEOspEx2 WeOthSp**

INTERVIEWER: Record brief details of the (*first / second / third / fourth / fifth*) other physical activity.

Text: Maximum 50 characters

**FOR EACH ADDITIONAL ACTIVITY****WEOthD**

On which days did (you / name of child) do (activity)?

CODE ALL THAT APPLY

- 1 Saturday
- 2 Sunday

**FOR EACH DAY AT WEOthD****WEOthTH**

How long did (you / name of child) spend doing/playing (activity) on (day)?

RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HR. RECORD MINS AT NEXT Q

Range: 0..20

**WEOthTM**

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

**IF (NSWA2 = 1, 5, 6, 7, 8, or 9) OR (WEPWA2 =1, 5, 6, 7, 8, or 9) THEN REPEAT FOR EACH ACTIVITY****ExcMusCI**

You told us that you did [*informal activity recorded at NSWA2, WEPWA2*] last week:

During the last week, was the effort of [any of these activities/ *name of informal activity*] usually enough to make your muscles feel some tension, shake or feel warm?

- 1 Yes
- 2 No

**IF (NSpWB = 1-10) OR (WendWB = 1-10) THEN REPEAT FOR EACH ACTIVITY****ExcMusCF**

You told us that you did [*formal activity recorded at NSpWB, WendWB*] last week:

During the last week, was the effort of [any of these activities/ *name of formal activity*] usually enough to make your muscles feel some tension, shake or feel warm?

- 1 Yes
- 2 No

**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.

**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 HR. RECORD MINS AT NEXT Q

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 HR. RECORD MINS AT NEXT Q

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 HR. RECORD MINS AT NEXT Q

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 HR. RECORD MINS AT NEXT Q

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+)**

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**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

**IF Age of respondent = 16 to 17 AND (is in joint session with Adult aged 25+ OR with adult aged 18-24 AND BookChk=1) THEN**

**YAIntro**

INTERVIEWER: Prepare self-completion booklet for young female adults/young male adults by entering serial numbers. Check that you have the correct person number.

**YAInt2**

At this point, I would now like you to answer some questions by completing all of this booklet on your own. The questions cover smoking, drinking and attitudes to health. I will need to ask you a few more questions from the laptop in a little while, and I will ask you to close the booklet for a few minutes while I do this.

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

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

**SmokEver SmkEvr**

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

- 1 Yes
- 2 No

**IF SmokEver = Yes THEN**

**SmokeNow CigNow**

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

**IF SmokeNow = Yes THEN**

**DlySmoke CigWDay**

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

INTERVIEWER: IF LESS THAN ONE A DAY, ENTER 0. IF RANGE AND CAN'T ESTIMATE, ENTER MID POINT. IF SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

Range: 0..97

**IF DlySmoke = 97 THEN**

**Estim**

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

- 1 Grams
- 2 Ounces

**IF Estim = grams THEN**

**Grams**

RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (WEEKDAYS) IN GRAMS.

Range: 1..67

**ELSEIF Estim = ounces THEN**

**Ounces**

RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (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**

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

**WKndSmok CigWEnd**

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

INTERVIEWER: IF RANGE AND CAN'T ESTIMATE, ENTER MID POINT. IF SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.

Range: 0..97

**IF WkndSmok = 97 THEN**

**Estim**

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

- 1 Grams
- 2 Ounces

**IF Estim = grams THEN**

**Grams**

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

Range: 1..67

**ELSEIF Estim = ounces THEN**

**Ounces**

RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (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

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

**CigType CigTyp**

Do you mainly smoke ...READ OUT...

- 1 ... filter-tipped cigarettes
- 2 plain or untipped cigarettes,
- 3 or hand-rolled cigarettes?

**IF SmokeNow=Yes THEN****SmokWher SmokWh**

SHOW CARD H2

In which of these places, if any, did you smoke in during the last 7 days ending yesterday? CODE ALL THAT APPLY

- 1 At my home (indoors or outside, eg. in garden or on doorstep)
- 2 Outside (other than at home)
- 3 Inside other people's homes
- 4 Whilst travelling by car
- 5 Inside other places

**IF SmokWher = 1 OR 2 THEN SmokHome****SmokHome SmokHm**

SHOWCARD H3

Where in your home do you usually smoke?

CODE ALL THAT APPLY

- 1 Outside, 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

**IF SmokWher = Outside, other than at home THEN****SmokOut**

SHOWCARD H4

Where did you smoke outside during the last 7 days ending yesterday?

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

**IF SmokeNow=Yes THEN****SmokPpl**

SHOWCARD H5

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

**IF SmokeNow = Yes****SmNoDay**

How easy or difficult would you find it to go without smoking for a whole day? Would you find it .... READ OUT ...

- 1 ... very easy,
- 2 ... fairly easy,
- 3 ... fairly difficult,
- 4 ... or, very difficult?

**GiveUp GivUpSk**

Would you like to give up smoking altogether?

- 1 Yes
- 2 No

**IF SmokeNow=Yes AND GiveUp=Response****WhenStop**

SHOW CARD H6

Which of the following statements best describes you?

- 1 I intend to give up smoking within the next month
- 2 I intend to give up smoking within the next six months
- 3 I intend to give up smoking within the next year
- 4 I intend to give up smoking but not in the next year
- 5 I intend to give up smoking, but I'm not sure when
- 6 I don't intend to give up smoking

**IF GiveUp = YES****GvUpReas GivUpRs**

SHOWCARD H7

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 want me to stop
- 6 Financial reasons (couldn't afford it)
- 7 Worried about the effect on my children
- 8 Worried about the effect on other family members
- 9 Something else

**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

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

Have you ever smoked cigarettes?

- 1 Yes
- 2 No

**IF SmokEver = YES and SmokeNow = NO****QuitReas QitRsn**

SHOW CARD H1

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 Being faced with 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 Worried 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

**IF SmokeCig = Yes THEN****SmokeReg CigReg**

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 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 ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (WEEKDAYS/ON WEEKENDS). WILL IT BE GIVEN IN GRAMS OR IN OUNCES?

- 1 Grams
- 2 Ounces

**IF Estim = grams THEN****Grams**

RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (WEEKDAYS/WEEKENDS) IN GRAMS.

Range: 1..67

**ELSEIF Estim = ounces THEN****Ounces**

RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (WEEKDAYS/ 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

*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 YR 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

**IF (Sex = Female) AND (Age 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

**IF (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?

(INTERVIEWER: 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

**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

**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 had at the time?

- 1 Yes
- 2 No

**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

**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

**IF Sex = Male THEN****PipeNowA**

Do you smoke a pipe at all nowadays?

- 1 Yes
- 2 No

**ASK ALL****FathSm SmkDad**

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

- 1 Yes
- 2 No

**MothSm SmkMum**

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

- 1 Yes
- 2 No

**IF Age = 0-12 OR (age >=18 AND Bookchk = 1)****XExpSm ExpSmok**

Now, in most weeks, how many hours a week are (you/name of child) exposed to other people's tobacco smoke?

IF EXPOSED BUT LESS THAN 1HR ENTER 1, OTHERWISE RECORD TO NEAREST HOUR.  
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 XExpSm >=1 AND age >=18 THEN****Passive PasSmk**

SHOW CARD H8

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

PROBE: Where else? CODE ALL THAT APPLY.

- 1 At own home
- 2 At work
- 3 In other people's homes
- 4 Outdoor smoking areas of pubs/restaurants/cafes
- 5 In other places
- 6 None, none of these

**IF Passive=1-6 THEN****Bother PasSmkB**

Does this bother you at all?

- 1 Yes
- 2 No

## **Drinking (Aged 18+)**

---

**IF (Age of Respondent is 25 years or over) OR (BookChk = Asked)****Drink DnNow**

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 DnAny**

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 DnEvr**

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

**IF (Drink = Yes) OR (DrinkAny = very occasionally) THEN****DrinkOft DnOft**

SHOW CARD I1

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 D7Day**

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

1 Yes

2 No

**IF DrinkL7 =Yes THEN****DrnkDay D7Many**

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

**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 D7Typ**

SHOW CARD I2

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) NBerQHP7**

ASK OR CODE: How many half pints of **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day?

Range: 1..97

**IF NBrL7Q = Small cans THEN****NBrL7Q(2) NBerQSm7**

ASK OR CODE: How many small cans of **normal strength beer, lager, stout, cider or shandy** did you drink that day?

Range: 1..97

**IF NBrL7=Large cans THEN****NBrL7Q(3) NBerQLg7**

ASK OR CODE: How many large cans of **normal strength beer, lager, stout, cider or shandy** did you drink that day?

Range: 1..97

**IF NBrL7=Bottles THEN**

**NBrL7Q(4) SBerQBt7**

ASK OR CODE: How many bottles of **normal strength beer, lager, cider or shandy** did you drink that day?

Range: 1..97

**NBotL7**

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

Text: Maximum 21 characters

**IF DrnkType = Strong beer/lager/cider 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) SBerQHP7**

ASK OR CODE: How many half pints of **strong beer, lager, stout or cider** did you drink on that day?

Range: 1..97

**IF SBrL7=Small cans THEN**

**SBrL7Q(2) SBerQSm7**

ASK OR CODE: How many small cans of **strong beer, lager, stout or cider** did you drink on that day?

Range: 1..97

**IF SBrL7=Large cans THEN**

**SBrL7Q(3) SBerQLg7**

ASK OR CODE: How many large cans of **strong beer, lager, stout or cider** did you drink on that day?

Range: 1..97

**IF SBrL7=Bottles THEN**

**SBrL7Q(4) SBerQBt7**

ASK OR CODE: How many bottles of **strong beer, lager, stout or cider** did you drink on that day?

Range: 1..97

**SBotL7**

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

Text: Maximum 21 characters

**IF DrnkType = Spirits THEN****SpirL7 SpirQMe7**

Still thinking about last (*answer to WhichDay*), how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day?

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

Range: 1..97

**IF DrnkType = Sherry THEN****ShryL7 SherQGs7**

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

**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: please note that respondent may give answer in bottles and glasses. Please code the relevant option.

INTERVIEWER: CODE THE MEASURE THE RESPONDENT USED

- 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 WBtlGz**

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

CODE THE NUMBER OF GLASSES.

1 BOTTLE =6 GLASSES  
 ½ BOTTLE=3 GLASSES  
 1/3 BOTTLE=2 GLASSES  
 ¼ BOTTLE=1.5 GLASSES

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

Range: 1..97 (ALLOW FRACTIONS)

**F9 for WL7Bt**

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

**IF WineL7= 2 (Glasses)****WL7GI**

CODE THE NUMBER OF GLASSES (**drunk as glasses**).

Range: 1..97 (ALLOW FRACTIONS)

**WL7G1z WGIs125ml, WGIs175ml, WGIs250ml**

Were you drinking from a large, standard or small glass?

INTERVIEWER: If respondent drank from different size glasses, code all that apply.

INTERVIEWER: please note that if respondent was drinking in a pub or wine bar and had a small glass, this would usually be 175ml.

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

**IF DrnkType = Alcopops/pre-mixed alcoholic drink****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 Stanadard Bottles (275ml)
- 3 Large Bottles (700ML)

**IF PopsL7 = Small cans THEN****PopsL7Q(1) PopsQSm7**

ASK OR CODE: How many small cans of **alcoholic soft drink** ('alcopop') did you drink on that day?

Range: 1..97

**IF PopsL7= standard sized Bottles THEN****PopsL7Q(2) PopsQSm7**

ASK OR CODE: How many standard bottles of **alcoholic soft drink** ('alcopop') did you drink on that day?:

Range: 1..97

**IF PopsL7= LargeBottles THEN****PopsL7Q(3) PopsQLg7**

ASK OR CODE: How many large bottles of **alcoholic soft drink** ('alcopop') did you drink on that day?:

Range: 1..97

**IF DrnkType=Other THEN****OthL7TA**

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

Text: Maximum 30 characters

**OthL7QA**

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

Text: Maximum 30 characters

**OthL7B**

Did you drink any other type of alcoholic drink on that day?

- 1 Yes
- 2 No

**IF OthL7B=Yes THEN****OthL7TB**

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

**DrAmount**

Compared to five years ago, would you say that on the whole you drink more, about the same or less nowadays?

- 1 More nowadays
- 2 About the same
- 3 Less nowadays

**ENDIF**

**ENDIF**

**IF DrinkNow = 1 or DrinkAny = 1 THEN**

**Intro**

I'd like to ask you whether you have drunk different types of alcoholic drink in the last 12 months.  
 I'd like to hear about ALL types of alcoholic drinks you have had.

If you are not sure whether a drink you have had goes into a category, please let me know. I do not need to know about non-alcoholic or low alcohol drinks.

(HELP KEYS GIVE MORE INFORMATION ABOUT DIFFERENT DRINKS CATEGORIES).

**NBeer****SHOWCARD I1**

I'd like to ask you first about normal strength beer, lager, stout, cider or shandy which has less than 6% alcohol. How often have you had a drink of normal strength beer, lager, stout, cider **or** shandy (excluding cans and bottles of shandy) during the last 12 months?

(NORMAL = LESS THAN 6% ALCOHOL BY VOLUME.)

- 1 Almost every day
- 2 5 or 6 days a week
- 3 3 or 4 days a week
- 4 once or twice a week
- 5 once or twice a month
- 6 once every couple of months
- 7 once or twice a year
- 8 not at all in last 12 months

**IF NBeer = 1 – 7 THEN****NBeerM**

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

- 1 Half pints
- 2 Small cans
- 3 Large cans
- 4 Bottles 4

**NBeerQ**

How many (half pints/ small cans/ large cans/ bottles) of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

Range 1..97

**IF Drinknow = 1 or DrinkAny = 1****SBeer**

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

- 1 Almost every day
- 2 5 or 6 days a week
- 3 3 or 4 days a week
- 4 once or twice a week
- 5 once or twice a month
- 6 once every couple of months
- 7 once or twice a year
- 8 not at all in last 12 months

**IF SBeer = 1 – 7 THEN****SBeerM**

How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?

- 1 Half pints
- 2 Small cans
- 3 Large cans
- 4 Bottles

**SBeerQ**

For each type of measure of strong beer ASK OR RECORD, How many (half pints/ small cans/ large cans/ bottles) of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?

Range: 1..97

**IF Drinknow = 1 or DrinkAny = 1 THEN****Spirits****SHOWCARD I1**

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

- 1 Almost every day
- 2 5 or 6 days a week
- 3 3 or 4 days a week
- 4 once or twice a week
- 5 once or twice a month
- 6 once every couple of months
- 7 once or twice a year
- 8 not at all in last 12 months

**IF Spirits = 1 – 7 THEN****SpritsQ**

How much SPIRITS OR LIQUEURS, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF SINGLES -

Range: 1..97

**IF Drinknow = 1 or DrinkAny = 1 THEN****Sherry**

## SHOWCARD I1

How often have you had a drink of SHERRY OR MARTINI including port, vermouth, Cinzano and Dubonnet, during the last 12 months?

- 1      Almost every day
- 2      5 or 6 days a week
- 3      3 or 4 days a week
- 4      once or twice a week
- 5      once or twice a month
- 6      once every couple of months
- 7      once or twice a year
- 8      not at all in last 12 months

**IF Sherry = 1 – 7 THEN****SherryQ**

How much SHERRY OR MARTINI, including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF GLASSES

Range: 1..97

**IF Drinknow = 1 or DrinkAny = 1 THEN****Wine**

## SHOWCARD I1

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

- 1      Almost every day
- 2      5 or 6 days a week
- 3      3 or 4 days a week
- 4      once or twice a week
- 5      once or twice a month
- 6      once every couple of months
- 7      once or twice a year
- 8      not at all in last 12 months

**IF Wine = 1 – 7 THEN****WineQ**

How much WINE, including Babycham and champagne, have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF GLASSES.

Range: 1..97

**BWineQ2**

## SHOW CARD I3

Were those ...

RUNNING PROMPT....

- 1      Small Glasses (approx. 125ml)
- 2      Standard (approx. 175ml)
- 3      Or Large Glasses (approx. 250ml)
- 4      Bottles (Spontaneous Only)
- 5      Don't Know (Spontaneous Only)

**IF Drinknow = 1 or DrinkAny = 1 THEN**

**Pops**

SHOWCARD I1

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

- 1      Almost every day
- 2      5 or 6 days a week
- 3      3 or 4 days a week
- 4      once or twice a week
- 5      once or twice a month
- 6      once every couple of months
- 7      once or twice a year
- 8      not at all in last 12 months

**IF Pops = 1 – 7 THEN**

**PopsLY11**

How much ALCOPOPS (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months?

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

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

**IF PopsLY11 = Small cans THEN**

**PopsQ11[1] PopsQ11**

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

Range: 1..97

**IF PopsLY11=standard Bottles THEN**

**PopsQ11[2] PopsQ12**

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

Range: 1..97

**IF PopsLY11= large Bottles THEN**

**PopsQ11[3] PopsQ13**

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

Range: 1..97

## **Classification**

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**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 ActivB**

SHOW CARD J1

Which of these descriptions applies to what you were doing last week, that is in the seven days ending (*date seven days ago*)?

CODE FIRST TO APPLY

- 1 Going to school or college full-time (including on vacation)
- 2 In paid employment or self-employment (or away temporarily)
- 3 On a Government scheme for employment training
- 4 Doing unpaid work for a business that you own, or that a relative owns
- 5 Waiting to take up paid work already obtained
- 6 Looking for paid work or a Government training scheme
- 7 Intending to look for work but prevented by temporary sickness or injury (CHECK 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
- 95 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

**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 WkLook4**

Thinking now of the four weeks ending (*date last Sunday*). Were you looking for any paid work or Government training scheme at any time in those four weeks?

- 1 Yes
- 2 No

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

**2WkStrt WkStrt2**

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

- 1 Yes
- 2 No

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

Have you ever been in paid employment or self-employed?

- 1 Yes
- 2 No

**IF NActiv=Waiting to take up paid work already obtained THEN**

**OthPaid**

Apart from the job you are waiting to take up, have you ever been in paid employment or self-employed?

- 1 Yes
- 2 No

**IF NActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook =Yes)**

**THEN**

**HowLong**

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

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

**IF (Everjob=Yes) 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
- 13 Can't remember

**PayAge1** **PayAge**

**Computed: Age when last had a paid job.** IF (EverJob=Yes) OR (NActiv = [In paid employment or self-employment...Waiting to take up paid work already obtained]) OR (StWork = Yes) OR (Respondent is Male and Everjobl=Yes) OR (Respondent is Female and PayAgel>=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 HOURS PART-TIME = 30 HOURS OR LESS)

- 1 Full-time
- 2 Part-time

**WtWork**

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

Text: Maximum 50 characters

**MatUsed**

IF RELEVANT: What materials or machinery do (*did/will*) you use?

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

**SkilNee**

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

Text: Maximum 120 characters

**Employe**

Are you (*were you/will you be*) ...READ OUT...

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

INTERVIEWER: 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?

**NEmplie**

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

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

**ELSEIF Employe = Self-employed AND Dirctr=No THEN****SNEmployee**Do (*did/will*) you have any employees?

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

**IF Employee=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****SIfWtMa**What (*did/will*) you make or do in your business?

Text: Maximum 100 characters

**Isector**

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

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

**IF NActiv = Response THEN****HRPOcc**INTERVIEWER: DID (*name of respondent*) ANSWER THE OCCUPATION QUESTIONS HIM/HERSELF?**ELSEIF (NActiv) non response THEN****OEmpStat*****Derived employment status.*****Range: 0..8*****SOC, SOCIs, 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 J2

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.

INTERVIEWER: RECORD ALL THAT APPLY. PROBE: Any others?

- 1 Degree/degree level qualification (including higher degree)
- 2 Teaching qualification
- 3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
- 4 HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
- 5 ONC/OND/BEC/TEC/BTEC not higher
- 6 City and Guilds Full Technological Certificate
- 7 City and Guilds Advanced/Final Level
- 8 City and Guilds Craft/Ordinary Level
- 9 A-levels/Higher School Certificate
- 10 AS level
- 11 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
- 12 O-level passes taken in 1975 or earlier
- 13 O-level passes taken after 1975 GRADES A-C
- 14 O-level passes taken after 1975 GRADES D-E
- 15 GCSE GRADES A\*-C
- 16 GCSE GRADES D-G
- 17 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
- 18 CSE GRADES 2-5/SCE Ordinary BANDS D-E
- 19 CSE Ungraded
- 20 SLC Lower
- 21 SUPE Lower or Ordinary
- 22 School Certificate or Matric
- 23 NVQ Level 5
- 24 NVQ Level 4
- 25 NVQ Level 3/Advanced level GNVQ
- 26 NVQ Level 2/Intermediate level GNVQ
- 27 NVQ Level 1/Foundation level GNVQ
- 28 Recognised Trade Apprenticeship completed
- 29 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)

**IF 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?

INTERVIEWER: RECORD ALL OTHER QUALIFICATIONS IN FULL. PROBE: Any others?

Text: maximum 60 characters

**ASK ALL****NatID**

SHOW CARD J3

How would you describe your national identity?

INTERVIEWER: RECORD ALL THAT APPLY.

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

**IF National id = Other THEN****XNational id**

Please describe.

**Origin**

SHOW CARD J4

To which of the groups listed on this card do you consider you belong?

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

Mixed / multiple ethnic groups:

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

Asian / Asian British:

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

Black / African / Caribbean / Black British:

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

Other ethnic group

- 17 Arab
- 18 Any other ethnic group (please describe)

**IF Origin = Any other ethnic group THEN****XOrigin**

Please describe.

**Self-completion placement (Aged 8+)****IF Age of Respondent is 13 years and over and BookChk=Given THEN****SCIntro**

PREPARE (*cream/pale blue/pale pink/yellow/lilac/grey*) SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 13-15/FOR YOUNG ADULT MEN AND WOMEN/FOR ADULT MEN AND WOMEN AGED 18-44 /FOR ADULTS AGED 45+) 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 BLUE BOOKLET TO PARENT(S). IF AGREES, PREPARE BLUE BOOKLET. INTERVIEWER: EXPLAIN TO CHILD HOW TO COMPLETE AND SHOW EXAMPLE IN BOOKLET.

**ENDIF****IF ANY CHILDREN AGED 2-15 INTERVIEWED****SCIIntrA**

INTERVIEWER: TURN TO THE LAST PAGE OF THE SELF COMPLETION BOOKELT AND EXPLAIN THAT THIS FINAL QUESTION IS ABOUT THEIR CHILD, OR CHILDREN.

**IF Age of Respondent is 13 years or over THEN****SComp2**

I would now like you to answer some more questions by completing this booklet on your own. The questions cover smoking and drinking and some about your general health.

INTERVIEWER: Explain how to complete booklet and show example in booklet  
If asked, show booklet to parent(s).

**SCCheck**

INTERVIEWER: WAIT UNTIL RESPONDENT(S) HAVE FINISHED AND THEN PLACE SELF COMPLETIONS IN THE BROWN ENVELOPE PROVIDED.

**ENDIF****IF Age of respondent is 8 years or over THEN****SComp3**

INTERVIEWER CHECK WITH THE RESPONDENT: WAS THE (PALE GREEN/PALE BLUE/PALE PINK/YELLOW/LILAC /GREY) BOOKLET (FOR CHILDREN AGED 8-12/FOR CHILDREN AGED 13-15/FOR YOUNG FEMALE ADULTS/FOR YOUNG MALE ADULTS/FOR FEMALE ADULTS/FOR MALE ADULTS/FOR ADULTS 45+) 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 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 2-13 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)
- 7 Illness/disability
- 8 Child 2-13 asleep
- 9 Not in/not available
- 10 Proxy refusal
- 11 No self completion booklet available
- 95 Other (SPECIFY)

**IF SComp6=Other THEN****SComp6O**

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

**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

## **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.

I know you have already told me but it is really important that we get the most accurate and up to date measurements we can, using the same type of scales and measuring equipment for everybody.

INTERVIEWER: IF ASKED, EXPLAIN: We are interested in exploring the difference between people's perceptions of their own height and weight compared with their actual height and weight.

INTERVIEWER: MAKE OUT PALE GREEN 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

#### **RelHite**

INTERVIEWER CODE ONE ONLY

- 1      No problems experienced reliable height measurement obtained
- 2      `Problems experienced - measurement likely to be:

  - 2      Reliable
  - 3      Unreliable

#### **IF RelHite = Unreliable THEN**

#### **HiNRel**

INTERVIEWER: WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

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

#### **IF HiNRel = Other THEN**

#### **OHiNRel**

INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 60 characters

#### **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**

INTERVIEWER: CODE REASON FOR NOT OBTAINING HEIGHT.

- 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 unable to get out of a chair/in a wheelchair
- 5 Respondent is unable to get out of bed
- 6 Respondent unable to remove shoes
- 7 Child: subject would not stand still
- 8 Ill or in pain/has disability (physical or mental)
- 9 Stadiometer faulty/not available/couldn't be used
- 10 Child 2-13 asleep
- 11 Not in/not available
- 12 Proxy refusal
- 95 Other - specify

**IF OTHER IN NoHtBC THEN****NoHitCO**

PLEASE SPECIFY OTHER REASON

Text: Maximum 60 characters

**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..200.0

**ELSEIF RespWts = Weight obtained (child held by adult) THEN**

**WtAdult**

ENTER WEIGHT OF ADULT ON HIS/HER OWN.

Range: 15.0..200.0

**WtChAd**

ENTER WEIGHT OF ADULT HOLDING CHILD.

Range: 15.0..200.0

**ENDIF**

### **Weight**

**Computed: Measured weight, either Weight or WtChAd – WtAdult**

**Range: 0.0..140.0**

**FloorC**

SCALES PLACED ON?

- 1 Uneven floor
- 2 Carpet
- 3 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 THEN**

**ResNwt**

GIVE REASONS FOR REFUSAL.

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

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

CODE REASON FOR NOT OBTAINING WEIGHT.

- 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 unable to get out of a chair/in a wheelchair
- 5 Confined to bed
- 6 Respondent unable to remove shoes
- 7 Respondent weighs more than 200 kg
- 8 Ill or in pain/has disability (physical or mental)
- 9 Scales not working/not available/couldn't be used
- 10 Parent unable to hold child
- 11 Child 2-13 asleep
- 12 Not in/not available
- 13 Proxy refusal
- 95 Other - specify

**IF NoWtBC = Other THEN**

**NoWatCO**

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

### **IF RESPONDENT IS <16**

#### **Birth**

INTERVIEWER: ASK OF (NAME OF CHILD'S) PARENT/LEGAL GUARDIAN:

We are interested in the birth weight of children taking part in this survey. 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
- 3 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

**IF BirthWt = [between 0.1kg and 2.5kg] THEN**

**Prmature**

Was (*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

## **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). Press <9> for help explaining about the nurse visit.

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

- 1 Agreed nurse could contact
- 2 Refused nurse contact

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

**NrsAppt**

INTERVIEWER: CODE WHETHER YOU HAVE MADE AN APPOINTMENT FOR THE NURSE TO VISIT (OR WHETHER THE NURSE WILL CALL TO MAKE THEIR OWN APPOINTMENT).

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

**IF NrsAppt = Agreed nurse could contact THEN**

**NrsDate**

INTERVIEWER: ENTER DATE OF THE NURSE APPOINTMENT

**NrsDate**

INTERVIEWER: ENTER TIME OF THE NURSE APPOINTMENT.

USE 24 HOUR CLOCK. FOR EXAMPLE, 9AM WOULD BE RECORDED AS 09:00.

**AptRec**

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

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

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

**IF Nurse = Refused nurse contact THEN****NurseRef**

INTERVIEWER: 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 at next question)

**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

## Consents

---

### ASK ALL AGED 16+

#### NHSCan

We would like to ask for your consent to link some of your NHS health records with your survey answers. To do this we would need to send your name, address and date of birth to the NHS Central Register. Please read this form, it explains more about what is involved.

INTERVIEWER: GIVE THE RESPONDENT THE **GREEN** CONSENT FORM (LINKING SURVEY ANSWERS TO OTHER INFORMATION) 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 FORM.

ASK RESPONDENT TO INITIAL THE BOX AND SIGN THE FORM.

GIVE THE WHITE COPY OF THE FORM TO THE RESPONDENT.

CODE WHETHER SIGNED CONSENT OBTAINED.

CODE ALL THAT APPLY.

- 1      Consent signed
- 2      No consent obtained (or only one box initialled)

#### Thank

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

#### TPhone

Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.

INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER 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

P3227

Point  

1-4			
-----	--	--	--

Address  

5-6	
-----	--

HHLD  

7
---

CKL  

8-9	
-----	--

First  
name:  

--

Spare Card Spare  

10-11	12-14	15-400
3	1	5

Interviewer  
number:  

--

Survey  
month:  

--

## Health Survey for England 2012

### Booklet for Adults 45+

### 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
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Do you feel that you lead a ...

## 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**.

### Q1 Mobility

**MOBILITY**

**Tick ONE box**

401

I have no problems in walking about

1

I have some problems in walking about

2

I am confined to bed

3

### Q2 Self-Care

**SELCARE**

**Tick ONE box**

402

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

### Q3 Usual activities

**USUALACT**

I have no problems with performing my usual activities  
(e.g. work, study, housework, family or leisure activities)

**Tick ONE box**

403

I have some problems with performing my usual activities

2

I am unable to perform my usual activities

3

### Q4 Pain/Discomfort

**PAIN**

**Tick ONE box**

404

I have no pain or discomfort

1

I have moderate pain or discomfort

2

I have extreme pain or discomfort

3

### Q5 Anxiety/Depression

**ANXIETY**

**Tick ONE box**

405

I am not anxious or depressed

1

I am moderately anxious or depressed

2

I am extremely anxious or depressed

3

**Q6**

**VASGP**

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

**Your own  
health state  
today**

406-408

**Best imaginable  
health state**



**Worst imaginable  
health state**

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Spare 409-425

## 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:**

- Q7** been able to concentrate on whatever you're doing?

**GHQCONC**

Tick ONE box			
<small>426</small>	<b>Better than usual</b>	<b>Same as usual</b>	<b>Less than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- Q8** lost much sleep over worry?

**GHQSLEEP**

Tick ONE box			
<small>427</small>	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- Q9** felt you were playing a useful part in things?

**GHQUSE**

Tick ONE box			
<small>428</small>	<b>More so than usual</b>	<b>Same as usual</b>	<b>Less useful than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- Q10** felt capable of making decisions about things?

**GHQDECIS**

Tick ONE box			
<small>429</small>	<b>More so than usual</b>	<b>Same as usual</b>	<b>Less so than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- Q11** felt constantly under strain?

**GHQSTRAI**

Tick ONE box			
<small>430</small>	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- Q12** felt you couldn't overcome your difficulties?

**GHQOVER**

Tick ONE box			
<small>431</small>	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**HAVE YOU RECENTLY:**

**Q13** been able to enjoy your normal day-to-day activities?

**GHQENJOY**

Tick ONE box  
432

More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4
--	---	--	--

**Q14** been able to face up to your problems?

**GHQFACE**

Tick ONE box  
433

More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less able than usual <input type="checkbox"/> 3	Much less able <input type="checkbox"/> 4
--	---	--	--

**Q15** been feeling unhappy and depressed?

**GHQUNHAP**

Tick ONE box  
434

Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
--	--	--	--

**Q16** been losing confidence in yourself?

**GHQCONFI**

Tick ONE box  
435

Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
--	--	--	--

**Q17** been thinking of yourself as a worthless person?

**GHQWORTH**

Tick ONE box  
436

Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
--	--	--	--

**Q18** been feeling reasonably happy, all things considered?

**GHQHAPPY**

Tick ONE box  
437

More so than usual <input type="checkbox"/> 1	About same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4
--	---	--	--

## EVERYONE PLEASE ANSWER

**Q19** Have you spent any money on any of the following activities **in the last 12 months?**  
Please tick **ONE box** for each activity

Tick ONE box		
	Yes	No
<b>GALA</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online		
<b>GALB</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Scratchcards (but not online or newspaper or magazine scratchcards)		
<b>GALC</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Tickets for any <u>other</u> lottery, including charity lotteries		
<b>GALE</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
The football pools		
<b>GALD</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Bingo cards or tickets, including playing at a bingo hall (not online)		
<b>GALF</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Fruit or slot machines		
<b>GALG</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games		
<b>GALS</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Table games (roulette, cards or dice) <u>in a casino</u>		
<b>GALH</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Playing poker in a pub tournament/ league or at a club		
<b>GALJ</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games for money		
<b>GALT</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Online betting <u>with a bookmaker</u> on any event or sport		
<b>GALU</b>	Betting exchange <i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i>	
<b>GALK</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Betting on horse races <u>in a bookmaker's, by phone or at the track</u>		
<b>GALLX</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Betting on dog races <u>in a bookmaker's, by phone or at the track</u>		
<b>GALM</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Betting on sports events <u>in a bookmaker's, by phone or at the venue</u>		
<b>GALN</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Betting on other events <u>in a bookmaker's, by phone or at the venue</u>		
<b>GALO</b>	Spread-betting <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i>	
<b>GALP</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Private betting, playing cards or games for money with friends, family or colleagues		
<b>GALQ</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Another form of gambling in the last 12 months		

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q19, PLEASE GO TO Q20  
OTHERWISE GO TO Q39.**

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

**In the last 12 months...**

Tick ONE box <small>459</small>			
	Every time I lost	Most of the time	Some of the time (less than half the time I lost)
	1	2	3

- D1** Q20 When you gamble, how often do you go back another day to win back money you lost?

Tick ONE box for each question			
	Very often	Fairly often	Occasionally
	1	2	3

- D2** Q21 How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?

	1	2	3	4
--	---	---	---	---

- D3** Q22 Have you needed to gamble with more and more money to get the excitement you are looking for?

	1	2	3	4
--	---	---	---	---

- D4** Q23 Have you felt restless or irritable when trying to cut down gambling?

	1	2	3	4
--	---	---	---	---

- D5** Q24 Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?

	1	2	3	4
--	---	---	---	---

- D6** Q25 Have you lied to family, or others, to hide the extent of your gambling?

	1	2	3	4
--	---	---	---	---

- D7** Q26 Have you made unsuccessful attempts to control, cut back or stop gambling?

	1	2	3	4
--	---	---	---	---

- D8** Q27 Have you committed a crime in order to finance gambling or to pay gambling debts?

	1	2	3	4
--	---	---	---	---

- D9** Q28 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?

	1	2	3	4
--	---	---	---	---

- D10** Q29 Have you asked others to provide money to help with a desperate financial situation caused by gambling?

	1	2	3	4
--	---	---	---	---

**In the past 12 months, how often...**

**Tick ONE box for each question**

	<b>Almost always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Never</b>
<b>P1 Q30</b> ...have you bet more than you could really afford to lose?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P2 Q31</b> ...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P3 Q32</b> ...have you gone back to try to win back the money you'd lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P4 Q33</b> ...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P5 Q34</b> ...have you felt that you might have a problem with gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P6 Q35</b> ...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P7 Q36</b> ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P8 Q37</b> ...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P9 Q38</b> ...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**INFORMATION ABOUT YOURSELF**

**EVERYONE PLEASE ANSWER**

**Q39** Which of the following options best describes how you think of yourself?

**SCSEXID**

**Tick ONE box**

601  
 1

Heterosexual or Straight

2

Gay or Lesbian

3

Bisexual

4

Other

5

Prefer not to say

**Q59** What is your religion or belief?

**RELIGSC**

**Tick ONE box**  
602-603

No religion

 01

Christian - Catholic

 02

Christian – all other denominations  
including Church of England, Protestant

 03

Buddhist

 04

Hindu

 05

Jewish

 06

Muslim

 07

Sikh

 08

Any other religion  
(please write in on the line below)

---

In the future we may want to contact you by mobile telephone number or e-mail to see if you are willing to help us again. Your mobile telephone number and e-mail address would only be used for research purposes and would not be passed on to anyone outside NatCen.

**Q60** Do you have a mobile telephone number we can contact you on?

**Tick ONE box**

No

 2

**Go to next question**

Yes

 1

What is your mobile telephone number?

605-615

--	--	--	--	--	--	--	--	--	--	--	--

**Q61** Do you have an e-mail address we can contact you on?

**Tick ONE box**

No

 2

**Go to Q62**

Yes

 1

What is your e-mail address? Please print clearly.

617-667

@

## YOUR WEIGHT

**Q62** Given your age and height, would you say that you are...

**ADLTWGT**

**Tick ONE box**

668

1	
2	
3	
8	

About the right weight

too heavy

or too light?

Not sure

→ Go to next question

**Q63** At the present time are you trying to **lose** weight, trying to **gain** weight, or are you **not trying** to change your weight?

**ADLTDIET**

**Tick ONE box**

669

Trying to lose weight

1	
---	--

Trying to gain weight

2	
---	--

Not trying to change weight

3	
---	--

**PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW**

**Q64** Given your child's age and height, would you say that your child is...

**Child Name**  
700-715

---

718

**Child Person No**  
716-717

C1PNO

**Child Name**  
720-735

---

738

**Child Person No**  
736-737

C2PNO

About the right weight

1

1

too heavy

2

2

or too light?

3

3

Not sure

8

Spare 719

8

**C1WGT**

**C2WGT**

## EVERYONE PLEASE ANSWER

**Q46** What is your age?

45-64	<input type="checkbox"/> <small>739</small> 1	Thank you, you do not need to answer any more questions
65 or over	<input type="checkbox"/> <small>2</small>	→ Go to Q47

**Q47** Do you suffer from problems with your bladder?

### BLADDER

This could be things like accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or using aids or appliances to manage bladder problems or incontinence.

*Please include problems with your bladder caused by any medicines that you take.*

**Tick ONE box**

740

Yes

  
1

No

  
2

Prefer not to say

  
3

**Q48** Do you suffer from problems with controlling your bowels?

### BOWELS

This could be things like accidentally having soiled pants, leakage from the bowel, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or using aids or appliances to manage bowel problems or incontinence.

*Please include problems with your bowel caused by any medicines that you take.*

**Tick ONE box**

741

Yes

  
1

No

  
2

Prefer not to say

  
3

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P3227

Point

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

1-4

Address

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

5-6

HHLD

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

7

CKL

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

Person No

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

8-9

First  
name:

Spare Card Spare

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

10-11 12-14 15-400

Interviewer  
number:

Survey  
month:

## Health Survey for England 2012

### Booklet for Men 18-44

In Confidence

- Please look at the instructions on the next page for information on how to fill in this questionnaire.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

**Thank you for taking part in this survey**

## 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
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Do you feel that you lead a ...

- 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.

6

- 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	<input checked="" type="checkbox"/> 1 → Go to Q4
No	<input type="checkbox"/> 2 → Go to Q5

## **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**

**401**

I have no problems in walking about

 1

I have some problems in walking about

 2

I am confined to bed

 3

### **SELCARE**

#### **Q2 Self-Care**

**Tick ONE box**

**402**

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**

**403**

I have no problems with performing my usual activities  
(e.g. 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**

**404**

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**

**405**

I am not anxious or depressed

 1

I am moderately anxious or depressed

 2

I am extremely anxious or depressed

 3

Q6

**VASGP**

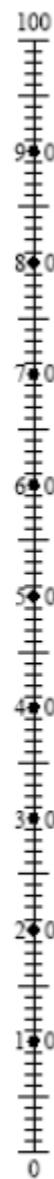
To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

**Your own  
health state  
today**

406-408

**Best imaginable  
health state**



**Worst imaginable  
health state**

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Spare 409-425

## 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:**

- Q7** been able to concentrate on whatever you're doing?

**GHQCONC**

Tick ONE box			
<b>Better than usual</b>	<b>Same as usual</b>	<b>Less than usual</b>	<b>Much less than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- Q8** lost much sleep over worry?

**GHQSLEEP**

Tick ONE box			
<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- Q9** felt you were playing a useful part in things?

**GHQUSE**

Tick ONE box			
<b>More so than usual</b>	<b>Same as usual</b>	<b>Less useful than usual</b>	<b>Much less useful</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- Q10** felt capable of making decisions about things?

**GHQDECIS**

Tick ONE box			
<b>More so than usual</b>	<b>Same as usual</b>	<b>Less so than usual</b>	<b>Much less capable</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- Q11** felt constantly under strain?

**GHQSTRAI**

Tick ONE box			
<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- Q12** felt you couldn't overcome your difficulties?

**GHQOVER**

Tick ONE box			
<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**HAVE YOU RECENTLY:**

**Q13** been able to enjoy your normal day-to-day activities?

**GHQENJOY**

Tick ONE box  
432

More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4
--	---	--	--

**Q14** been able to face up to your problems?

**GHQFACE**

Tick ONE box  
433

More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less able than usual <input type="checkbox"/> 3	Much less able <input type="checkbox"/> 4
--	---	--	--

**Q15** been feeling unhappy and depressed?

**GHQUNHAP**

Tick ONE box  
434

Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
--	--	--	--

**Q16** been losing confidence in yourself?

**GHQCONFI**

Tick ONE box  
435

Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
--	--	--	--

**Q17** been thinking of yourself as a worthless person?

**GHQWORTH**

Tick ONE box  
436

Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
--	--	--	--

**Q18** been feeling reasonably happy, all things considered?

**GHQHAPPY**

Tick ONE box  
437

More so than usual <input type="checkbox"/> 1	About same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4
--	---	--	--

General Health Questionnaire (GHQ – 12)

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## EVERYONE PLEASE ANSWER

**Q19** Have you spent any money on any of the following activities **in the last 12 months?**  
Please tick **ONE box** for each activity

Tick ONE box		
	Yes	No
<b>GALA</b>	Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	
<b>GALB</b>	Scratchcards (but not online or newspaper or magazine scratchcards)	
<b>GALC</b>	Tickets for any <u>other</u> lottery, including charity lotteries	
<b>GALE</b>	The football pools	
<b>GALD</b>	Bingo cards or tickets, including playing at a bingo hall (not online)	
<b>GALF</b>	Fruit or slot machines	
<b>GALG</b>	Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	
<b>GALS</b>	Table games (roulette, cards or dice) <u>in a casino</u>	
<b>GALH</b>	Playing poker in a pub tournament/ league or at a club	
<b>GALJ</b>	Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games for money	
<b>GALT</b>	Online betting <u>with a bookmaker</u> on any event or sport	
<b>GALU</b>	Betting exchange <i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i>	
<b>GALK</b>	Betting on horse races <u>in a bookmaker's</u> , by phone or at the track	
<b>GALLX</b>	Betting on dog races <u>in a bookmaker's</u> , by phone or at the track	
<b>GALM</b>	Betting on sports events <u>in a bookmaker's</u> , by phone or at the venue	
<b>GALN</b>	Betting on other events <u>in a bookmaker's</u> , by phone or at the venue	
<b>GALO</b>	Spread-betting <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i>	
<b>GALP</b>	Private betting, playing cards or games for money with friends, family or colleagues	
<b>GALQ</b>	Another form of gambling in the last 12 months	

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q19, PLEASE GO TO Q20  
OTHERWISE GO TO Q39.**

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

**In the last 12 months...**

Tick ONE box  
459

<b>Every time I lost</b>	<b>Most of the time</b>	<b>Some of the time (less than half the time I lost)</b>	<b>Never</b>
--------------------------	-------------------------	--	--------------

- D1** **Q20** When you gamble, how often do you go back another day to win back money you lost?

<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
---	---	---	---

- D2** **Q21** How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?

<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
---	---	---	---

- D3** **Q22** Have you needed to gamble with more and more money to get the excitement you are looking for?

<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
---	---	---	---

- D4** **Q23** Have you felt restless or irritable when trying to cut down gambling?

<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
---	---	---	---

- D5** **Q24** Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?

<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
---	---	---	---

- D6** **Q25** Have you lied to family, or others, to hide the extent of your gambling?

<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
---	---	---	---

- D7** **Q26** Have you made unsuccessful attempts to control, cut back or stop gambling?

<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
---	---	---	---

- D8** **Q27** Have you committed a crime in order to finance gambling or to pay gambling debts?

<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
---	---	---	---

- D9** **Q28** Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?

<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
---	---	---	---

- D10** **Q29** Have you asked others to provide money to help with a desperate financial situation caused by gambling?

<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>
---	---	---	---

**In the past 12 months, how often...**

**Tick ONE box for each question**

		<b>Almost always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Never</b>
<b>P1</b>	<b>Q30</b> ...have you bet more than you could really afford to lose?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P2</b>	<b>Q31</b> ...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P3</b>	<b>Q32</b> ...have you gone back to try to win back the money you'd lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P4</b>	<b>Q33</b> ...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P5</b>	<b>Q34</b> ...have you felt that you might have a problem with gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P6</b>	<b>Q35</b> ...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P7</b>	<b>Q36</b> ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P8</b>	<b>Q37</b> ...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P9</b>	<b>Q38</b> ...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q39** The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

**Q40** Have you ever had a test for Chlamydia?

**MTSTCH**

Tick ONE box

490

Yes

 1

→ Go to Q41

No

 2

→ Go to Q44

**Q41** When did you have your last test for Chlamydia?

**MTCHWN**

Tick ONE box

491

Less than 3 months ago

 1

At least 3 months, less than 6 months ago

 2

At least 6 months, less than 1 year ago

 3

At least 1 year, less than 2 years ago

 4

At least 2 years, less than 5 years ago

 5

At least 5 years ago

 6

→ Go to Q42

**Q42** Where were you (last) tested for Chlamydia?

**MCTSWR**

Tick ONE box

192-192

General practice (GP) surgery

 01

Sexual health clinic/ GUM clinic

 02

NHS Family planning clinic/ contraceptive clinic/  
reproductive health clinic

 03

NHS ante-natal clinic/ midwife

 04

Private non-NHS doctor or clinic

 05

Youth advisory clinic (e.g. Brook clinic)

 06

Self-collected test from pharmacy/ chemist

 07

Self-collected test from internet

 08

Self-collected test from somewhere else

 09

Termination of pregnancy (abortion) clinic

 10

Hospital accident and emergency (A&E) department

 11

Somewhere else

WRITE IN

12

→ Go to Q43

**Q43** Why were you (last) tested for Chlamydia?

**Tick ALL that apply**  
494-509

- MCTWY1** I had symptoms  01
- MCTWY2** My partner had symptoms  02
- MCTWY3** I was notified because a partner was diagnosed with Chlamydia  03
- MCTWY4** I wanted a general sexual health check-up  04
- MCTWY5** Check-up after previous positive test  05
- MCTWY6** I had no symptoms but I was worried about the risk of Chlamydia  06
- MCTWY7** I was offered a routine test  07
- MCTWY8** Other  WRITE IN  08
- Go to Q44**

**EVERYONE PLEASE ANSWER**

**Q44** Have you ever attended a sexual health clinic (GUM) clinic?

**CLINIC**

**Tick ONE box**

Yes

 1

→ **Go to Q45**

No

 2

→ **Go to Q46**

**Q45** When did you last attend a sexual health clinic (GUM clinic)?

**WNCLINIC**

**Tick ONE box**

 1

Less than 1 year ago

 2

Between 1 year and 2 years ago

 3

Between 2 years and 3 years ago

 4

Between 3 years and 4 years ago

 5

Between 4 years and 5 years ago

 6

Between 5 years and 10 years ago

 7

Longer than 10 years ago

→ **Go to Q46**

**EVERYONE PLEASE ANSWER**

- Q46** (a) Have you **ever** been told by a doctor or other healthcare professional, that you had any of the following  
 (b) If you have had more than one of these, which were you told about most recently?

	(a)	(b)	
<b>Ever</b>		<b>Most recent</b>	
	Tick ALL that apply	Tick ONE box	
<b>MDIAG1</b>	Chlamydia	512-535	536-537
	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<b>MDIAREC</b>
<b>MDIAG2</b>	Gonorrhoea	02	02
	<input type="checkbox"/> 02	<input type="checkbox"/> 02	
<b>MDIAG3</b>	Genital warts (venereal warts)	03	03
	<input type="checkbox"/> 03	<input type="checkbox"/> 03	
<b>MDIAG4</b>	Syphilis	04	04
	<input type="checkbox"/> 04	<input type="checkbox"/> 04	
<b>MDIAG5</b>	Trichomonas vaginalis (Trich, TV)	05	05
	<input type="checkbox"/> 05	<input type="checkbox"/> 05	
<b>MDIAG6</b>	Herpes (genital herpes)	06	06
	<input type="checkbox"/> 06	<input type="checkbox"/> 06	
<b>MDIAG7</b>	Pubic lice / crabs	07	07
	<input type="checkbox"/> 07	<input type="checkbox"/> 07	
<b>MDIAG8</b>	Hepatitis B	08	08
	<input type="checkbox"/> 08	<input type="checkbox"/> 08	
<b>MDIAG12</b>	NSU (Non Specific Urethritis), NGU (Non Gonococcal Urethritis)	12	12
	<input type="checkbox"/> 12	<input type="checkbox"/> 12	
<b>MDIAG13</b>	Epididymitis	13	13
	<input type="checkbox"/> 13	<input type="checkbox"/> 13	
<b>MDIAG14</b>	An infection transmitted by sex – can't remember which	14	14
	<input type="checkbox"/> 14	<input type="checkbox"/> 14	
<b>MDIAG15</b>	None of these	15	
	<input type="checkbox"/> 15		

**IF YOU HAVE HAD NONE OF THESE PLEASE GO TO Q49 ON PAGE 13,  
 OTHERS PLEASE GO TO THE NEXT QUESTION**

**Q47** When were you (last) told by a doctor or health professional that you had an infection transmitted by sex?

**MWNSTI**

**Tick ONE box**

558

Less than 1 year ago

 1

Between 1 year and 2 years ago

 2

Between 2 years and 3 years ago

 3

Between 3 years and 4 years ago

 4

Between 4 years and 5 years ago

 5

Longer than 5 years ago

 6

**Go to Q48**

**Q48** Where were you (last) treated for an infection transmitted by sex?

**MWRSTI**

**Tick ONE box**

559-560

A doctor or nurse at your GP's surgery

 02

Sexual health clinic/ GUM clinic

 03

NHS Family planning clinic/ contraceptive clinic/  
reproductive health clinic

 04

NHS ante-natal clinic/midwife

 05

Private non-NHS doctor or clinic

 06

Youth advisory clinic (e.g. Brook clinic)

 07

Pharmacy / chemist

 08

Internet site offering treatment

 09

Termination of pregnancy (abortion) clinic

 14

Hospital accident and emergency (A&E) department

 15

Somewhere else

WRITE IN

17

**Go to Q49**

**Everyone please answer**

**Q49** How old were you when you **first** had sexual intercourse with a woman?

**M1STINT**

**Write in**

 580-581

**Go to Q50**

This hasn't happened

 97

**Go to Q54**

**Q50** Altogether in your life so far, with how many women have you had sexual intercourse?

**MHETLIFE**

**Write in number**

 582-585

**Q51** Are you certain of that number or have you had to estimate it?

**MCERT**

**Tick ONE box**

 586  
1  
Certain

Estimate

 2

**Q52** Altogether in the **last year**, with how many women have you had sexual intercourse?

**MHET1YR**

**Write in number**

 587-589

**Q53** Was a condom/sheath used on any occasions of having vaginal or anal sex with a woman in the **last 4 weeks**?

**MCON4W**

**Tick ONE box**

 590  
1

Yes, used on every occasion

 2

Yes, used on some occasions

 3

No, not used in the last 4 weeks

 4

Not had vaginal or anal sex in last 4 weeks

**Go to Q54**

**Everyone please answer**

**Q54** Have you **ever** had sex with a man? That is, oral or anal sex or any other forms of genital contact.

**MEVSAM**

**Tick ONE box**

591

Yes

→ Go to Q55

No

→ Go to Q58

**Q55** Altogether in your life so far, with how many men have you had sex?

**MSAMLIF**

**Write in number**

592-595

**Q56** Are you certain of that number or have you had to estimate it?

**MCERT2**

**Tick ONE box**

596

Certain

Estimate

**Q57** Altogether in the last **five years**, with how many men have you had sex?

**MSAM5YR**

**Write in number**

597-600

## **INFORMATION ABOUT YOURSELF**

**Everyone please answer**

**Q58** Which of the following options best describes how you think of yourself?

**SCSEXID**

**Tick ONE box**

601

Heterosexual or Straight

1

Gay or Lesbian

2

Bisexual

3

Other

4

Prefer not to say

5

**Q59** What is your religion or belief?

**RELIGSC**

**Tick ONE box**  
602-603

No religion

 01

Christian - Catholic

 02

Christian – all other denominations  
including Church of England, Protestant

 03

Buddhist

 04

Hindu

 05

Jewish

 06

Muslim

 07

Sikh

 08

Any other religion  
(please write in on the line below)

---

 09

In the future we may want to contact you by mobile telephone number or e-mail to see if you are willing to help us again. Your mobile telephone number and e-mail address would only be used for research purposes and would not be passed on to anyone outside NatCen.

**Q60** Do you have a mobile telephone number we can contact you on?

**Tick ONE box**

No



→ Go to next question

Yes



What is your mobile telephone number?

605-615

**Q61** Do you have an e-mail address we can contact you on?

**Tick ONE box**

No



→ Go to Q62

Yes



What is your e-mail address? Please print clearly.

517-567

@

## YOUR WEIGHT

**Q62** Given your age and height, would you say that you are...

**ADLTWGT**

**Tick ONE box**

668

1	
2	
3	
8	

About the right weight

too heavy

or too light?

Not sure

→ **Go to next question**

**Q63** At the present time are you trying to **lose** weight, trying to **gain** weight, or are you **not trying** to change your weight?

**ADLTDIET**

**Tick ONE box**

669

Trying to lose weight

1	
---	--

Trying to gain weight

2	
---	--

Not trying to change weight

3	
---	--

**PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW**

**Q64** Given your child's age and height, would you say that your child is...

**Child Name**  
700-715

718

About the right weight

1	
---	--

**Child Person No**  
716-717

C1PNO

**Child Name**  
720-735

1	
---	--

**Child Person No**  
736-737

C2PNO

too heavy

2	
---	--

or too light?

3	
---	--

Not sure

8	
---	--

Spare 719

**C1WGT**

**C2WGT**

**Thank you for answering these questions.**

**Please give the booklet back to the interviewer.**

P3227

Point				
1-4				

Address		
5-6		

HHLD	
7	

CKL	
8	

Person No		
8-9		

First name: 

Spare Card Spare  
10-11 3 1 4 12-14 15-400

Interviewer number: Survey month: 

## **Health Survey for England 2012**

### **Booklet for Women 18-44**

In Confidence

- Please look at the instructions on the next page for information on how to fill in this questionnaire.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

**Thank you for taking part in this survey**

## 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.

6

- 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

## 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**.

### Q1 Mobility

**MOBILITY**

**Tick ONE box**

401

I have no problems in walking about

1

I have some problems in walking about

2

I am confined to bed

3

### Q2 Self-Care

**SELCARE**

**Tick ONE box**

402

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

### Q3 Usual activities

**USUALACT**

**Tick ONE box**

403

I have no problems with performing my usual activities  
(e.g. 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

### Q4 Pain/Discomfort

**PAIN**

**Tick ONE box**

404

I have no pain or discomfort

1

I have moderate pain or discomfort

2

I have extreme pain or discomfort

3

### Q5 Anxiety/Depression

**ANXIETY**

**Tick ONE box**

405

I am not anxious or depressed

1

I am moderately anxious or depressed

2

I am extremely anxious or depressed

3

**VASGP**

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

**Your own  
health state  
today**



### Best imaginable health state

### Worst imaginable health state

## 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:**

**Q7** been able to concentrate on whatever you're doing?

**GHQCONC**

Tick ONE box			
Better than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4

**Q8** lost much sleep over worry?

**GHQSLEEP**

Tick ONE box			
Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4

**Q9** felt you were playing a useful part in things?

**GHQUSE**

Tick ONE box			
More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less useful than usual <input type="checkbox"/> 3	Much less useful <input type="checkbox"/> 4

**Q10** felt capable of making decisions about things?

**GHQDECIS**

Tick ONE box			
More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less capable <input type="checkbox"/> 4

**Q11** felt constantly under strain?

**GHQSTRAI**

Tick ONE box			
Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4

**Q12** felt you couldn't overcome your difficulties?

**GHQOVER**

Tick ONE box			
Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4

**HAVE YOU RECENTLY:**

**Q13** been able to enjoy your normal day-to-day activities?

**GHQENJOY**

Tick ONE box 432			
More so than usual	Same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q14** been able to face up to your problems?

**GHQFACE**

Tick ONE box 433			
More so than usual	Same as usual	Less able than usual	Much less able
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q15** been feeling unhappy and depressed?

**GHQUNHAP**

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q16** been losing confidence in yourself?

**GHQCONFI**

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q17** been thinking of yourself as a worthless person?

**GHQWORTH**

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q18** been feeling reasonably happy, all things considered?

**GHQHAPPY**

More so than usual	About same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

General Health Questionnaire (GHQ - 12)

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## EVERYONE PLEASE ANSWER

**Q19** Have you spent any money on any of the following activities **in the last 12 months?**  
Please tick **ONE box** for each activity

**Tick ONE box**

		Yes	No
<b>GALA</b>	Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALB</b>	Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALC</b>	Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALE</b>	The football pools	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALD</b>	Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALF</b>	Fruit or slot machines	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALG</b>	Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALS</b>	Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALH</b>	Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALJ</b>	Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALT</b>	Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALU</b>	<i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALK</b>	Betting on <b>horse</b> races <u>in a bookmaker's</u> , by phone or at <u>the track</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALLX</b>	Betting on <b>dog</b> races <u>in a bookmaker's</u> , by phone or at <u>the track</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALM</b>	Betting on <b>sports events</b> <u>in a bookmaker's</u> , by phone or at <u>the venue</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALN</b>	Betting on <b>other events</b> <u>in a bookmaker's</u> , by phone or at <u>the venue</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALO</b>	<i>Spread-betting</i> <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALP</b>	Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>GALQ</b>	Another form of gambling in the last 12 months	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q19, PLEASE GO TO Q20  
OTHERWISE GO TO Q39.**

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

**In the last 12 months...**

**Tick ONE box**

459

<b>Every time I lost</b>	<b>Most of the time</b>	<b>Some of the time (less than half the time I lost)</b>	<b>Never</b>
--------------------------	-------------------------	--	--------------

- D1** **Q20** When you gamble, how often do you go back another day to win back money you lost?





- D2** **Q21** How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?





- D3** **Q22** Have you needed to gamble with more and more money to get the excitement you are looking for?





- D4** **Q23** Have you felt restless or irritable when trying to cut down gambling?





- D5** **Q24** Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?





- D6** **Q25** Have you lied to family, or others, to hide the extent of your gambling?





- D7** **Q26** Have you made unsuccessful attempts to control, cut back or stop gambling?





- D8** **Q27** Have you committed a crime in order to finance gambling or to pay gambling debts?





- D9** **Q28** Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?





- D10** **Q29** Have you asked others to provide money to help with a desperate financial situation caused by gambling?

**In the past 12 months, how often...**

**Tick ONE box for each question**

		<b>Almost always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Never</b>
<b>P1</b>	<b>Q30</b> ...have you bet more than you could really afford to lose?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P2</b>	<b>Q31</b> ...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P3</b>	<b>Q32</b> ...have you gone back to try to win back the money you'd lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P4</b>	<b>Q33</b> ...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P5</b>	<b>Q34</b> ...have you felt that you might have a problem with gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P6</b>	<b>Q35</b> ...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P7</b>	<b>Q36</b> ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P8</b>	<b>Q37</b> ...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P9</b>	<b>Q38</b> ...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q39** The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

**Q40** Have you ever had a test for Chlamydia?

**WTSTCH**

**Tick ONE box**

490

Yes

  
1

→ Go to Q41

No

  
2

→ Go to Q44

**Q41** When did you have your last test for Chlamydia?

**WTCHWN**

**Tick ONE box**

491

Less than 3 months ago

  
1

At least 3 months, less than 6 months ago

  
2

At least 6 months, less than 1 year ago

  
3

At least 1 year, less than 2 years ago

  
4

At least 2 years, less than 5 years ago

  
5

At least 5 years ago

  
6

→ Go to Q42

**Q42** Where were you (last) tested for Chlamydia?

**WCTSWR**

**Tick ONE box**

152-193

General practice (GP) surgery

02

Sexual health clinic/ GUM clinic

03

NHS Family planning clinic/ contraceptive clinic/  
reproductive health clinic

04

NHS ante-natal clinic/ midwife

05

Private non-NHS doctor or clinic

06

Youth advisory clinic (e.g. Brook clinic)

07

→ Go to Q43

Self-collected test from pharmacy/ chemist

08

Self-collected test from internet

09

Self-collected test from somewhere else

11

Termination of pregnancy (abortion) clinic

14

Hospital accident and emergency (A&E) department

15

Somewhere else

WRITE IN

17

**Q43** Why were you (last) tested for Chlamydia?

**Tick ALL that apply**  
494-509

- WCTWY1** I had symptoms  01
- WCTWY2** My partner had symptoms  02
- WCTWY3** I was notified because a partner was diagnosed with Chlamydia  03
- WCTWY4** I wanted a general sexual health check-up  04
- WCTWY5** Check-up after previous positive test  05
- WCTWY6** I had no symptoms but I was worried about the risk of Chlamydia  06
- WCTWY7** I was offered a routine test  07
- WCTWY8** Other  WRITE IN  08
- Go to Q44**

**EVERYONE PLEASE ANSWER**

**Q44** Have you ever attended a sexual health clinic (GUM) clinic?

**Tick ONE box**

510

- Yes  1 → **Go to Q45**
- No  2 → **Go to Q46**

**Q45** When did you last attend a sexual health clinic (GUM clinic)?

**Tick ONE box**

511

- Less than 1 year ago  1
- Between 1 year and 2 years ago  2
- Between 2 years and 3 years ago  3
- Between 3 years and 4 years ago  4
- Between 4 years and 5 years ago  5
- Between 5 years and 10 years ago  6
- Longer than 10 years ago  7
- Go to Q46**

**EVERYONE PLEASE ANSWER**

- Q46** (a) Have you **ever** been told by a doctor or other healthcare professional, that you had any of the following  
 (b) If you have had more than one of these, which were you told about most recently?

(a) (b)

**Ever      Most recent**

Tick ALL  
that apply

Tick ONE  
box

**WDIAREC**

<b>WDIAG1</b>	Chlamydia	512-535 <input type="checkbox"/> 01	536-537 <input type="checkbox"/> 01
<b>WDIAG2</b>	Gonorrhoea	<input type="checkbox"/> 02	<input type="checkbox"/> 02
<b>WDIAG3</b>	Genital warts (venereal warts)	<input type="checkbox"/> 03	<input type="checkbox"/> 03
<b>WDIAG4</b>	Syphilis	<input type="checkbox"/> 04	<input type="checkbox"/> 04
<b>WDIAG5</b>	Trichomonas vaginalis (Trich, TV)	<input type="checkbox"/> 05	<input type="checkbox"/> 05
<b>WDIAG6</b>	Herpes (genital herpes)	<input type="checkbox"/> 06	<input type="checkbox"/> 06
<b>WDIAG7</b>	Pubic lice / crabs	<input type="checkbox"/> 07	<input type="checkbox"/> 07
<b>WDIAG8</b>	Hepatitis B	<input type="checkbox"/> 08	<input type="checkbox"/> 08
<b>WDIAG9</b>	Pelvic Inflammatory Disease (PID, salpingitis)	<input type="checkbox"/> 09	<input type="checkbox"/> 09
<b>WDIAG11</b>	Bacterial vaginosis	<input type="checkbox"/> 11	<input type="checkbox"/> 11
<b>WDIAG14</b>	An infection transmitted by sex – can't remember which	<input type="checkbox"/> 14	<input type="checkbox"/> 14
<b>WDIAG15</b>	None of these	<input type="checkbox"/> 15	

**IF YOU HAVE HAD NONE OF THESE PLEASE GO TO Q49 ON PAGE 13,**

**OTHERS PLEASE GO TO THE NEXT QUESTION**

**Q47** When were you (last) told by a doctor or health professional that you had an infection transmitted by sex?

**WWNSTI**

**Tick ONE box**

558

Less than 1 year ago  1

Between 1 year and 2 years ago  2

Between 2 years and 3 years ago  3

Between 3 years and 4 years ago  4

Between 4 years and 5 years ago  5

Longer than 5 years ago  6

**Go to Q48**

**Q48** Where were you (last) treated for an infection transmitted by sex?

**WWRSTI**

**Tick ONE box**

559-560

A doctor or nurse at your GP's surgery  02

Sexual health clinic/ GUM clinic  03

NHS Family planning clinic/ contraceptive clinic/  
reproductive health clinic  04

NHS ante-natal clinic/midwife  05

Private non-NHS doctor or clinic  06

Youth advisory clinic (e.g. Brook clinic)  07

Pharmacy / chemist  08

Internet site offering treatment  09

Termination of pregnancy (abortion) clinic  14

Hospital accident and emergency (A&E) department  15

Somewhere else

WRITE IN

**Go to Q49**

**Everyone please answer**

**Q49** How old were you when you **first** had sexual intercourse with a man?

**W1STINT**

**Write in**

580-581

**Go to Q50**

This hasn't happened

97

**Go to Q54**

**Q50** Altogether in your life so far, with how many men have you had sexual intercourse?

**WHETLIFE**

582-585

**Write in number**

**Q51** Are you certain of that number or have you had to estimate it?

**WCERT**

**Tick ONE box**

586

Certain

 1

Estimate

 2

**Q52** Altogether in the **last year**, with how many men have you had sexual intercourse?

**WHET1YR**

587-589

**Write in number**

**Q53** Was a condom/sheath used on any occasions of having vaginal or anal sex with a man in the **last 4 weeks**?

**WCON4W**

**Tick ONE box**

590

Yes, used on every occasion

 1

Yes, used on some occasions

 2

No, not used in the last 4 weeks

 3

Not had vaginal or anal sex in last 4 weeks

 4

**Go to Q54**

**Everyone please answer**

**Q54** Have you **ever** had sex with a woman? That is, oral sex or any other forms of genital contact.

**WEVSAM**

**Tick ONE box**

591  
1

No  
2

**Go to Q55**

**Go to Q58**

**Q55** Altogether in your life so far, with how many women have you had sex?

**WSAMLIF**

592-595

**Write in number**

**Q56** Are you certain of that number or have you had to estimate it?

**WCERT2**

**Tick ONE box**

596  
1

Estimate  
2

**Q57** Altogether in the last **five years**, with how many women have you had sex?

**WSAM5YR**

597-600

**Write in number**

### **INFORMATION ABOUT YOURSELF**

**Everyone please answer**

**Q58** Which of the following options best describes how you think of yourself?

**SCSEXID**

**Tick ONE box**

601  
1

Heterosexual or Straight

2

Gay or Lesbian

3

Bisexual

4

Other

5

Prefer not to say

**Q59** What is your religion or belief?

**RELIGSC**

**Tick ONE box**

602-603

No religion

 01

Christian - Catholic

 02

Christian – all other denominations  
including Church of England, Protestant

 03

Buddhist

 04

Hindu

 05

Jewish

 06

Muslim

 07

Sikh

 08

Any other religion  
(please write in on the line below)

---

 09

In the future we may want to contact you by mobile telephone number or e-mail to see if you are willing to help us again. Your mobile telephone number and e-mail address would only be used for research purposes and would not be passed on to anyone outside NatCen.

**Q60** Do you have a mobile telephone number we can contact you on?

**Tick ONE box**

No



**→ Go to next question**

Yes



What is your mobile telephone number?

605-615

**Q61** Do you have an e-mail address we can contact you on?

**Tick ONE box**

No



→ Go to Q62

Yes



What is your e-mail address? Please print clearly.

617-567

@

## YOUR WEIGHT

**Q62** Given your age and height, would you say that you are...

**ADLTWGT**

**Tick ONE box**  
668

About the right weight

 1

too heavy

 2

or too light?

 3

Not sure

 8

→ Go to next question

**Q63** At the present time are you trying to **lose** weight, trying to **gain** weight, or are you **not trying** to change your weight?

**ADLTDIET**

**Tick ONE box**  
669

Trying to lose weight

 1

Trying to gain weight

 2

Not trying to change weight

 3

**PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW**

**Q64** Given your child's age and height, would you say that your child is...

**Child Name**  
700-715

**Child Person No**  
716-717

**Child Name**  
720-735

**Child Person No**  
736-737

About the right weight

718  
1

**C1PNO**

738  
1

**C2PNO**

too heavy

2

2

or too light?

3

3

Not sure

8

Spare 719

8

**C1WGT**

**C2WGT**

**Thank you for answering these questions.**

**Please give the booklet back to the interviewer.**

P3227

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

1-4	5-6	7	8-9
-----	-----	---	-----

First name: \_\_\_\_\_

Spare	Card	12-14	Spare	15-20
-------	------	-------	-------	-------

10-11      3    1    1

Interviewer number: \_\_\_\_\_

Survey month: \_\_\_\_\_

## Health Survey for England 2012

### Booklet for Young Adult Men

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 Fairly Not very An  
healthy life healthy life healthy life 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.

6

- 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

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

**SMKEVR**

**Tick ONE box**

21  
1

2

→ Go to next question

No → Go to Q12 on page 4

**Q2** Have you ever smoked a cigarette?

**CIGEVR**

**Tick ONE box**

22  
1

2

Yes → Go to next question

No → Go to Q12 on page 4

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

**STARTSMK**

**Write in how old you were then**

23-24

**Q4** Do you smoke cigarettes at all nowadays?

**CIGNOW**

**Tick ONE box**

25  
1

2

Yes → Go to Q7 on page 3

No → Go to next question

**Q5** Why did you decide to give up smoking?

**Tick ALL that apply**  
26-43

- |  |                             |                 |
|--|-----------------------------|-----------------|
| Advice from a GP/health professional   | <input type="checkbox"/> 01 | <b>QITRSN01</b> |
| Advert for a nicotine replacement product  | <input type="checkbox"/> 02 | <b>QITRSN02</b> |
| Government TV, radio or press advert   | <input type="checkbox"/> 03 | <b>QITRSN03</b> |
| Hearing about a new stop smoking treatment   | <input type="checkbox"/> 04 | <b>QITRSN04</b> |
| Financial reasons (couldn't afford it)   | <input type="checkbox"/> 05 | <b>QITRSN05</b> |
| Because of the smoking ban in all enclosed public places, including pubs and restaurants | <input type="checkbox"/> 06 | <b>QITRSN06</b> |
| I knew someone else who was stopping   | <input type="checkbox"/> 07 | <b>QITRSN07</b> |
| Seeing a health warning on a cigarette packet  | <input type="checkbox"/> 08 | <b>QITRSN08</b> |
| Family or friends wanted me to stop  | <input type="checkbox"/> 09 | <b>QITRSN09</b> |
| Being contacted by my local NHS Stop Smoking Services                                    | <input type="checkbox"/> 10 | <b>QITRSN10</b> |
| Health problems I had at the time  | <input type="checkbox"/> 11 | <b>QITRSN11</b> |
| Worried about future health problems   | <input type="checkbox"/> 12 | <b>QITRSN12</b> |
| Pregnancy  | <input type="checkbox"/> 13 | <b>QITRSN13</b> |
| Worried about the effect on my children  | <input type="checkbox"/> 14 | <b>QITRSN14</b> |
| Worried about the effect on other family members   | <input type="checkbox"/> 15 | <b>QITRSN15</b> |
| My own motivation  | <input type="checkbox"/> 16 | <b>QITRSN16</b> |
| Something else   | <input type="checkbox"/> 17 | <b>QITRSN17</b> |
| Cannot remember  | <input type="checkbox"/> 98 | <b>QITRSN18</b> |

**Q6** Did you smoke cigarettes regularly or occasionally?

**CIGREG**

**Tick ONE box**

44

- |   |                            |
|---|----------------------------|
| Regularly, that is at least one cigarette a day                 | <input type="checkbox"/> 1 |
| Occasionally  | <input type="checkbox"/> 2 |
| I never really smoked cigarettes, just tried them once or twice | <input type="checkbox"/> 3 |
- Go to Q12 on page 4

**CURRENT SMOKERS****CIGWDAY**

- Q7** About how many cigarettes a day do you usually smoke on **weekdays**?

**Write in number smoked a day**

45-46

**CIGWEND**

- Q8** And about how many cigarettes a day do you usually smoke at **weekends**?

**Write in number smoked a day**

47-48

**CIGTYP**

- Q9** Do you **mainly** smoke ...

**Tick ONE box** 49

filter-tipped cigarettes,

 1

plain or untipped cigarettes,

 2

or hand-rolled cigarettes?

 3**GIVUPSK**

- Q10** Would you like to give up smoking altogether?

**Tick ONE box** 50

Yes

 1

→ Go to next question

No

 2

→ Go to Q12 on page 4

**Q11**

- CIGREG** What are your main reasons for wanting to give up?

**Tick ALL that apply**

51-66

 01

Because of a health problem I have at present

 02

Better for my health in general

 03

Less risk of getting smoking related illnesses

 04

Family/friends wanted me to stop

 05

Financial reasons (can't afford it)

 06

Worried about the effect on my children

 07

Because of the ban on smoking in all public places

 08

Other

**EVERYONE PLEASE ANSWER**

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

**SMKDAD**

**Tick ONE box**  
67

Yes

 1

No

 2

Don't know

 8

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

**SMKMUM**

**Tick ONE box**  
68

Yes

 1

No

 2

Don't know

 8

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

**EXPSMOK**

Number of hours a week

69-71

**Write in**

**Q15 a)** Are you regularly exposed to other people's tobacco smoke in any of these places?

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

**Tick ALL that apply**  
72-77

**PASSMK1**

At home

 1

**PASSMK2**

At work

 2

**PASSMK3**

In other people's homes

 3

**PASSMK4**

Outdoor smoking areas of pubs/restaurants/cafes

 4

**PASSMK5**

In other places

 5

**PASSMK6**

No, none of these

 6

→ Go to Q15 b on page 5

→ Go to Q16 on page 5

**Q15 b)** Does this bother you?

**PASSMKB**

**Tick ONE box**

78

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

## DRINKING

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

**DNNOW**

**Tick ONE box**

79

Yes	<input type="checkbox"/> 1 → Go to Q19
No	<input type="checkbox"/> 2 → Go to next question

**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?

**DNANY**

**Tick ONE box**

Very occasionally

80

<input type="checkbox"/> 1 → Go to Q19
--

Never

<input type="checkbox"/> 2 → Go to next question
--

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

**DNEVR**

Always a non-drinker

**Tick ONE box**

81

<input type="checkbox"/> 1 → Go to Q36 on page 12
<input type="checkbox"/> 2

Used to drink but stopped

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

**DDRINKAG**

Write in how old you were then

82-83

--

**Q20** Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

**DNOFT**

**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

 05

Once or twice a year

 07

Not all in the last 12 months

 08

**Go to next question**

→**Go to Q36 on page 12**

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

**D7DAY**

**Tick ONE box**

86

Yes

 1

→**Go to next question**

No

 2

→**Go to Q23 on page 7**

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

**D7MANY**

**Tick ONE box**

87

One

 1

Two

 2

Three

 3

Four

 4

Five

 5

Six

 6

Seven

 7

**Q23** Please think about **the day in the last week on which you drank the most.**

(If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank **on that day**. For the ones you drank, write in how much you drank **on that day**.  
EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

**TICK ALL DRINKS DRUNK ON THAT DAY**

**WRITE IN HOW MUCH DRUNK ON THAT DAY**

Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles
---	-------	--------------------------	--------------------------

D7TYP1	Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.  88-103	01	NBERQPT7	NBERQLG7	NBERQSM7	
D7TYP2	Strong beer, lager, stout or cider (6% alcohol or more, such as Tennents Super, Special Brew, Diamond White)	02	SBERQPT7	SBERQPT7	SBERQPT7	
D7TYP3	Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	03	SPIRQME7		120-121	
D7TYP4	Sherry or martini (including port, vermouth, cinzano, dubonnet)	04	SHERQGS7		122-123	
D7TYP5	Wine (including babycham and champagne)	05	WGLS250ML	WGLS175ML	WGLS125ML	WBTLGZ
D7TYP6	Alcoholic soft drink ('alcopop') or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice	06	Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)
	Other kinds of alcoholic drink <b>WRITE IN NAME OF DRINK</b>		Large Bottles (700ml)	Standard Bottles (275ml)	Small Cans	
1.	07		POPSQLG7	POPSQSM7	POPSQSM7	139-148
2.	08					149-158

Please now think about whether you have drunk different types of alcoholic drink in the **last 12 months**. Please think about **all** types of alcoholic drinks you have had. Each type of alcoholic drink will be asked about separately.

**EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.**

**Q24** Thinking about **normal strength beer, lager, stout, cider or shandy** which has less than 6% alcohol. How often have you had a drink of normal strength beer, lager, stout, cider **or** shandy (excluding cans and bottles of shandy) during the last 12 months?

**SCNBEER**

**Tick ONE box**

301-302

01
02
03
04
05
06
07
08

- Almost every day  
Five or six days a week  
Three or four days a week  
Once or twice a week  
Once or twice a month  
Once every couple of months  
Once or twice a year  
Not all in the last 12 months

**Go to next question**

**Go to Q26 on page 9**

**Q25** How much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

Pints

Large cans  
or bottles

Small cans  
or bottles

**WRITE IN HOW MUCH USUALLY DRUNK  
ON ANY ONE DAY**

SCNBEEQ1	SCNBEEQ2	SCNBEEQ3
----------	----------	----------

**Q26** Now thinking about **strong beer, lager, stout or cider** which has 6% or more alcohol (e.g. Tennents Super, Special Brew, Diamond White). How often have you had a drink of **strong beer, lager, stout or cider** during the last 12 months?

**SCSBEER**

Tick ONE box 311-312	
Almost every day	<input type="checkbox"/> 01
Five or six days a week	<input type="checkbox"/> 02
Three or four days a week	<input type="checkbox"/> 03
Once or twice a week	<input type="checkbox"/> 04
Once or twice a month	<input type="checkbox"/> 05
Once every couple of months	<input type="checkbox"/> 06
Once or twice a year	<input type="checkbox"/> 07
Not all in the last 12 months	<input type="checkbox"/> 08

**Go to next question**

**→ Go to Q28**

**Q27** How much **strong beer, lager, stout or cider** have you usually drunk on any one day during the last 12 months?

Pints

Large cans  
or bottles

Small cans  
or bottles

**WRITE IN HOW MUCH USUALLY DRUNK  
ON ANY ONE DAY** SCSBEEQ1 SCSBEEQ2 SCSBEEQ3

**Q28** How often have you had a drink of **spirits or liqueurs**, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?

**SCSPIRIT**

Tick ONE box 321-322	
Almost every day	<input type="checkbox"/> 01
Five or six days a week	<input type="checkbox"/> 02
Three or four days a week	<input type="checkbox"/> 03
Once or twice a week	<input type="checkbox"/> 04
Once or twice a month	<input type="checkbox"/> 05
Once every couple of months	<input type="checkbox"/> 06
Once or twice a year	<input type="checkbox"/> 07
Not all in the last 12 months	<input type="checkbox"/> 08

**Go to next question**

**→ Go to Q30 on page 10**

**Q29** How much **spirits or liqueurs** such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months?

**SCSPIRQ**

**WRITE IN HOW MUCH USUALLY DRUNK  
ON ANY ONE DAY**

Glasses  
(count doubles as  
2 singles)

323-  
324

**Q30** How often have you had a drink of **sherry or martini** including port, vermouth, Cinzano and Dubonnet, during the last 12 months?

**SCSHERRY**

- Almost every day
- Five or six days a week
- Three or four days a week
- Once or twice a week
- Once or twice a month
- Once every couple of months
- Once or twice a year
- Not all in the last 12 months

**Tick ONE box**

325-326

01

02

03

04

05

06

07

08

**Go to next question**

**Go to Q32 on page  
11**

**Q31** How much **sherry or martini** including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day during the last 12 months?

**SCSHERRQ**

**WRITE IN HOW MUCH USUALLY DRUNK  
ON ANY ONE DAY**

Small glasses  
(count doubles as  
2 singles)

327-  
328

**Q32** How often have you had a drink of **wine**, including Babycham and champagne, during the last 12 months?

**SCWINE**

**Tick ONE box**

329-330

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

**Go to next question**

**Go to Q34**

**Q33** How much **wine**, including Babycham and champagne, have you usually drunk on any one day during the last 12 months?

**WRITE IN HOW MUCH USUALLY DRUNK  
ON ANY ONE DAY**

Large  
glasses  
(250ml)

Standard  
glasses  
(175ml)

Small  
glasses  
(125ml)

Bottles  
(750ml)

**SCWINEQ1**

**SCWINEQ2**

**SCWINEQ3**

**SCWINEQ4**

**Q34** How often have you had a drink of **alcopops** (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks e.g. Smirnoff Ice, Bacardi Breezer, WKD, Metz etc), during the last 12 months?

**SCSHERQQ**

**Tick ONE box**

340-341

Almost every day

 01

Five or six days a week

 02

Three or four days a week

 03

Once or twice a week

 04

Once or twice a month

 05

Once every couple of months

 06

Once or twice a year

 07

**Go to next question**

Not all in the last 12 months

 08

**Go to Q36 on page 12**

**Q35** How many **alcopops** (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months?

Large Bottles (700ml)      Standard Bottles (275ml)      Small Cans

WRITE IN HOW MUCH USUALLY DRUNK  
ON ANY ONE DAY

<b>SCPOPSQ1</b>	<b>SCPOPSQ2</b>	<b>SCPOPSQ3</b>
-----------------	-----------------	-----------------

Spare 348-400

### GENERAL HEALTH TODAY

#### EVERYONE PLEASE ANSWER

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

#### Q36 Mobility

**Tick one box**  
401

I have no problems in walking about

 1

I have some problems in walking about

 2

I am confined to bed

 3

#### SELCARE

#### Q37 Self-Care

**Tick one box**  
402

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

#### Q38 Usual activities

**Tick one box**  
403

I have no problems with performing my usual activities (e.g. 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

#### Q39 Pain/Discomfort

**Tick one box**  
404

I have no pain or discomfort

 1

I have moderate pain or discomfort

 2

I have extreme pain or discomfort

 3

**ANXIETY****Q40 Anxiety/Depression****Tick one box**

405

I am not anxious or depressed

 1

I am moderately anxious or depressed

 2

I am extremely anxious or depressed

 3**Q41****VASGP****Best imaginable  
health state**

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

**Your own  
health state  
today****Worst imaginable  
health state**

## 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:**

**GHQCONC**

**Q42** been able to concentrate on whatever you're doing?

Tick ONE box			
Better than usual	Same as usual	Less than usual	Much less than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQSLEEP**

**Q43** lost much sleep over worry?

Tick ONE box			
Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQUSE**

**Q44** felt you were playing a useful part in things?

Tick ONE box			
More so than usual	Same as usual	Less useful than usual	Much less useful
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQDECIS**

**Q45** felt capable of making decisions about things?

Tick ONE box			
More so than usual	Same as usual	Less so than usual	Much less capable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQSTRAI**

**Q46** felt constantly under strain?

Tick ONE box			
Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQOVER**

**Q47** felt you couldn't overcome your difficulties?

Tick ONE box			
Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQENJOY**

**Q48** been able to enjoy your normal day-to-day activities?

Tick ONE box			
More so than usual	Same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**HAVE YOU RECENTLY:****GHQFACE****Q49** been able to face up to your problems?

Tick ONE box  
433

More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less able than usual <input type="checkbox"/> 3	Much less able <input type="checkbox"/> 4
--	---	--	--

**GHQUNHAP****Q50** been feeling unhappy and depressed?

Tick ONE box  
434

Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
--	--	--	--

**GHQCONFI****Q51** been losing confidence in yourself?

Tick ONE box  
435

Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
--	--	--	--

**GHQWORTH****Q52** been thinking of yourself as a worthless person?

Tick ONE box  
436

Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
--	--	--	--

**GHQHAPPY****Q53** been feeling reasonably happy, all things considered?

Tick ONE box  
437

More so than usual <input type="checkbox"/> 1	About same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4
--	---	--	--

Spare 438-439

General Health Questionnaire (GHQ - 12)

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## EVERYONE PLEASE ANSWER

**Q54** Have you spent any money on any of the following activities in the last 12 months?

Tick ONE box		
	Yes	No
<b>GALA</b>	Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALB</b>	Scratchcards (but not online or newspaper or magazine scratchcards) <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALC</b>	Tickets for any <u>other</u> lottery, including charity lotteries <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALE</b>	The football pools <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALD</b>	Bingo cards or tickets, including playing at a bingo hall (not online) <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALF</b>	Fruit or slot machines <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALG</b>	Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALS</b>	Table games (roulette, cards or dice) <u>in a casino</u> <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALH</b>	Playing poker in a pub tournament/ league or at a club <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALJ</b>	Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u> <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALT</b>	Online betting <u>with a bookmaker</u> on any event or sport <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALU</b>	Betting exchange <i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALK</b>	Betting on <b>horse</b> races <u>in a bookmaker's</u> , by phone or at the track <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALL</b>	Betting on <b>dog</b> races <u>in a bookmaker's</u> , by phone or at the track <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALM</b>	Betting on <b>sports events</b> <u>in a bookmaker's</u> , by phone or at the venue <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALN</b>	Betting on <b>other events</b> <u>in a bookmaker's</u> , by phone or at the venue <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALO</b>	Spread-betting <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALP</b>	Private betting, playing cards or games for money with friends, family or colleagues <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>GALQ</b>	Another form of gambling in the last 12 months <input type="checkbox"/> 1 <input type="checkbox"/> 2	

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q54, PLEASE GO TO Q55  
OTHERWISE GO TO Q74 ON PAGE 19.**

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

**In the last 12 months...**

Tick ONE box  
459

<b>Every time I lost</b>	<b>Most of the time</b>	<b>Some of the time (less than half the time I lost)</b>	<b>Never</b>
--------------------------	-------------------------	--	--------------

- D1** **Q55** When you gamble, how often do you go back another day to win back money you lost?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
----------------------------	----------------------------	----------------------------	----------------------------

- D2** **Q56** How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
----------------------------	----------------------------	----------------------------	----------------------------

- D3** **Q57** Have you needed to gamble with more and more money to get the excitement you are looking for?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
----------------------------	----------------------------	----------------------------	----------------------------

- D4** **Q58** Have you felt restless or irritable when trying to cut down gambling?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
----------------------------	----------------------------	----------------------------	----------------------------

- D5** **Q59** Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
----------------------------	----------------------------	----------------------------	----------------------------

- D6** **Q60** Have you lied to family, or others, to hide the extent of your gambling?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
----------------------------	----------------------------	----------------------------	----------------------------

- D7** **Q61** Have you made unsuccessful attempts to control, cut back or stop gambling?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
----------------------------	----------------------------	----------------------------	----------------------------

- D8** **Q62** Have you committed a crime in order to finance gambling or to pay gambling debts?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
----------------------------	----------------------------	----------------------------	----------------------------

- D9** **Q63** Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
----------------------------	----------------------------	----------------------------	----------------------------

- D10** **Q64** Have you asked others to provide money to help with a desperate financial situation caused by gambling?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
----------------------------	----------------------------	----------------------------	----------------------------

**In the past 12 months, how often...**

**Tick ONE box for each question**

		<b>Almost always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Never</b>
<b>P1</b>	<b>Q65</b> ...have you bet more than you could really afford to lose?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P2</b>	<b>Q66</b> ...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P3</b>	<b>Q67</b> ...have you gone back to try to win back the money you'd lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P4</b>	<b>Q68</b> ...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P5</b>	<b>Q69</b> ...have you felt that you might have a problem with gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P6</b>	<b>Q70</b> ...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P7</b>	<b>Q71</b> ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P8</b>	<b>Q72</b> ...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P9</b>	<b>Q73</b> ...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q74** The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

**EVERYONE PLEASE ANSWER**

**Q75** Have you ever had a test for Chlamydia?

**MTSTCH**

**Tick ONE box**

Yes

 1

→ Go to Q76

No

 2

→ Go to Q79

**Q76** When did you have your last test for Chlamydia?

**MTCHWN**

**Tick ONE box**

 1

Less than 3 months ago

 2

At least 3 months, less than 6 months ago

 3

At least 6 months, less than 1 year ago

 4

At least 1 year, less than 2 years ago

 5

At least 2 years, less than 5 years ago

 6

→ Go to Q77

**Q77** Where were you (last) tested for Chlamydia?

**MCTSWR**

**Tick ONE box**

 02

General practice (GP) surgery

 03

Sexual health clinic/ GUM clinic

 04

NHS Family planning clinic/ contraceptive clinic/  
reproductive health clinic

 05

NHS ante-natal clinic/ midwife

 06

Private non-NHS doctor or clinic

 07

Youth advisory clinic (e.g. Brook clinic)

 08

Self-collected test from pharmacy / chemist

 09

Self-collected test from internet

 11

Self-collected test from somewhere else

 15

Hospital accident and emergency (A&E) department

17

Somewhere else  
WRITE IN

→ Go to Q78

**Q78** Why were you (last) tested for Chlamydia?

**Tick ALL that apply**

494-509

**MCTWY1**

I had symptoms

01

**MCTWY2**

My partner had symptoms

02

**MCTWY3**

I was notified because a partner was diagnosed with Chlamydia

03

**MCTWY4**

I wanted a general sexual health check-up

04

**MCTWY5**

Check-up after previous positive test

05

**MCTWY6**

I had no symptoms but I was worried about the risk of Chlamydia

06

**MCTWY7**

I was offered a routine test

07

**MCTWY8**

Other  
WRITE IN

08

→ Go to Q79

### EVERYONE PLEASE ANSWER

**CLINIC**

**Q79** Have you ever attended a sexual health clinic (GUM clinic)?

**Tick ONE box**

510

Yes

1

→ Go to Q80

No

2

→ Go to Q81

**WNCLINIC**

**Q80** When did you last attend a sexual health clinic (GUM clinic)?

**Tick ONE box**

511

Less than 1 year ago

1

Between 1 year and 2 years ago

2

Between 2 years and 3 years ago

3

Between 3 years and 4 years ago

4

Between 4 years and 5 years ago

5

Between 5 years and 10 years ago

6

Longer than 10 years ago

7

→ Go to Q81

## **EVERYONE PLEASE ANSWER**

**Q81**    a) Have you **ever** been told by a doctor or other healthcare professional,  
            That you had any of the following?  
      b) If you have had more than one of these, which were you told about most  
            recently?

	(a)	(b)
	Ever	Most recent
	Tick ALL that apply	Tick ONE box
<b>MDIAG1</b>	Chlamydia <input type="checkbox"/> 01	512-535 <input type="checkbox"/> 01
<b>MDIAG2</b>	Gonorrhoea <input type="checkbox"/> 02	536-537 <input type="checkbox"/> 02
<b>MDIAG3</b>	Genital warts (venereal warts) <input type="checkbox"/> 03	<input type="checkbox"/> 03
<b>MDIAG4</b>	Syphilis <input type="checkbox"/> 04	<input type="checkbox"/> 04
<b>MDIAG5</b>	Trichomonas vaginalis (Trich, TV) <input type="checkbox"/> 05	<input type="checkbox"/> 05
<b>MDIAG6</b>	Herpes (genital herpes) <input type="checkbox"/> 06	<input type="checkbox"/> 06
<b>MDIAG7</b>	Pubic lice / crabs <input type="checkbox"/> 07	<input type="checkbox"/> 07
<b>MDIAG8</b>	Hepatitis B <input type="checkbox"/> 08	<input type="checkbox"/> 08
<b>MDIAG12</b>	NSU (Non Specific Urethritis), NGU (Non Gonococcal Urethritis) <input type="checkbox"/> 12	<input type="checkbox"/> 12
<b>MDIAG13</b>	Epididymitis <input type="checkbox"/> 13	<input type="checkbox"/> 13
<b>MDIAG14</b>	An infection transmitted by sex – can't remember which <input type="checkbox"/> 14	<input type="checkbox"/> 14
<b>MDIAG15</b>	None of these <input type="checkbox"/> 15	<b>MDIAREC</b>

**IF YOU HAVE HAD NONE OF THESE PLEASE GO TO Q84 ON PAGE 23,  
OTHERWISE PLEASE GO TO THE NEXT QUESTION**

**MWNSTI**

**Q82** When were you (last) told by a doctor or health professional that you had an infection transmitted by sex?

**Tick ONE box**

558  
 1

2

3

4

5

6

Go to Q83

**MWRSTI**

**Q83** Where were you (last) treated for an infection transmitted by sex?

**Tick ONE box**

559-560  
 02

03

04

05

06

07

08

09

15

Go to Q84

Hospital accident and emergency (A&E) department

Somewhere else  
WRITE IN

17

**EVERYONE PLEASE ANSWER**

**M1STINT**

- Q84** How old were you when you **first** had sexual intercourse with a woman?

**Write in**

 580-581

**Go to Q85**

This hasn't happened

 97

**Go to Q89**

**MHETLIFE**

- Q85** Altogether in your life so far, with how many women have you had sexual intercourse?

**Write in number**

 582-585

**MCERT**

- Q86** Are you certain of that number or have you had to estimate it?

**Tick ONE box**

 586  
1

Certain

 2

Estimate

**MHET1YR**

- Q87** Altogether in the **last year**, with how many women have you had sexual intercourse?

587-589

**Write in number**

**MCON4WK**

- Q88** Was a condom/sheath used on any occasions of having vaginal or anal sex with a woman in the **last 4 weeks**?

**Tick ONE box**

 590  
1

Yes, used on every occasion

 2

Yes, used on some occasions

 3

No, not used in the last 4 weeks

 4

Not had vaginal or anal sex in last 4 weeks

**Go to Q89**

## EVERYONE PLEASE ANSWER

**MEVSAM**

- Q89** Have you **ever** had sex with a man? That is, oral or anal sex or any other forms of genital contact.

**Tick ONE box**  
591

Yes

 1

→ Go to Q90

No

 2

→ Go to Q93

**MSAMLIF**

- Q90** Altogether in your life so far, with how many men have you had sex?

592-595

**Write in number**

**MCERT2**

- Q91** Are you certain of that number or have you had to estimate it?

**Tick ONE box**  
596

Certain

 1

Estimate

 2

**MSAM5YR**

- Q92** Altogether in the last **five years**, with how many men have you had sex?

597-600

**Write in number**

## INFORMATION ABOUT YOURSELF

### EVERYONE PLEASE ANSWER

**SCSEXID**

- Q93** Which of the following options best describes how you think of yourself?

**Tick ONE box**  
601

Heterosexual or Straight

 1

Gay or Lesbian

 2

Bisexual

 3

Other

 4

Prefer not to say

 5

**Q94** What is your religion or belief?

**Tick ONE box**

602-603

- |  |                             |
|--|-----------------------------|
| No religion  | <input type="checkbox"/> 01 |
| Christian - Catholic   | <input type="checkbox"/> 02 |
| Christian – all other denominations<br>including Church of England, Protestant | <input type="checkbox"/> 03 |
| Buddhist   | <input type="checkbox"/> 04 |
| Hindu  | <input type="checkbox"/> 05 |
| Jewish   | <input type="checkbox"/> 06 |
| Muslim   | <input type="checkbox"/> 07 |
| Sikh   | <input type="checkbox"/> 08 |
| Any other religion<br>(please write in on the line below)                      | <input type="checkbox"/> 09 |
- 

In the future we may want to contact you by mobile telephone number or e-mail to see if you are willing to help us again. Your mobile telephone number and e-mail address would only be used for research purposes and would not be passed on to anyone outside NatCen.

**Q95** Do you have a mobile telephone number we can contact you on?

**Tick ONE box**

604

- |     |                            |                       |
|-----|----------------------------|-----------------------|
| No  | <input type="checkbox"/> 2 | → Go to next question |
| Yes | <input type="checkbox"/> 1 | ↓                     |

What is your mobile telephone number?

605-615

--	--	--	--	--	--	--	--	--	--	--

**Q96** Do you have an e-mail address we can contact you on?

**Tick ONE box**

615

- |     |                            |             |
|-----|----------------------------|-------------|
| No  | <input type="checkbox"/> 2 | → Go to Q97 |
| Yes | <input type="checkbox"/> 1 | ↓           |

What is your e-mail address? Please print clearly.

617-667

	@
--	---

## YOUR WEIGHT

**EVERYONE PLEASE ANSWER**

**ADLTWGT**

**Q97** Given your age and height, would you say that you are...

Tick ONE box

668

1
2
3
8

About the right weight

too heavy

or too light?

Not sure

→ Go to next question

**ADLTDIET**

**Q98** 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

669

1
2
3

Trying to lose weight

Trying to gain weight

Not trying to change weight

**PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW**

**Q99** Given your child's age and height, would you say that your child is...

Child Name  
700-715

Child Person No  
716-717

Child Name  
720-735

Child Person No  
736-737

**C1PNO**

**C2PNO**

About the right weight

718

1
---

738

1
---

too heavy

2
---

2
---

or too light?

3
---

3
---

Not sure

8
---

**C1WGT**

8
---

**C2WGT**

**Thank you for answering these questions.**

**Please give the booklet back to the interviewer.**

P3227

Point	1-4	1	2	3
-------	-----	---	---	---

Address	5-6
---------	-----

HHLD	7
------	---

CKL	8-9
-----	-----

Person No	
-----------	--

First name: \_\_\_\_\_

Spare  
10-11

Card  
12-14

Spare  
15-20

Interviewer  
number: \_\_\_\_\_

Survey  
month: \_\_\_\_\_

## Health Survey for England 2012 Booklet for Young Adult Women

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

Do you feel that you lead a ...





Write in no.

6

- 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. 6

- 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

Go to Q4

No

Go to Q5

## SMOKING

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

**SMKEVR**

**Tick ONE box**

21  
1

2

Yes

→ Go to next question

No

2

→ Go to Q12 on page 4

**Q2** Have you ever smoked a cigarette?

**CIGEVR**

**Tick ONE box**

22  
1

2

Yes

→ Go to next question

No

2

→ Go to Q12 on page 4

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

**STARTSMK**

**Write in how old you were then**

23-24

**Q4** Do you smoke cigarettes at all nowadays?

**CIGNOW**

**Tick ONE box**

25  
1

2

Yes

→ Go to Q7 on page 3

No

2

→ Go to next question

**Q5** Why did you decide to give up smoking?

**Tick ALL that apply**  
26-43

Advice from a GP/health professional	<input type="checkbox"/> 01	<b>QITRSN01</b>
Advert for a nicotine replacement product	<input type="checkbox"/> 02	<b>QITRSN02</b>
Government TV, radio or press advert	<input type="checkbox"/> 03	<b>QITRSN03</b>
Hearing about a new stop smoking treatment	<input type="checkbox"/> 04	<b>QITRSN04</b>
Financial reasons (couldn't afford it)	<input type="checkbox"/> 05	<b>QITRSN05</b>
Because of the smoking ban in all enclosed public places, including pubs and restaurants	<input type="checkbox"/> 06	<b>QITRSN06</b>
I knew someone else who was stopping	<input type="checkbox"/> 07	<b>QITRSN07</b>
Seeing a health warning on a cigarette packet	<input type="checkbox"/> 08	<b>QITRSN08</b>
Family or friends wanted me to stop	<input type="checkbox"/> 09	<b>QITRSN09</b>
Being contacted by my local NHS Stop Smoking Services	<input type="checkbox"/> 10	<b>QITRSN10</b>
Health problems I had at the time	<input type="checkbox"/> 11	<b>QITRSN11</b>
Worried about future health problems	<input type="checkbox"/> 12	<b>QITRSN12</b>
Pregnancy	<input type="checkbox"/> 13	<b>QITRSN13</b>
Worried about the effect on my children	<input type="checkbox"/> 14	<b>QITRSN14</b>
Worried about the effect on other family members	<input type="checkbox"/> 15	<b>QITRSN15</b>
My own motivation	<input type="checkbox"/> 16	<b>QITRSN16</b>
Something else	<input type="checkbox"/> 17	<b>QITRSN17</b>
Cannot remember	<input type="checkbox"/> 98	<b>QITRSN18</b>

**Q6** Did you smoke cigarettes regularly or occasionally?

**CIGREG**

**Tick ONE box**

44

- Regularly, that is at least one cigarette a day
- Occasionally
- I never really smoked cigarettes, just tried them once or twice
- 1
- 2
- 3
- Go to Q12 on page 4

**CURRENT SMOKERS****CIGWDAY**

- Q7** About how many cigarettes a day do you usually smoke on **weekdays**?

**Write in number smoked a day**

45-46

**CIGWEND**

- Q8** And about how many cigarettes a day do you usually smoke at **weekends**?

**Write in number smoked a day**

47-48

**CIGTYP**

- Q9** Do you **mainly** smoke ...

**Tick ONE box** 49

filter-tipped cigarettes,

 1

plain or untipped cigarettes,

 2

or hand-rolled cigarettes?

 3**GIVUPSK**

- Q10** Would you like to give up smoking altogether?

**Tick ONE box**

Yes

 50 1

→ Go to next question

No

 2

→ Go to Q12 on page 4

**Q11**

- CIGREG** What are your main reasons for wanting to give up?

**Tick ALL that apply**

51-66

 01

Because of a health problem I have at present

 02

Better for my health in general

 03

Less risk of getting smoking related illnesses

 04

Family/friends wanted me to stop

 05

Financial reasons (can't afford it)

 06

Worried about the effect on my children

 07

Because of the ban on smoking in all public places

Other

 08

**EVERYONE PLEASE ANSWER**

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

**SMKDAD**

**Tick ONE box**  
67

Yes

 1

No

 2

Don't know

 8

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

**SMKMUM**

**Tick ONE box**  
68

Yes

 1

No

 2

Don't know

 8

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

**EXPSMOK**

Number of hours a week

69-71

**Write in**

**Q15 a)** Are you regularly exposed to other people's tobacco smoke in any of these places?

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

**Tick ALL that apply**  
72-77

**PASSMK1**

At home

 1

**PASSMK2**

At work

 2

**PASSMK3**

In other people's homes

 3

**PASSMK4**

Outdoor smoking areas of pubs/restaurants/cafes

 4

**PASSMK5**

In other places

 5

**PASSMK6**

No, none of these

 6

→ Go to Q15 b on page 5

→ Go to Q16 on page 5

**Q15 b)** Does this bother you?

PASSMKB

**Tick ONE box**

78

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

## DRINKING

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

DNNOW

**Tick ONE box**

79

Yes	<input type="checkbox"/> 1 → Go to Q19
No	<input type="checkbox"/> 2 → Go to next question

**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?

DNANY

**Tick ONE box**

Very occasionally

80

<input type="checkbox"/> 1 → Go to Q19
--

Never

<input type="checkbox"/> 2 → Go to next question
--

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

DNEVR

**Tick ONE box**

Always a non-drinker

81

<input type="checkbox"/> 1 → Go to Q36 on page 12
<input type="checkbox"/> 2

Used to drink but stopped

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

DDRINKAG

Write in how old you were then

82-83

--

**Q20** Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

**DNOFT**

**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

**Go to next question**

**→ Go to Q36 on page 12**

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

**D7DAY**

**Tick ONE box**

86

Yes

 1

**→ Go to next question**

No

 2

**→ Go to Q23 on page 7**

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

**D7MANY**

**Tick ONE box**

87

One

 1

Two

 2

Three

 3

Four

 4

Five

 5

Six

 6

Seven

 7

**Q23** Please think about **the day in the last week on which you drank the most.**

(If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank **on that day**. For the ones you drank, write in how much you drank **on that day**.  
EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

<b>TICK ALL DRINKS DRUNK ON THAT DAY</b>		<b>WRITE IN HOW MUCH DRUNK ON THAT DAY</b>						
		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles			
D7TYP1	Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.	88-103	01	<input type="checkbox"/> NBERQPT7	<input type="checkbox"/> NBERQLG7	<input type="checkbox"/> NBERQSM7		
D7TYP2	Strong beer, lager, stout or cider (6% alcohol or more, such as Tennents Super, Special Brew, Diamond White)	02		<input type="checkbox"/> SBERQPT7	<input type="checkbox"/> SBERQPT7	<input type="checkbox"/> SBERQPT7		
D7TYP3	Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	03		<input type="checkbox"/> SPIRQME7			120-121	
D7TYP4	Sherry or martini (including port, vermouth, cinzano, dubonnet)	04		<input type="checkbox"/> SHERQGS7			122-123	
D7TYP5	Wine (including babycham and champagne)	05		<input type="checkbox"/> WGLS250ML	<input type="checkbox"/> WGLS175ML	<input type="checkbox"/> WGLS125ML	<input type="checkbox"/> WBTLGZ	4-2
D7TYP6	Alcoholic soft drink ('alcopop') or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice	06		<input type="checkbox"/> POPSQLG7	<input type="checkbox"/> POPSQSM7	<input type="checkbox"/> POPSQSM7		
Other kinds of alcoholic drink <b>WRITE IN NAME OF DRINK</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	139-148
1. _____		07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	149-158
2. _____		08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please now think about whether you have drunk different types of alcoholic drink in the **last 12 months**. Please think about **all** types of alcoholic drinks you have had. Each type of alcoholic drink will be asked about separately.

**EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.**

**Q24** Thinking about **normal strength beer, lager, stout, cider or shandy** which has less than 6% alcohol. How often have you had a drink of normal strength beer, lager, stout, cider **or** shandy (excluding cans and bottles of shandy) during the last 12 months?

**SCNBEER**

**Tick ONE box**

301-302

01
02
03
04
05
06
07
08

- Almost every day  
Five or six days a week  
Three or four days a week  
Once or twice a week  
Once or twice a month  
Once every couple of months  
Once or twice a year  
Not all in the last 12 months

**Go to next question**

**Go to Q26 on page 9**

**Q25** How much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

Pints

Large cans  
or bottles

Small cans  
or bottles

**WRITE IN HOW MUCH USUALLY DRUNK  
ON ANY ONE DAY**

**SCNBEEQ1**

**SCNBEEQ2**

**SCNBEEQ3**

**Q26** Now thinking about **strong beer, lager, stout or cider** which has 6% or more alcohol (e.g. Tennents Super, Special Brew, Diamond White). How often have you had a drink of **strong beer, lager, stout or cider** during the last 12 months?

**SCSBEER**

Tick ONE box 311-312	
Almost every day	<input type="checkbox"/> 01
Five or six days a week	<input type="checkbox"/> 02
Three or four days a week	<input type="checkbox"/> 03
Once or twice a week	<input type="checkbox"/> 04
Once or twice a month	<input type="checkbox"/> 05
Once every couple of months	<input type="checkbox"/> 06
Once or twice a year	<input type="checkbox"/> 07
Not all in the last 12 months	<input type="checkbox"/> 08

**Go to next question**

**Go to Q28**

**Q27** How much **strong beer, lager, stout or cider** have you usually drunk on any one day during the last 12 months?

Pints

Large cans  
or bottles

Small cans  
or bottles

**WRITE IN HOW MUCH USUALLY DRUNK  
ON ANY ONE DAY** SCSBEEQ1 SCSBEEQ2 SCSBEEQ3

**Q28** How often have you had a drink of **spirits or liqueurs**, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?

**SCSPIRIT**

Tick ONE box 321-322	
Almost every day	<input type="checkbox"/> 01
Five or six days a week	<input type="checkbox"/> 02
Three or four days a week	<input type="checkbox"/> 03
Once or twice a week	<input type="checkbox"/> 04
Once or twice a month	<input type="checkbox"/> 05
Once every couple of months	<input type="checkbox"/> 06
Once or twice a year	<input type="checkbox"/> 07
Not all in the last 12 months	<input type="checkbox"/> 08

**Go to next question**

**Go to Q30 on page 10**

**Q29** How much **spirits or liqueurs** such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months?

**SCSPIRQ**

Glasses  
(count doubles as 2 singles)

**WRITE IN HOW MUCH USUALLY DRUNK  
ON ANY ONE DAY**

323-  
324

**Q30** How often have you had a drink of **sherry or martini** including port, vermouth, Cinzano and Dubonnet, during the last 12 months?

**SCSHERRY**

**Tick ONE box**

325-326

01
02
03
04
05
06
07
08

**Go to next question**

Almost every day

Five or six days a week

Three or four days a week

Once or twice a week

Once or twice a month

Once every couple of months

Once or twice a year

Not all in the last 12 months

**Go to Q32 on page  
11**

**Q31** How much **sherry or martini** including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day during the last 12 months?

**SCSHERRQ**

Small glasses  
(count doubles as 2 singles)

**WRITE IN HOW MUCH USUALLY DRUNK  
ON ANY ONE DAY**

327-  
328

**Q32** How often have you had a drink of **wine**, including Babycham and champagne, during the last 12 months?

**SCSHERRQ**

Tick ONE box

329-330	<input type="checkbox"/> 01
	<input type="checkbox"/> 02
	<input type="checkbox"/> 03
	<input type="checkbox"/> 04
	<input type="checkbox"/> 05
	<input type="checkbox"/> 06
	<input type="checkbox"/> 07
	<input type="checkbox"/> 08

Almost every day

Five or six days a week

Three or four days a week

Once or twice a week

Once or twice a month

Once every couple of months

Once or twice a year

Not all in the last 12 months

**Go to next question**

→ **Go to Q34**

**Q33** How much **wine**, including Babycham and champagne, have you usually drunk on any one day during the last 12 months?

**SCWINE**

	Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)
<b>WRITE IN HOW MUCH USUALLY DRUNK ON ANY ONE DAY</b>	<b>SCWINEQ1</b>	<b>SCWINEQ2</b>	<b>SCWINEQ3</b>	<b>SCWINEQ4</b>

**Q35** How many **alcopops** (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months?

**SCPOPS**

Large Bottles (700ml)	Standard Bottles (275ml)	Small Cans
<b>SCPOPSQ1</b>	<b>SCPOPSQ2</b>	<b>SCPOPSQ3</b>

**WRITE IN HOW MUCH USUALLY DRUNK ON ANY ONE DAY**

Spare 348-400

### GENERAL HEALTH TODAY

#### EVERYONE PLEASE ANSWER

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****Q36 Mobility**

Tick one box

 1

I have no problems in walking about

 2

I have some problems in walking about

 3

I am confined to bed

**SELF CARE****Q37 Self-Care**

Tick one box

 1

I have no problems with self-care

 2

I have some problems washing or dressing myself

 3

I am unable to wash or dress myself

**USUALACT****Q38 Usual activities**

Tick one box

 1I have no problems with performing my usual activities  
(e.g. work, study, housework, family or leisure activities) 2

I have some problems with performing my usual activities

 3

I am unable to perform my usual activities

**PAIN****Q39 Pain/Discomfort**

Tick one box

 1

I have no pain or discomfort

 2

I have moderate pain or discomfort

 3

I have extreme pain or discomfort

1

 2

 3

Q41

**VASGP****Best imaginable****health state**

**Your own  
health state  
today**

**Worst imaginable  
health state**

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## 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:**

**GHQCONC**

**Q42** been able to concentrate on whatever you're doing?

Tick ONE box			
Better than usual	Same as usual	Less than usual	Much less than usual
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**GHQSLEEP**

**Q43** lost much sleep over worry?

Tick ONE box			
Not at all	No more than usual	Rather more than usual	Much more than usual
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**GHQUSE**

**Q44** felt you were playing a useful part in things?

Tick ONE box			
More so than usual	Same as usual	Less useful than usual	Much less useful
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**GHQDECIS**

**Q45** felt capable of making decisions about things?

Tick ONE box			
More so than usual	Same as usual	Less so than usual	Much less capable
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**GHQSTRAI**

**Q46** felt constantly under strain?

Tick ONE box			
Not at all	No more than usual	Rather more than usual	Much more than usual
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**GHQOVER**

**Q47** felt you couldn't overcome your difficulties?

Tick ONE box			
Not at all	No more than usual	Rather more than usual	Much more than usual
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**GHQENJOY**

**Q48** been able to enjoy your normal day-to-day activities?

Tick ONE box			
More so than usual	Same as usual	Less so than usual	Much less than usual
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**HAVE YOU RECENTLY:****GHQFACE****Q49** been able to face up to your problems?

Tick ONE box  
433

More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less able than usual <input type="checkbox"/> 3	Much less able <input type="checkbox"/> 4
--	---	--	--

**GHQUNHAP****Q50** been feeling unhappy and depressed?

Tick ONE box  
434

Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
--	--	--	--

**GHQCONFI****Q51** been losing confidence in yourself?

Tick ONE box  
435

Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
--	--	--	--

**GHQWORTH****Q52** been thinking of yourself as a worthless person?

Tick ONE box  
436

Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
--	--	--	--

**GHQHAPPY****Q53** been feeling reasonably happy, all things considered?

Tick ONE box  
437

More so than usual <input type="checkbox"/> 1	About same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4
--	---	--	--

Spare 438-439

General Health Questionnaire (GHQ - 12)

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## EVERYONE PLEASE ANSWER

**Q54** Have you spent any money on any of the following activities in the last 12 months?

Tick ONE box			
	Yes	No	
<b>GALA</b>	Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	1	2
<b>GALB</b>	Scratchcards (but not online or newspaper or magazine scratchcards)	1	2
<b>GALC</b>	Tickets for any <u>other</u> lottery, including charity lotteries	1	2
<b>GALE</b>	The football pools	1	2
<b>GALD</b>	Bingo cards or tickets, including playing at a bingo hall (not online)	1	2
<b>GALF</b>	Fruit or slot machines	1	2
<b>GALG</b>	Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	1	2
<b>GALS</b>	Table games (roulette, cards or dice) <u>in a casino</u>	1	2
<b>GALH</b>	Playing poker in a pub tournament/ league or at a club	1	2
<b>GALJ</b>	Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	1	2
<b>GALT</b>	Online betting <u>with a bookmaker</u> on any event or sport	1	2
<b>GALU</b>	Betting exchange <i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i>	1	2
<b>GALK</b>	Betting on <b>horse</b> races <u>in a bookmaker's</u> , by phone or <u>at the track</u>	1	2
<b>GALL</b>	Betting on <b>dog</b> races <u>in a bookmaker's</u> , by phone or <u>at the track</u>	1	2
<b>GALM</b>	Betting on <b>sports events</b> <u>in a bookmaker's</u> , by phone or <u>at the venue</u>	1	2
<b>GALN</b>	Betting on <b>other events</b> <u>in a bookmaker's</u> , by phone or <u>at the venue</u>	1	2
<b>GALO</b>	Spread-betting <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i>	1	2
<b>GALP</b>	Private betting, playing cards or games for money with friends, family or colleagues	1	2
<b>GALQ</b>	Another form of gambling in the last 12 months	1	2

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q54, PLEASE GO TO Q55  
OTHERWISE GO TO Q74 ON PAGE 19.**

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

**In the last 12 months...**

**Tick ONE box**  
459

Every time I lost	Most of the time	Some of the time (less than half the time I lost)	Never
-------------------	------------------	---	-------

<b>D1</b>	<b>Q55</b> When you gamble, how often do you go back another day to win back money you lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Tick ONE box for each question</b>					
<b>D2</b>	<b>Q56</b> How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>D3</b>	<b>Q57</b> Have you needed to gamble with more and more money to get the excitement you are looking for?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>D4</b>	<b>Q58</b> Have you felt restless or irritable when trying to cut down gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>D5</b>	<b>Q59</b> Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>D6</b>	<b>Q60</b> Have you lied to family, or others, to hide the extent of your gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>D7</b>	<b>Q61</b> Have you made unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>D8</b>	<b>Q62</b> Have you committed a crime in order to finance gambling or to pay gambling debts?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>D9</b>	<b>Q63</b> Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>D10</b>	<b>Q64</b> Have you asked others to provide money to help with a desperate financial situation caused by gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**In the past 12 months, how often...**

**Tick ONE box for each question**

		<b>Almost always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Never</b>
<b>P1</b>	<b>Q65</b> ...have you bet more than you could really afford to lose?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P2</b>	<b>Q66</b> ...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P3</b>	<b>Q67</b> ...have you gone back to try to win back the money you'd lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P4</b>	<b>Q68</b> ...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P5</b>	<b>Q69</b> ...have you felt that you might have a problem with gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P6</b>	<b>Q70</b> ...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P7</b>	<b>Q71</b> ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P8</b>	<b>Q72</b> ...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>P9</b>	<b>Q73</b> ...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q74** The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

**EVERYONE PLEASE ANSWER**

**Q75** Have you ever had a test for Chlamydia?

**WTSTCH**

**Tick ONE box**

- 490  
Yes  1 → Go to Q76  
No  2 → Go to Q79

**Q76** When did you have your last test for Chlamydia?

**WTCHWN**

**Tick ONE box**

- 491  
Less than 3 months ago  1  
At least 3 months, less than 6 months ago  2  
At least 6 months, less than 1 year ago  3 → Go to Q77  
At least 1 year, less than 2 years ago  4  
At least 2 years, less than 5 years ago  5  
At least 5 years ago  6

**Q77** Where were you (last) tested for Chlamydia?

**WCTSWR**

**Tick ONE box**

- 492-493  
General practice (GP) surgery  02  
Sexual health clinic/ GUM clinic  03  
NHS Family planning clinic/ contraceptive clinic/ reproductive health clinic  04  
NHS ante-natal clinic/ midwife  05  
Private non-NHS doctor or clinic  06  
Youth advisory clinic (e.g. Brook clinic)  07 → Go to Q78  
Self-collected test from pharmacy / chemist  08  
Self-collected test from internet  09  
Self-collected test from somewhere else  11  
Hospital accident and emergency (A&E) department  15  
Somewhere else  WRITE IN  17

**Q78** Why were you (last) tested for Chlamydia?

**Tick ALL that apply**

494-509

**WCTWY1**

I had symptoms

01

**WCTWY2**

My partner had symptoms

02

**WCTWY3**

I was notified because a partner was diagnosed with Chlamydia

03

**WCTWY4**

I wanted a general sexual health check-up

04

**WCTWY5**

Check-up after previous positive test

05

**WCTWY6**

I had no symptoms but I was worried about the risk of Chlamydia

06

**WCTWY7**

I was offered a routine test

07

**WCTWY8**

Other

WRITE IN

08

→ Go to Q79

### EVERYONE PLEASE ANSWER

**CLINIC**

**Q79** Have you ever attended a sexual health clinic (GUM clinic)?

**Tick ONE box**

510

Yes

1

→ Go to Q80

2

No → Go to Q81

**WNCLINIC**

**Q80** When did you last attend a sexual health clinic (GUM clinic)?

**Tick ONE box**

511

Less than 1 year ago

1

Between 1 year and 2 years ago

2

Between 2 years and 3 years ago

3

Between 3 years and 4 years ago

4

Between 4 years and 5 years ago

5

Between 5 years and 10 years ago

6

Longer than 10 years ago

7

→ Go to Q81

## **EVERYONE PLEASE ANSWER**

**Q81**    a) Have you **ever** been told by a doctor or other healthcare professional,  
            That you had any of the following?  
      b) If you have had more than one of these, which were you told about most  
            recently?

(a) (b)

### **Ever      Most recent**

		Tick ALL that apply	Tick ONE box
	<b>MDIAG1</b>	Chlamydia	512-535 <input type="checkbox"/> 01
	<b>MDIAG2</b>	Gonorrhoea	536-537 <input type="checkbox"/> 02
	<b>MDIAG3</b>	Genital warts (venereal warts)	03 <input type="checkbox"/>
	<b>MDIAG4</b>	Syphilis	04 <input type="checkbox"/>
	<b>MDIAG5</b>	Trichomonas vaginalis (Trich, TV)	05 <input type="checkbox"/>
	<b>MDIAG6</b>	Herpes (genital herpes)	06 <input type="checkbox"/>
	<b>MDIAG7</b>	Pubic lice / crabs	07 <input type="checkbox"/>
	<b>MDIAG8</b>	Hepatitis B	08 <input type="checkbox"/>
	<b>MDIAG9</b>	Pelvic Inflammatory Disease (PID, salpingitis)	09 <input type="checkbox"/>
	<b>MDIAG11</b>	Bacterial vaginosis	11 <input type="checkbox"/>
	<b>MDIAG14</b>	An infection transmitted by sex – can't remember which	14 <input type="checkbox"/>
	<b>MDIAG15</b>	None of these	15 <input type="checkbox"/>

**IF YOU HAVE HAD NONE OF THESE PLEASE GO TO Q84 ON PAGE 23,  
OTHERWISE PLEASE GO TO THE NEXT QUESTION**

**WWNSTI**

**Q82** When were you (last) told by a doctor or health professional that you had an infection transmitted by sex?

**Tick ONE box**

558

Less than 1 year ago

 1

Between 1 year and 2 years ago

 2

Between 2 years and 3 years ago

 3

Between 3 years and 4 years ago

 4

Between 4 years and 5 years ago

 5

Longer than 5 years ago

 6

**Go to Q83**

**WWRSTI**

**Q83** Where were you (last) treated for an infection transmitted by sex?

**Tick ONE box**

559-560

A doctor or nurse at your GP's surgery

 02

Sexual health clinic/ GUM clinic

 03

NHS Family planning clinic/contraceptive clinic/reproductive health clinic

 04

NHS ante-natal clinic/midwife

 05

Private non-NHS doctor or clinic

 06

Youth advisory clinic (e.g. Brook clinic)

 07

Pharmacy / chemist

 08

Internet site offering treatment

 09

Termination of pregnancy (abortion) clinic

 10

Hospital accident and emergency (A&E) department

 11

Somewhere else

WRITE IN

 12

**Go to Q84**

**EVERYONE PLEASE ANSWER**

**W1STINT**

- Q84** How old were you when you **first** had sexual intercourse with a man?

**Write in**

580-581

Go to Q85

This hasn't happened

97

Go to Q89

**WHETLIFE**

- Q85** Altogether in your life so far, with how many men have you had sexual intercourse?

**Write in number**

582-585

**WCERT**

- Q86** Are you certain of that number or have you had to estimate it?

**Tick ONE box**

586

Certain

1

Estimate

2

**WHET1YR**

- Q87** Altogether in the **last year**, with how many men have you had sexual intercourse?

587-589

**Write in number**

**WCON4WK**

- Q88** Was a condom/sheath used on any occasions of having vaginal or anal sex with a man in the **last 4 weeks**?

**Tick ONE box**

590

Yes, used on every occasion

1

Yes, used on some occasions

2

Go to Q89

No, not used in the last 4 weeks

3

Not had vaginal or anal sex in last 4 weeks

4

## EVERYONE PLEASE ANSWER

**WEVSAM**

- Q89** Have you **ever** had sex with a woman? That is, oral sex or any other forms of genital contact.

**Tick ONE box**

591  
1

→ **Go to Q90**

No  
2

→ **Go to Q93**

**WSAMLIF**

- Q90** Altogether in your life so far, with how many women have you had sex?

592-595

**Write in number**

**WCERT2**

- Q91** Are you certain of that number or have you had to estimate it?

**Tick ONE box**

596  
1

Certain

2

Estimate

**WSAM5YR**

- Q92** Altogether in the last **five years**, with how many women have you had sex?

597-600

**Write in number**

## INFORMATION ABOUT YOURSELF

### EVERYONE PLEASE ANSWER

**SCSEXID**

- Q93** Which of the following options best describes how you think of yourself?

**Tick ONE box**

601  
1

Heterosexual or Straight

2

Gay or Lesbian

3

Bisexual

4

Other

5

Prefer not to say

**Q94** What is your religion or belief?

Tick ONE box

602-603

- |  |                             |
|--|-----------------------------|
| No religion  | <input type="checkbox"/> 01 |
| Christian - Catholic   | <input type="checkbox"/> 02 |
| Christian – all other denominations<br>including Church of England, Protestant | <input type="checkbox"/> 03 |
| Buddhist   | <input type="checkbox"/> 04 |
| Hindu  | <input type="checkbox"/> 05 |
| Jewish   | <input type="checkbox"/> 06 |
| Muslim   | <input type="checkbox"/> 07 |
| Sikh   | <input type="checkbox"/> 08 |
| Any other religion<br>(please write in on the line below)                      | <input type="checkbox"/> 09 |
- 

In the future we may want to contact you by mobile telephone number or e-mail to see if you are willing to help us again. Your mobile telephone number and e-mail address would only be used for research purposes and would not be passed on to anyone outside NatCen.

**Q95** Do you have a mobile telephone number we can contact you on?

Tick ONE box

604

No

 ?

→ Go to next question

Yes

 1


What is your mobile telephone number?

605-615

--	--	--	--	--	--	--	--	--	--	--

**Q96** Do you have an e-mail address we can contact you on?

Tick ONE box

615

No

 2

→ Go to Q97

Yes

 1


What is your e-mail address? Please print clearly.

617-667

①
---

## YOUR WEIGHT

**EVERYONE PLEASE ANSWER**

**ADLTWGT**

**Q97** Given your age and height, would you say that you are...

**Tick ONE box**

668

1
2
3
8

About the right weight

too heavy

or too light?

Not sure

→ Go to next question

**ADLTDIET**

**Q98** 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**

669

1
2
3

Trying to lose weight

Trying to gain weight

Not trying to change weight

**PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW**

**Q99** Given your child's age and height, would you say that your child is...

**Child Name**  
700-715

**Child Person No**  
716-717

**Child Name**  
720-735

**Child Person No**  
736-737

**C1PNO**

**C2PNO**

About the right weight

718

1
---

738

1
---

too heavy

2
---

2
---

or too light?

3
---

3
---

Not sure

8
---

**C1WGT**

8
---

**C2WGT**

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P3227

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

Spare 10-11	Card 12-14	Spare 15-159	Interviewer number:	Survey month:
----------------	---------------	-----------------	------------------------	------------------

## Health Survey for England 2012

### 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 your answers to anyone you know.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

## 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  <sub>1</sub>

No  <sub>2</sub>

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

I was  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  <sub>2</sub> → Go to question 4

Yes  <sub>1</sub> ↓  
I was  years old  
write in

## Cigarette Smoking

KCIGEV

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

Tick one box

160

Yes

 1  
 2

→ Go to next question

No

KCIGREG

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

Tick one box

161

I have never smoked

 1

→ Go to question 6

 2

I have only smoked once or twice

 3

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

 4

I sometimes smoke, but I don't smoke every week

 5

I smoke between one and six cigarettes a week

 6

I smoke more than six cigarettes a week

→ Go to next question

KCIGAGE

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

162-163

I was  years old

Go to next question

write in

KCIGWEEK

Q4 Did you smoke any cigarettes last week?

Tick one box

164

Yes

 1

→ Go to next question

 2

→ Go to question 6

KCIGNUM

Q5 How many cigarettes did you smoke last week?

165-166

I smoked  cigarettes

Go to next question

write in

**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

Tick all boxes  
which apply

174-193

**ANRSM201**

At home

01

**ANRSM202**

In other people's homes

02

**ANRSM203**

In a car

03

**ANRSM204**

In the street

04

**ANRSM205**

Outdoor areas of pubs or cafes or restaurants

05

**ANRSM206**

In the park or playing fields

06

**ANRSM207**

Other public places

07

**ANRSM208**

In school

08

**ANRSM209**

In other places

(please write these other places on the line  
below)

09

→ Go to next question

**ANRSM297**

No, none of these

97

→ Go to question 8

**ASMKBTHR**

**Q7** Does this bother you?

Tick one box

194

Yes

1

No

2

→ Go to next question

## 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**  
205

Yes  1 → Go to question 10

No  2 → Go to next question

**ADROPOPS**

**Q9**

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

**Tick one box**  
206

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?

207-208

I was  years old  
write in → Go to next question

**ADRINKOF**

**Q11**

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

**Tick one box**  
209

Almost every day  1

About twice a week  2

About once a week  3

About once a fortnight  4

About once a month  5

Only a few times a year  6

I never drink alcohol now  7

→ Go to next question

**ADRLAST**

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

**Tick one box**  
210

Today	<input type="checkbox"/> 1	 <b>Go to next question</b>	
Yesterday	<input type="checkbox"/> 2		
Some other time during the last week	<input type="checkbox"/> 3		
1 week, but less than 2 weeks ago	<input type="checkbox"/> 4		
2 weeks, but less than 4 weeks ago	<input type="checkbox"/> 5		
1 month, but less than 6 months ago	<input type="checkbox"/> 6		 <b>Go to question 19 on page 8</b>
6 months ago or more	<input type="checkbox"/> 7		

**ABER2W**

**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**

211

No

 2

**Go to question 14**

Yes

 1

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

Write in:

212-215

**ABER2QPT**

Pints (if half a pint,  
write in  $\frac{1}{2}$ )

216-217

**ABER2QLG**

AND/OR

Large cans or bottles

218-219

**ABER2QSM**

AND/OR

Small cans or bottles

**ASPIRW**

**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**

220

No

 2

→ Go to question 15

Yes

 1

How much did you drink in the last 7 days?

Write in:

221-222

**ASPIRQGS**

Glasses (count doubles as two glasses)

**ASHERW**

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

Have you drunk this in the last 7 days?

**Tick one box**

223

No

 2

→ Go to question 16

Yes

 1

How much did you drink in the last 7 days?

Write in:

224-225

**ASHERQGS**

Glasses (count doubles as two glasses)

**AWINEW**

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

Have you drunk this in the last 7 days?

**Tick one box**

226

No

 2

→ Go to question 17

Yes

 1

How much did you drink in the last 7 days?

Write in:

227-228

**AWINEQGS**

Glasses

**APOPSW**

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

Have you drunk this in the last 7 days?

**Tick one box**

235

No

→ Go to question 18

Yes

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

Write in:

236-237

**APOPSQLG**

Large cans or bottles

238-239

**APOPSQSM**

AND/OR

Small cans or bottles

**Q18 Other kinds of alcoholic drink?**

Have you drunk this in the last 7 days?

**Tick one box**

240

No

→ Go to question 19

Yes

→ Complete details below

Write in name of drink

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

Write in:

241



242-251

252



253-262

263



264-273

### Your weight

**EVERYONE PLEASE ANSWER**

**SAYWGT**

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

**Tick one box**

274

About the right weight





too heavy

or too light?

Not sure

→ Go to next question

**SAYDIET**

**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**  
275

- |                             |                            |
|-----------------------------|----------------------------|
| Trying to lose weight       | <input type="checkbox"/> 1 |
| Trying to gain weight       | <input type="checkbox"/> 2 |
| Not trying to change weight | <input type="checkbox"/> 3 |

Spare 2/

### GENERAL HEALTH OVER THE LAST FEW WEEKS

**EVERYONE PLEASE ANSWER**

**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:**

**GHQCONC**

**Q21** been able to concentrate on whatever you're doing?

**Tick ONE box**  
426

Better than usual	Same as usual	Less than usual	Much less than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQSLEEP**

**Q22** lost much sleep over worry?

**Tick ONE box**  
427

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQUSE**

**Q23** felt you were playing a useful part in things?

**Tick ONE box**  
428

More so than usual	Same as usual	Less useful than usual	Much less useful
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQDECIS**

**Q24** felt capable of making decisions about things?

**Tick ONE box**  
429

More so than usual	Same as usual	Less so than usual	Much less capable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQSTRAI**

**Q25** felt constantly under strain?

**Tick ONE box**  
430

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

## HAVE YOU RECENTLY:

**GHQOVER**

**Q26** felt you couldn't overcome your difficulties?

Tick ONE box 431			
Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4

**GHQENJOY**

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

Tick ONE box 432			
More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4

**GHQFACE**

**Q28** been able to face up to your problems?

Tick ONE box 433			
More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less able than usual <input type="checkbox"/> 3	Much less able <input type="checkbox"/> 4

**GHQUNHAP**

**Q29** been feeling unhappy and depressed?

Tick ONE box 434			
Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4

**GHQCONFI**

**Q30** been losing confidence in yourself?

Tick ONE box 435			
Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4

**GHQWORTH**

**Q31** been thinking of yourself as a worthless person?

Tick ONE box 436			
Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4

**GHQHAPPY**

**Q32** been feeling reasonably happy, all things considered?

Tick ONE box 437			
More so than usual <input type="checkbox"/> 1	About same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4

Spare 438-575

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## About you

Q33 Which of these would you say you are?

**Tick all boxes which apply**  
576-681

<b>YNATSC1</b>	English	<input type="checkbox"/> 1
<b>YNATSC2</b>	Scottish	<input type="checkbox"/> 2
<b>YNATSC3</b>	Welsh	<input type="checkbox"/> 3
<b>YNATSC4</b>	Irish	<input type="checkbox"/> 4
<b>YNATSC5</b>	British	<input type="checkbox"/> 5
Or something else? <b>YNATSC6</b> (please write in on the line below)		<input type="checkbox"/> 6

→ Go to next question

**RELIGSC**

Q34 What is your religion or belief?

**Tick one box**  
602-603

No religion	<input type="checkbox"/> 01
Christian - Catholic	<input type="checkbox"/> 02
Christian - all other denominations including Church of England, Protestant	<input type="checkbox"/> 03
Buddhist	<input type="checkbox"/> 04
Hindu	<input type="checkbox"/> 05
Jewish	<input type="checkbox"/> 06
Muslim	<input type="checkbox"/> 07
Sikh	<input type="checkbox"/> 08
Any other religion (please write in on the line below)	<input type="checkbox"/> 09

Thank you for answering these questions.

Please give the booklet back to the interviewer.



**NatCen**  
Social Research

The  
Information  
Centre  
for health and social care



P3227

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

Spare  Card  Spare  Interviewer number:  Survey month:   
10-11 12-14 15-166

## Health Survey for England 2012

### 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 your answers to anyone you know.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

## How to answer these questions

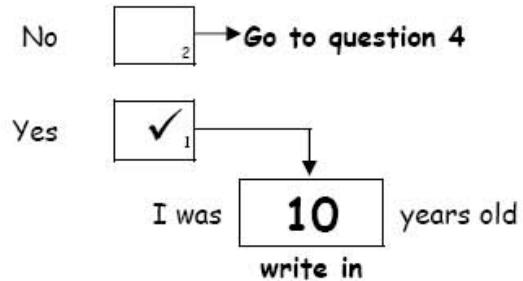
- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

Yes	<input checked="" type="checkbox"/> 1
No	<input type="checkbox"/> 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.



## Cigarette Smoking

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

**KCIGEVR**

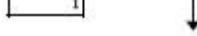
**Tick one box**

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?

168-169

I was

years old

Write in

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

**KCIGREG**

**Tick one box**

 1

I have never smoked

 2

I have only smoked once or twice

 3

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

 4

I sometimes smoke, but I don't smoke every week

 5

I smoke between one and six cigarettes a week

 6

I smoke more than six cigarettes a week

→ Go to next question

**Q3** Did you smoke any cigarettes last week?

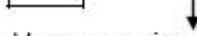
**KCIGWEEK**

**Tick one box**

 2

→ Go to question 4

Yes

 1

172-173

I smoked

cigarettes

Write in

**EVERYONE PLEASE ANSWER**

**Q4** 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  
174-193

**ANRSM201**

At home

 01

**ANRSM202**

In other people's homes

 02

**ANRSM203**

In a car

 03

**ANRSM204**

In the street

 04

**ANRSM205**

Outdoor areas of pubs or cafes or restaurants

 05

**ANRSM206**

In the park or playing fields

 06

**ANRSM207**

Other public places

 07

**ANRSM208**

In school

 08

**ANRSM209**

In other places  
(please write these other places on the line below)

 09

→ Go to next question

**ANRSM297**

No, none of these

 97

→ Go to question 6

**Q5** Does this bother you?

**ASMKBTHR**

Tick one box

 1

Yes

 2

No

→ Go to next question

## Drinking

**Q6**

**ADRPROP**

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**  
205

Yes

 1

Go to question 8

No

 2

→ Go to next question

**Q7**

**ADROPOPS**

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

**Tick one box**  
206

Yes

 1

Go to next question

No

 2

→ Go to question 11 on page 6

**Q8**

**ADRINKAG**

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

207-208

I was

years old

write in

**Q9**

**ADRINKOF**

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

**Tick one box**  
209

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

**Q10** When did you **last** have an alcoholic drink or alcopop?

**ADRLAST**

**Tick one box**

**210**

Today

 1

Yesterday

 2

Some other time during the last week

 3

1 week, but less than 2 weeks ago

 4

→ Go to next question

2 weeks, but less than 4 weeks ago

 5

1 month, but less than 6 months ago

 6

6 months ago or more

 7

### Your weight

**Everyone please answer**

**Q11** Given your age and height, would you say  
that you are...

**SAYWGT**

**Tick one box**

**274**

About the right weight

 1

too heavy

 2

or too light?

 3

Not sure

 8

→ Go to next question

**Q12** At the present time are you trying to **lose** weight,  
trying to **gain** weight, or are you **not trying** to change  
your weight?

**SAYDIET**

**Tick one box**

**275**

Trying to lose weight

 1

Trying to gain weight

 2

→ Go to next question

Not trying to change weight

 3

## About you

Q13 Which of these would you say you are?

**Tick all boxes  
which apply**

576-581

<b>YNATSC1</b>	English	<input type="checkbox"/> 1	<a href="#">→ Go to next question</a>
<b>YNATSC2</b>	Scottish	<input type="checkbox"/> 2	
<b>YNATSC3</b>	Welsh	<input type="checkbox"/> 3	
<b>YNATSC4</b>	Irish	<input type="checkbox"/> 4	
<b>YNATSC5</b>	British	<input type="checkbox"/> 5	
<b>YNATSC6</b>	Or something else? (please write in on the line below)	<input type="checkbox"/> 6	

Q14 What is your religion or belief?

**Tick one box**

602-603

No religion	<input type="checkbox"/> 01
Christian - Catholic	<input type="checkbox"/> 02
Christian - all other denominations including Church of England, Protestant	<input type="checkbox"/> 03
Buddhist	<input type="checkbox"/> 04
Hindu	<input type="checkbox"/> 05
Jewish	<input type="checkbox"/> 06
Muslim	<input type="checkbox"/> 07
Sikh	<input type="checkbox"/> 08
Any other religion (please write in on the line below)	<input type="checkbox"/> 09

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

## **The Health Survey for England 2012**

### **Program Documentation**

#### **Nurse Questionnaire P8227**

Variable names used in the CAPI program are shown in this document. In some cases the variable is renamed in the data set. In such cases, the variable name used in the data set is also shown, in red.

**Household grid**

---

**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***IF AGE <= 15 THEN****P1***Person number of child's Parent 1.**Range: 1..12***P1Name***Name of child's Parent 1.**Text:***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***P2Name***Name of child's Parent 2.**Text:***IF P2 IN [1..12] THEN****NatPs2***Parent type of Parent 2.*

- 1 Parent
- 2 Legal parental responsibility

**ENDIF****ENDIF****HHDate***NURSE: ENTER THE DATE OF THE ORIGINAL HOUSEHOLD INTERVIEW.*

**Introduction****IF OC = 1 THEN****Info**

You are in the Nurse Schedule for:

Person Number:

Name:

Age:

Sex:

**St2Leaf**

NURSE: Ask the respondent whether they have read the pale blue stage 2 leaflet (Information for participants). If the respondent is unable to read the leaflet, please ensure that you have covered the information in it.

- 1      Respondent had read leaflet
- 2      Respondent has not read leaflet but nurse has explained the information

**NDoBD**

Can I just check your date of birth?

NURSE: ENTER DAY, MONTH AND YEAR OF (NAME OF RESPONDENT'S) DATE OF BIRTH SEPERATELY  
ENTER THE **DAY** HERE.

**NDoBM**

NURSE: ENTER THE CODE FOR THE **MONTH** OF (NAME OF RESPONDENT'S) DATE OF BIRTH.

**NDoBY**

NURSE: ENTER THE YEAR OF (NAME OF RESPONDENT'S) DATE OF BIRTH.

**DispAge**

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

- 1    Yes
- 2    No

**IF Age of Respondent is 0 to 15 years THEN****CParInt**

NURSE: A CHILD CAN **ONLY** BE INTERVIEWED WITH THE PERMISSION OF, AND IN THE PRESENCE OF, THEIR PARENT OR A PERSON WHO HAS (PERMANENT) LEGAL PARENTAL RESPONSIBILITY, ('PARENT'). NO MEASUREMENTS SHOULD BE CARRIED OUT WITHOUT THE AGREEMENT OF BOTH THE PARENT **AND** THE CHILD.

**CParNo**

NURSE CHECK: WHICH PARENT (OR "PARENT") IS GIVING PERMISSION FOR MEASUREMENTS TO BE TAKEN AND ANSWERING QUESTIONS FOR THIS CHILD?

- 1    (*Name of Parent 1*)
- 2    (*Name of Parent 2*)

**ENDIF****IF (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN****PregNTJ**

Can I check, are you pregnant at the moment?

- 1    Yes
- 2    No

**Prescribed medicines, drug coding and folic acid****ALL WITH A NURSE VISIT****MedCNJD**

Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor or nurse?

NURSE: IF STATINS HAVE BEEN PRESCRIBED BY A DOCTOR PLEASE CODE THEM HERE. IF THEY HAVE BEEN BOUGHT WITHOUT A PRESCRIPTION CODE AT THE STATINS QUESTION.

- 1 Yes
- 2 No
- 3 Yes, but unable to code as name of drug(s) not available.

**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 or nurse?

NURSE: INCLUDING THE CONTRACEPTIVE PILL.

**Collect details of up to 22 prescribed medicines****MedBI**

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**

Have you taken/used (*name of medicine*) in the last 7 days?

- 1 Yes
- 2 No

**MedBIC**

NURSE CHECK: ANY MORE DRUGS TO ENTER?

- 1 Yes
- 2 No

**ENDIF**

**ENDDO**

**ENDIF**

**IF age>=16 AND MedCNJD = 2,3 OR MedBic = 2 THEN**

**Statins**

Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without prescription from 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 statins in the last 7 days?

- 1 Yes
- 2 No

**ENDIF**

**ENDIF**

**IF MedCNJD = Yes THEN**

**Drug coding block**

**DrCod1**

NURSE: PLEASE COMPLETE DRUG CODING FOR Person (*person no.*) (*person name*).

**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 FolPreg1**

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 FolPregH**

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**

**ASK ALL ADULTS (16+)**

**FluVac**

Can I check, have you ever been vaccinated for any type of flu (influenza)?

1. Yes,
2. No,
3. Not sure

**IF FluVac=Yes**

**VacWhn**

When was your most recent flu vaccination? Was it ...READ OUT...

1. Within the last 12 months,
2. More than one year, up to 2 years ago,
3. More than two years, up to 3 years ago,
4. More than 3 years, up to 5 years ago,
5. More than 5, up to 10 years ago,
6. or, More than 10 years ago?)

**IF VacWhn = [1 or 2] (up to 2 years ago)**

**VacMth**

In which month did you have your most recent vaccination for flu?

NURSE: If respondent is unsure in which month they had their vaccination but knows it was either one month or another, code the earlier of the 2 months (e.g. if 'January or February', code January).

RECORD MONTH

**VacYr**

In which year did you have your most recent flu vaccination?

RECORD YEAR:

**Nicotine replacement products****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**

**BNicPats**

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.

**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.

**IF Age of Respondent is over 15 years THEN****BPIintro**

(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)****BPBblurb**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****BPCconst**

NURSE: Does the respondent agree to blood pressure measurement?

1 Yes, agrees

2 No, refuses

3 Unable to measure BP for reason other than refusal

**IF BPCconst = Yes, agrees THEN****IF Age of Respondent is 13 years or over THEN****ConSubX ConSbX**

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)

**Con60Sub Con60Sb**

May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 60 minutes?

CODE ALL THAT APPLY.

- 1 Eaten
- 2 Smoked
- 3 Drunk alcohol
- 4 Done vigorous exercise
- 5 (None of these)

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

**ConSubX2 ConSu2X**

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**

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

**Con60SubX2 Con60S2**

May I just check, has (*name of child*) eaten, or done any vigorous exercise, in the past 60 minutes?

CODE ALL THAT APPLY.

- 1 Eaten
- 2 Done vigorous exercise
- 3 Neither

**ENDIF**

**OMRONNo**

NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:

Range: 001..999

**CufSize**

SELECT CUFF AND ATTACH TO THE RESPONDENT'S RIGHT ARM.

ASK RESPONDENT TO SIT STILL FOR FIVE MINUTES.

READ OUT: 'I am going to leave you to sit quietly now for 5 minutes. During that time you must not read and your legs must remain uncrossed. After the 5 minutes, I will carry out 3 recordings with a minute between them. While I am doing these recordings I will not speak to you, and you must not speak to me. Once I have completed the recordings I will tell you what they are'.

RECORD CUFF SIZE CHOSEN.

- 1 Child (15-22 cm)
- 2 Adult (22-32 cm)
- 3 Large adult (32-42 cm)

**AirTemp**

RECORD THE AMBIENT AIR TEMPERATURE IN **CENTIGRADE** 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.

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

**Map**

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 Puls1OM, Puls2OM, Puls3OM**

ENTER (FIRST/SECOND/THIRD) PULSE READING (bpm).

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

**Sys Sys1OM etc**

ENTER (FIRST/SECOND/THIRD) SYSTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

**Dias Dias1OM etc**

ENTER (FIRST/SECOND/THIRD) DIASTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

**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:**

**NAttBPD 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**

NURSE: SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO GP. CODE ALL THAT APPLY.

- 1 Hardly/Never sees GP
- 2 GP knows respondent's BP level
- 3 Does not want to bother GP
- 95 Other (SPECIFY AT NEXT QUESTION)

**IF GPRefM = Other 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**

**NoBPGP**

CIRCLE CONSENT **CODE 02** ON FRONT OF CONSENT BOOKLET.

**ELSEIF GPSend = Yes THEN**

**ConsFrm1**

In order to send your blood pressure results to your GP I have to obtain written consent from you.

NURSE:

- A) ASK THE RESPONDENT TO READ AND INITIAL THE PALE YELLOW 'BLOOD PRESSURE TO GP' SECTION OF THE CONSENT BOOKLET.
- B) CHECK THAT GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON CONSENT FORM.
- C) CHECK NAME BY WHICH GP KNOWS RESPONDENT.
- D) CIRCLE CONSENT **CODE 01** ON FRONT OF CONSENT BOOKLET.

**ENDIF**

### **BPOffer**

NURSE: OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.

Systolic	Diastolic	Pulse
i) (First Systolic reading)	(First Diastolic reading)	(First Pulse reading)
ii) (Second Systolic reading)	(Second Diastolic reading)	(Second Pulse reading)
iii) (Third Systolic reading)	(Third Diastolic reading)	(Third Pulse reading)

ENTER ON [name of participant's] **MEASUREMENT RECORD CARD** (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING

**IF Systolic reading >179 OR Diastolic reading >114 THEN**

TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.

NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.

**IF Systolic reading 160-179 OR Diastolic reading 100-114 (*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**

**Waist and hip circumference****ASK ALL Respondents aged 11+ AND PregNTJ=No THEN****WHMod**

NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.

**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****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 in a wheelchair
- 2 Respondent is confined to bed
- 3 Respondent is too stooped
- 4 Respondent did not understand the procedure
- 5 Respondent is embarrassed / sensitive about their size
- 6 No time/ busy/ already spent enough time on this survey
- 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 (include here restrictions from type of clothing worn such as saris or religious/cultural items worn on the body):

- 1 No problems experienced, **reliable** waist measurement
- 2 Problems experienced - waist measurement **likely to be reliable**
- 3 Problems experienced - waist measurement likely to be **slightly unreliable**
- 4 Problems experienced - waist measurement **likely to be unreliable**

**IF WJRel = Problems experienced THEN**

**ProbWJ**

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

- 1 Increases measurement (e.g. bulky clothing)
- 2 Decreases measurement (e.g. very tight clothing)
- 3 Measurement not affected

**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 (include here restrictions from type of clothing worn such as saris or religious/cultural items worn on the body):

- 1 No problems experienced, **reliable** hip measurement
- 2 Problems experienced - hip measurement **likely to be reliable**
- 3 Problems experienced - hip measurement likely to be **slightly unreliable**
- 4 Problems experienced - hip measurement **likely to be unreliable**

**IF HJRel = Problems experienced THEN**

**ProbHJ**

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE  
OR  
DECREASE THE HIP MEASUREMENT.

- 1 Increases measurement (e.g. bulky clothing)
- 2 Decreases measurement (e.g. very tight clothing)
- 3 Measurement not affected

**ENDIF**

**ENDIF**

**IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN**

**WHRes**

NURSE: 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)*

**ENDIF**

**ENDIF**

**Urine Sample****ASK IF Age of Respondent 16+****UriIntro**

NURSE READ OUT: I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people's diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population. Would you be willing to provide a urine sample?

- 1 Respondent agrees to give urine sample
- 2 Respondent refuses to give urine sample
- 3 Unable to obtain urine sample for reason other than refusal

**IF UriIntro =Agree THEN****UriWrit**

NURSE: Ask the respondent to read and initial the 'Urine sample' section of the consent booklet. Circle code 15 on front of the consent booklet.

**ELSEIF UriIntro = Refuse THEN****UriCode**

NURSE: Circle code 16 on front of the consent booklet.

Cross a line through the 'urine sample' section inside the consent booklet to make clear that the respondent has not consented.

**ENDIF****IF UriIntro = Agree THEN****UriSamp**

NURSE: ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE A URINE SAMPLE. WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A BLUE LABEL AND ATTACH TO URINE SAMPLE TUBE OVER PRE-EXISTING LABEL.

**UriObt1**

NURSE CHECK:

- 1 Urine sample obtained
- 2 Urine sample refused
- 3 Urine sample not attempted
- 4 Attempted not obtained

**ENDIF**

**IF (UriObt1 = Refused, Not Attempted, Attempted not Obtained) OR (UriIntro=Unable)  
THEN**

**UriNObt**

NURSE: RECORD WHY URINE SAMPLE NOT OBTAINED  
CODE ALL THAT APPLY.

3. Respondent not able to produce any urine
95. Other (SPECIFY AT NEXT QUESTION)

**IF (UriNObt = Other) THEN****UOtNObt**

NURSE: GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED.

Text: Maximum of 140 characters.

**Blood sample****ASK ALL aged 16+ (EXCEPT PREGNANT WOMEN)****ClotB**

The next part of my visit is a blood sample. Before I can take blood, I need to ask you a couple of questions and I will then explain what is involved.

May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin?

(NURSE: ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE. SEE F9 FOR MORE INFORMATION)

- 1 Yes
- 2 No

**IF ClotB = No THEN****Fit**

May I just check, have you had a fit (including epileptic fit, convulsion) in the last five years?

- 1 Yes
- 2 No

**ENDIF****IF Fit = No THEN****BSWill**

NURSE: EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.

Would you be willing to have a blood sample taken?

- 1 Yes
- 2 No
- 3 Respondent unable to give blood sample for reason other than refusal  
(PLEASE SPECIFY)

**IF BSWill = No THEN****RefBSC**

NURSE: RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.

- 1 Previous difficulties with venepuncture
- 2 Dislike/fear of needles
- 3 Respondent recently had blood test/health check
- 4 Refused because of current illness
- 5 Worried about HIV or AIDS
- 95 Other (SPECIFY AT NEXT QUESTION)

**IF RefBS = Other THEN****OthRefBS**

NURSE: GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.

Text: Maximum 135 characters

**ENDIF****ELSEIF BSWill = Yes THEN****BSConsC**

NURSE: EXPLAIN NEED FOR WRITTEN CONSENT:

Before I can take any blood, I have to obtain written consent from you.

- 1 Continue

**ENDIF****ENDIF**

**IF BSWill = Yes THEN****BSCons**

NURSE:

- ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER ONE IN THE 'BLOOD SAMPLE' SECTION OF THE **BLUE** CONSENT BOOKLET.
- CIRCLE CONSENT CODE **[05]** ON THE FRONT OF THE CONSENT BOOKLET.

**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 **BLUE** CONSENT BOOKLET.
- CHECK NAME BY WHICH GP KNOWS RESPONDENT.
- CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON FRONT OF THE CONSENT BOOKLET.
- CIRCLE CONSENT CODE **07** ON FRONT OF THE CONSENT BOOKLET.

**ELSEIF SendSam = No THEN****SenSam**

Why do you not want your blood sample results sent to your GP?

- 1 Hardly/never sees GP
- 2 GP recently took blood sample
- 3 Does not want to bother GP
- 95 Other (SPECIFY AT NEXT QUESTION)

**IF SenSam = Other THEN****OthSam**

NURSE: GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.

Text: Maximum 140 characters

**ENDIF****ENDIF****IF (GPSam = No GP OR SendSam = No) THEN****NoBSGP**NURSE: CIRCLE CONSENT CODE **08** ON FRONT OF THE CONSENT BOOKLET. CROSS A LINE THROUGH POINT NUMBER 2 OF THE 'BLOOD SAMPLE' SECTION INSIDE THE CONSENT BOOKLET TO MAKE CLEAR THAT THE RESPONDENT HAS NOT CONSENTED TO THIS.**ENDIF**

**ConStorB**

ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?

- 1 Storage consent given
- 2 Consent refused

**IF ConStorB = Yes THEN****BSSstor**

NURSE:

-ASK THE RESPONDENT TO READ AND COMPLETE POINT NUMBER THREE IN THE 'BLOOD SAMPLE' SECTION OF THE **BLUE** ADULT CONSENT BOOKLET.  
-CIRCLE CONSENT CODE **09** ON FRONT OF THE CONSENT BOOKLET.

**ELSEIF ConStorB = No THEN****NoBSSstor**

NURSE: CIRCLE CONSENT **CODE 10** ON FRONT OF THE CONSENT BOOKLET.  
PRESS <1> AND <ENTER> TO CONTINUE. CROSS A LINE THROUGH POINT NUMBER 3 OF THE 'BLOOD SAMPLE' SECTION TO MAKE CLEAR THAT THE RESPONDENT HAS NOT CONSENTED TO THIS.

**ENDIF****TakeSam**

NURSE:

-CHECK YOU HAVE ALL APPLICABLE SIGNATURES.  
-TAKE BLOOD SAMPLES:  
FILL 1/2 PLAIN (RED) TUBES, 1 EDTA (PURPLE) TUBE.  
-WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE **BLUE** LABEL USING A BIRO. (ONE LABEL PER TUBE.)  
 Serial number: *(displays serial number)*  
 Date of birth: *(displays date of birth)*  
 -MAKE SURE THE SERIAL NUMBER AND DATE OF BIRTH ARE RECORDED ON THE YELLOW DISPATCH NOTE ON THE INSIDE OF THE BACK COVER OF THE CONSENT BOOKLET.

-CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT.

-STICK THE **BLUE** LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.

**SampF1**

CODE HOW MANY PLAIN **RED** TUBE WERE FILLED (INCLUDE PARTIALLY FILLED TUBES):

- 1 Yes
- 2 No

**SampF2**

CODE IF EDTA **PURPLE** TUBE FILLED (INCLUDE PARTIALLY FILLED TUBES):

- 1 One tube
- 2 Two tubes
- 3 No tubes filled

```
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**

NURSE: CODE FROM WHICH ARM THE BLOOD WAS TAKEN:

- 1   Right
- 2   Left
- 3   Both

**SamDifC**

NURSE: RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE. CODE ALL THAT APPLY.

- 1   No problem
- 2   Incomplete sample
- 3   Collapsing/poor veins
- 4   Second attempt necessary
- 5   Some blood obtained, but respondent felt faint/fainted
- 6   Unable to use tourniquet
- 95   Other (SPECIFY AT NEXT QUESTION)

**IF SamDif = Other THEN****OthBDif**

NURSE: GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.

Text: Maximum 140 characters

**ENDIF****SnDrSam**

Would you like to be sent the results of your blood sample analysis?

- 1   Yes
- 2   No

**IF SnDrSam = Yes THEN****BSResp**NURSE: CIRCLE CONSENT **CODE 11** ON FRONT OF THE CONSENT BOOKLET. PRESS <1> AND <ENTER> TO CONTINUE.**ResplII**

In the last month, have you had a cough, cold or flu which gave you a temperature or made you feel feverish?

- 1   Yes
- 2   No

**DisNote**

NURSE: COMPLETE THE DETAILS ON THE **GREEN** LABORATORY DISPATCH NOTE.  
 SERIAL NUMBER, DATE OF BIRTH, SEX, REGION, DATE OF LAST FLU VACCINATION, RESPIRATORY ILLNESS  
 CHECK THE DATE OF BIRTH AGAIN WITH RESPONDENT

**ELSEIF SnDrSam = No THEN****NoBSRsp**

NURSE: CIRCLE CONSENT **CODE 12** ON FRONT OF THE CONSENT BOOKLET. COMPLETE THE VENEPUNCTURE INFORMATION BOX ON THE INSIDE COVER OF THE CONSENT BOOKLET.

**ENDIF****ELSEIF SampTak = No THEN****NoBSM NoBSC**

NURSE: CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.

- 1 No suitable or no palpable vein/collapsed veins
- 2 Respondent was too anxious/nervous
- 3 Respondent felt faint/fainted
- 4 Other (SPECIFY AT NEXT QUESTION)

**IF NoBSM = Other THEN****OthNoBSM**

NURSE: GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.

Text: Maximum 140 characters

**ENDIF****NoObt NOBSC**

NURSE: CROSS OUT CONSENT CODES **05, 07, 09, AND 11** IF ALREADY CIRCLED ON THE FRONT OF THE CONSENT BOOKLET. REPLACE WITH CONSENT CODES **06, 08, 10, AND 12** ON THE FRONT OF THE CONSENT BOOKLET.

**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
- 4 First attempt failed, did not make second attempt

**VpPress**

NURSE: Code who applied pressure to the puncture site.

CODE ALL THAT APPLY

- 1 Nurse
- 2 Respondent
- 3 Partner or spouse

**VpSens**

NURSE: Was the respondent sensitive to the tape or plaster?

- 1 Sensitive to tape/plaster
- 2 **Not** sensitive to tape/plaster
- 3 (Did not check)

**VpProb**

NURSE: Was there any abnormality noted after 5 minutes?

(Please remember to recheck the site after completion of the blood sample module)

CODE ALL THAT APPLY

- 1 Sensory deficit
- 2 Haematoma
- 3 Swelling
- 95 Other (describe at next question)
- 96 None

**IF VpProb = Other 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 on the office despatch note. There is a space provided on the inside front cover of the adult consent booklet for you to write up these details fully.

**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

**ASK ALL**

**AllCheck**

**CHECK BEFORE LEAVING THE RESPONDENT:**

- 1. PUNCTURE SITE AFTER TAKING BLOOD (IF APPLICABLE)
- 2. CONSENT BOOKLET PRESENT IF APPLICABLE
- 3. CHECK BOOKLET FOR:
  - INITIALS FOR ALL SECTIONS RESPONDENT AGREED TO
  - SIGNATURES
  - FULL GP AND RESPONDENT DETAILS

**Saliva sample****IF Respondent aged 4-15****Sallnt1**

NURSE: NOW FOLLOWS THE SALIVA SAMPLE.

**Sallntr1**

NURSE: ASK RESPONDENT FOR A SALIVA SAMPLE.

READ OUT: I would like to take a sample of saliva (spit). This simply involves *using a straw to dribble saliva into a tube*. The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking.

- 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 Sallntr1=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 sheet and consent booklet.

Circle code 03 on front of the Consent Booklet.

**ENDIF**

**IF Sallntr1=Refuse****SalCode**

NURSE: Circle code 04 on front of the Consent Booklet

**ENDIF**

**IF Sallntr1=Agree****Sallnst**

NURSE: Ask respondent to dribble through straw into the tube.

Write the serial number and date of birth on the label using a biro.

Serial number:

Date of birth:

**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

**ENDIF**

**IF (SalObt1= Not attempted or Attempted, not obtained) OR (Sallntr1=Unable)****SalINObt**

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**

---

**Self completion placement****NSCIntro**

NURSE: Prepare cream self-completion booklet by entering serial numbers. Check you have the correct person number.

Name, Point, Address, Hhold, Check letter, Person number

NURSE: USE PALE GREEN SELF COMPLETIONS IN **OCTOBER, NOVEMBER, DECEMBER** POINTS ONLY (INCLUDES IPAQ Physical Activity questions as well as WEMWBS)

**NSComp2**

I would now like you to answer some questions by completing this booklet on your own.

NURSE: Explain how to complete the booklet.

Press <1> and <Enter> to continue.

**NSComp3**

NURSE CHECK: Was the booklet completed?

- 1 FULLY COMPLETED
- 2 PARTIALLY COMPLETED
- 3 NOT COMPLETED

**NSC3Acc**

NURSE: Was it completed without assistance?

- 1 Completed independently
- 2 Assistance from other household member
- 3 Assistance from nurse
- 4 Nurse administered

**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)",
- 8 Other (SPECIFY)

**NSComp6O**

NURSE: Please specify other reason.

Text Maximum: 60 characters

P8227

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## Health Survey for England 2012

### Booklet for Adults

In Confidence

#### How to fill in this questionnaire

Most of the questions on the following pages can be answered by simply circling the answer that applies to you.

#### Example:

	None of the time	Rarely	Some of the time	Often	All of the time
I eat healthily...	1	2	3	4	5

## GENERAL WELLBEING

- Q1** Below are some statements about feelings and thoughts.  
Please circle the number that best describes your experience of each over the last 2 weeks.

		None of the time	Rarely	Some of the time	Often	All of the time	
<b>OPTIMF</b>	I've been feeling optimistic about the future	1	2	3	4	5	365
	<b>USEFUL</b> I've been feeling useful	1	2	3	4	5	366
	<b>RELAX</b> I've been feeling relaxed	1	2	3	4	5	367
<b>INTPEOP</b>	I've been feeling interested in other people	1	2	3	4	5	368
	<b>ENERGY</b> I've had energy to spare	1	2	3	4	5	369
<b>DEALPRB</b>	I've been dealing with problems well	1	2	3	4	5	370
	<b>THKCLR</b> I've been thinking clearly	1	2	3	4	5	371
<b>GOODME</b>	I've been feeling good about myself	1	2	3	4	5	372
<b>CLSEPEOP</b>	I've been feeling close to other people	1	2	3	4	5	373
	<b>CONFIDET</b> I've been feeling confident	1	2	3	4	5	374
<b>MAKE MIND</b>	I've been able to make up my own mind about things	1	2	3	4	5	375
	<b>LOVED</b> I've been feeling loved	1	2	3	4	5	376
	<b>INTTHGS</b> I've been interested in new things	1	2	3	4	5	377
	<b>CHEER</b> I've been feeling cheerful	1	2	3	4	5	378

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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**PAIDWK**

- Q2** Are you currently in paid employment?

**Tick ONE box**  
379

Yes  → **Go to Q3**

No  → **Go to end**

**COPEJOB**

**Q3** How much do you agree or disagree with the statement that 'I feel able to cope with the demands of my job'?

**Tick ONE box**

380

Strongly agree

1

Agree

2

Neither agree nor disagree

3

Disagree

4

Strongly disagree

5

**CHOICEWK**

**Q4** Do you have a choice in deciding HOW you go about your work?

**Tick ONE box**

381

Never

1

Occasionally

2

Some of the time

3

Much of the time

4

Most of the time

5

All of the time

6

**SUPPTWK**

**Q5** Do you get help and support from your line manager?

**Tick ONE box**

382

Often

1

Sometimes

2

Seldom

3

Never/ almost never

4

Does not apply/ have no manager

5

**LOSEJOB**

**Q6** How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.

- **0** means that such a change will definitely **not** take place.
- **100** means that such a change definitely will take place.

**Circle one box**

 0 10 20 30 40 50 60 70 80 90 100

383-385

**Thank you for answering these questions.**

**Please give the booklet back to the interviewer.**

**HSE 2012**

**SHOWCARDS**

## CARD A1

- 1 Husband / Wife
- 2 Partner / Co-habitee
- 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 (i.e. both natural parents the same)
- 14 Half-brother / Half-sister (i.e. one natural parent the same)
- 15 Step-brother / Step-sister (i.e. no natural parents the same)
- 16 Adopted brother / Adopted sister
- 17 Foster brother / Foster sister
- 18 Brother-in-law / Sister-in-law
- 19 Grandchild
- 20 Grandparent
- 21 Other relative
- 22 Other non-relative

## **CARD A2**

- 1 Own natural child
- 2 Other (e.g. adopted, foster, child of partner, etc)

## **CARD A3**

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

## CARD A4

- 1 Earnings from employment or self-employment
- 2 State retirement pension
- 3 Pension from former employer
- 4 Personal pensions
- 5 Job-Seekers Allowance
- 6 Employment and Support Allowance
- 7 Income Support
- 8 Pension credit
- 9 Working Tax Credit
- 10 Child Tax Credit
- 11 Child Benefit
- 12 Housing Benefit
- 13 Council Tax Benefit
- 14 Other State Benefits
- 15 Interest from savings and investments (e.g. stocks and shares)
- 16 Other kinds of regular allowance from outside your household (e.g. maintenance, student grants, rent)
- 17 No source of income

## CARD A5

- 1 Attendance Allowance
- 2 Disability Living Allowance – care component
- 3 Disability Living Allowance – mobility component
- 4 None of these

## CARD A6

### Attendance allowance

- |  |        |
|--|--------|
| 1 Higher rate for attendance during day<br>AND night | £73.60 |
| 2 Lower rate for day OR night                        | £49.30 |

### Disability Living Allowance (DLA)

#### Care Component

- |                |        |
|----------------|--------|
| 3 Highest rate | £73.60 |
| 4 Middle rate  | £49.30 |
| 5 Lowest rate  | £19.55 |

#### Mobility Component

- |                |        |
|----------------|--------|
| 6 Highest rate | £51.40 |
| 7 Lower rate   | £19.55 |

**GROSS INCOME FROM ALL SOURCES (before any deductions for tax, national insurance, etc.) CARD A7 (1 OF 2)**

WEEKLY	or	MONTHLY	or	ANNUAL	
Less than £10	57	Less than £40	57	Less than £520	57
£10 less than £30	66	£40 less than £130	66	£520 less than £1,600	66
£30 less than £50	55	£130 less than £220	55	£1,600 less than £2,600	55
£50 less than £70	74	£220 less than £300	74	£2,600 less than £3,600	74
£70 less than £100	62	£300 less than £430	62	£3,600 less than £5,200	62
£100 less than £150	73	£430 less than £650	73	£5,200 less than £7,800	73
£150 less than £200	65	£650 less than £870	65	£7,800 less than £10,400	65
£200 less than £250	51	£870 less than £1,100	51	£10,400 less than £13,000	51
£250 less than £300	78	£1,100 less than £1,300	78	£13,000 less than £15,600	78
£300 less than £350	54	£1,300 less than £1,500	54	£15,600 less than £18,200	54
£350 less than £400	76	£1,500 less than £1,700	76	£18,200 less than £20,800	76
£400 less than £450	81	£1,700 less than £2,000	81	£20,800 less than £23,400	81
£450 less than £500	53	£2,000 less than £2,200	53	£23,400 less than £26,000	53
£500 less than £550	72	£2,200 less than £2,400	72	£26,000 less than £28,600	72
£550 less than £600	58	£2,400 less than £2,600	58	£28,600 less than £31,200	58

## CARD A7 (2 OF 2)

£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 A8

- 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 B1**

- 1 Vision (for example blindness or partial sight)
- 2 Hearing (for example deafness or partial hearing)
- 3 Mobility (for example walking short distances or climbing stairs)
- 4 Dexterity (for example lifting and carrying objects, using a keyboard)
- 5 Learning or understanding or concentrating
- 6 Memory
- 7 Mental health
- 8 Stamina or breathing or fatigue
- 9 Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)
- 10 Other (PLEASE SAY WHAT)

## **CARD B2**

- 1 Being given help to find information about your condition
- 2 Being given help to find information about the choices you have for care from health professionals
- 3 Attending a training course on your condition, such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc.
- 4 Joining a support network or attending a group for people with a long-term condition
- 5 Having equipment fitted into your home
- 6 Other (PLEASE SAY WHAT)
- 7 None of these

## **CARD B3**

- 1    Read and used information about your condition
- 2    Read and used information about the choices you have for care from health professionals
- 3    Attended a training course on your condition such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc.
- 4    Joined a support network or attended a group for people with a long-term condition
- 5    Had equipment fitted into your home
- 6    Other (PLEASE SAY WHAT)
- 7    None of these

## **CARD C1**

- 1 Blood pressure monitored by GP/other doctor/ nurse
- 2 Advice or treatment to lose weight
- 3 Blood tests
- 4 Change diet
- 5 Stop smoking
- 6 Reduce stress
- 7 Other

## **CARD D1**

- 1 Special diet
- 2 Eye screening/ regular eye tests
- 3 Regular check-up with GP/ hospital/ clinic
- 4 Other (PLEASE SAY WHAT)

## **CARD E1**

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

## CARD E2

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

## CARD E3

- 1 Home care worker / Home help / Personal assistant
- 2 A member of the re-ablement / Intermediate care staff team
- 3 Occupational Therapist / Physiotherapist
- 4 Voluntary helper
- 5 Warden / Sheltered housing manager
- 6 Cleaner
- 7 Council's handyman
- 8 Other (PLEASE SAY WHO)
- 9 None of the above

## CARD E4

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

## CARD E5

- 1 **Direct Payments** where the council gives you a payment to meet some or all of your social care needs. You can then choose how to spend the money. (This should not be confused with benefits paid directly into a bank account which may also be called direct payments.)
- 2 **The local authority, council or social services manages the money** for you to meet all or some of your social care needs, and you may be able to choose which services to use
- 3 Neither of these

## CARD E6

- 1 Arranged without involvement from the local authority, council or social services
- 2 Local authority, council or social services arranged this help for me
- 3 Local authority, council or social services told me about the help but I arranged it myself or my family arranged it for me
- 4 Other

## CARD E7

I use money from:

- 1 My own personal income, savings, pension or benefit (such as Attendance Allowance)
- 2 My Direct Payment / Personal or Individual Budget from the Local Authority/ Council/ Social Services
- 3 From another source

## CARD E8

- 1 Meals on Wheels
- 2 Private frozen meal provider such as Wiltshire farm foods
- 3 Family/friend/neighbour brought me ready prepared meals
- 4 Other
- 5 None of the above

## CARD E9

- 1 Husband / Wife / Partner
- 2 Mother/ father (including mother-in-law/ father-in-law)
- 3 Son (including step son, adopted son or son in law)
- 4 Daughter (including step daughter, adopted daughter or daughter in law)
- 5 Grandparent
- 6 Grandchild (including great grandchild)
- 7 Brother / Sister (including step / adopted / in laws)
- 8 Niece / Nephew
- 9 Other family member
- 10 Friend
- 11 Neighbour
- 12 Somebody I help as a professional carer
- 13 Somebody I help as a voluntary helper
- 14 Other (PLEASE SAY WHO)

## CARD E10

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

## CARD E11

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

## **CARD E12**

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

## CARD E13

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

## CARD E14

- 1 Help from GP or nurse
- 2 Access to respite care
- 3 Help from professional care staff
- 4 Help from carers' organisation or charity
- 5 Help from other family members
- 6 Advice from local authority/ social services
- 7 Help from friends/neighbours
- 8 None of these

## CARD E15

- 1 Feeling tired
- 2 Feeling depressed
- 3 Loss of appetite
- 4 Disturbed sleep
- 5 General feeling of stress
- 6 Physical strain
- 7 Short tempered
- 8 Developed my own health condition
- 9 Made an existing condition worse
- 10 Other
- 11 None of these

## CARD E16

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

## **CARD F1**

- 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 F2

- 1 Hoovering
- 2 Dusting
- 3 Ironing
- 4 General tidying
- 5 Washing floors and paintwork

## **CARD F3**

- 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 F4**

- 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 F5**

- 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 F6

- 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 F7**

- 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 F8**

- 1 Aerobics / Keep fit classes
- 2 Dance for fitness
- 3 Aqua aerobics
- 4 Gymnastics
- 5 Circuit training

## **CARD G1**

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

## **CARD G2**

### **INFORMAL ACTIVITIES**

- 1 Cycling (but not to or from school)
- 2 Any 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 any dance lessons
- 9 Skipping with a skipping rope

## **CARD G3**

### **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 H1

- 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 H2

- 1 At my home (indoors or outside e.g. garden or on doorstep)
- 2 Outside (other than at home)
- 3 Inside other people's homes
- 4 While travelling by car
- 5 Inside other places

### CARD H3

- 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

- 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

- 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

- 1 I intend to give up smoking within the next month
- 2 I intend to give up smoking within the next six months
- 3 I intend to give up smoking within the next year
- 4 I intend to give up smoking but not in the next year
- 5 I intend to give up smoking, but I'm not sure when
- 6 I don't intend to give up smoking

## CARD H7

- 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

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

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

## CARD I2

- 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. Tennents Super, Special Brew, Diamond White)
- 3 Spirits or Liqueurs (e.g. Gin, Whisky, Brandy, Rum, Vodka, Advocaat, Cocktails)
- 4 Sherry or Martini (including Port, Vermouth, Cinzano and Dubonnet)
- 5 Wine (including Babycham and Champagne)
- 6 Alcoholic soft drinks, ‘alcopops’ or pre-mixed alcoholic drinks such as Bacardi Breezer, Metz or Smirnoff Ice
- 7 Other alcoholic drinks
- 8 Low alcohol drinks only

## CARD I3



250ml wine glass

175ml wine glass

125ml wine glass

## **CARD J1**

- 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 J2

- 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 (e.g. typing/ bookkeeping/ commerce)

## **CARD J3**

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

## CARD J4

### **White:**

- 1 English/Welsh/Scottish/Northern Irish/British
- 2 Irish
- 3 Gypsy or Irish Traveller
- 4 Any other white background (PLEASE DESCRIBE)

### **Mixed/multiple ethnic groups:**

- 5 White and Black Caribbean
- 6 White and Black African
- 7 White and Asian
- 8 Any other mixed/multiple ethnic background (PLEASE DESCRIBE)

### **Asian/Asian British:**

- 9 Indian
- 10 Pakistani
- 11 Bangladeshi
- 12 Chinese
- 13 Any other Asian/Asian British background (PLEASE DESCRIBE)

### **Black/African/Caribbean/Black British:**

- 14 African
- 15 Caribbean
- 16 Any other Black/African/Caribbean/Black British background (PLEASE DESCRIBE)

### **Other ethnic group:**

- 17 Arab
- 18 Any other ethnic group (PLEASE DESCRIBE)

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## The Health Survey for England 2012 CONSENT BOOKLET

Please use capital letters and write in ink

House / Flat number (or name): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Survey month: \_\_\_\_\_

POINT

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ADDRESS

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HHLD

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CKL

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PERSON NO

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1. Nurse number \_\_\_\_\_ 2. Date schedule completed 

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DAY                    MONTH                    YEAR

3. Full name (of person interviewed) \_\_\_\_\_

Name by which GP knows person (if different) \_\_\_\_\_

4. Sex      Male 

1
---

      Female 

2
---

      5. Date of birth: 

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DAY                    MONTH                    YEAR

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. **GP ADDRESS OUTCOME**

GP address provided      1

GP address not found      2

No GP      3

9. <b>SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM</b>	<b>YES</b>	<b>NO</b>
a) Blood pressure to <b>GP</b>	01	02
b) Urine sample to be collected	03	04
c) Sample of blood to be taken	05	06
d) Blood sample results to <b>GP</b>	07	08
e) Blood sample for <b>storage</b>	09	10
f) Blood sample results to <b>respondent</b>	11	12

**DISPATCH NOTE FOR BLOOD and URINE SAMPLES**  
(OFFICE COPY)

1. AGE GROUP:

WRITE IN THE **NUMBER** OF TUBES OBTAINED:

16+

Plain

EDTA

Urine

2. BLOOD/ URINE  
TAKEN:

Day

Month

Year

3. BLOOD/ URINE  
DISPATCHED:

Day

Month

Year

**Venepuncture**

---

**Please complete:**

1. Did you experience any problems in taking the blood sample? If yes, please record these below and state what action you took.

Serial No.:  

Survey: Health Survey for England 2012

**BLOOD PRESSURE TO GP CONSENT****BP (A)**Please initial box if  
consent given

1. *I consent to NatCen 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.*

**URINE SAMPLE CONSENT****U (A)**Please initial box  
if consent given

1. *I consent to a qualified nurse/midwife collecting a sample of my urine on behalf of NatCen Social Research/UCL Joint Health Surveys Unit.*

*I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/midwife and I have had an opportunity to discuss this with him/her.*

OFFICE  
COPY

# BLOOD SAMPLE CONSENT

**BS (A)**

Please initial box if  
consent given

1. I consent to a qualified nurse/midwife taking a sample of my blood on behalf of NatCen Social Research/UCL Joint Health Surveys Unit.

*I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The nurse has explained the procedures, and I have had an opportunity to discuss these with him/her.*

2. I consent to NatCen Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample analysis results.

3. I consent to any remaining blood being stored for future analysis. I have read the 'Information for Participants' leaflet about the second stage of the survey and understand the processes involved for storing the blood and how the sample may be used in the future. I also understand my right to withdraw consent for storing the blood sample.

**Print name (respondent):** \_\_\_\_\_

**Signed (respondent):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print name (nurse):** \_\_\_\_\_

**Signed (nurse):** \_\_\_\_\_

**Date:** \_\_\_\_\_

You can cancel this permission at any time in the future by writing to us at the following address:  
NatCen Social Research, 35 Northampton Square, London EC1V 0AX.

**Telephone: 0800 526 397 and ask for Emma Fenn**

OFFICE  
COPY

**THE HEALTH SURVEY FOR ENGLAND 2012**  
**DISPATCH NOTE FOR BLOOD AND URINE SAMPLES**  
(LABORATORY COPY)

P8227

**Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.**

	POINT	ADDRESS	HHLD	CKL	PERSON
1. SERIAL NUMBER:	<b>M</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2. SEX:	Male <input type="text" value="1"/> Female <input type="text" value="2"/>		3. AGE GROUP: 16+ <input type="text" value="1"/>		
4. DATE OF BIRTH:	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>5. NUMBER OF TUBES OBTAINED</b>					
Plain	<input type="text"/>	EDTA	<input type="text"/>		
Urine	<input type="text"/>				
6. DATE BLOODS/ URINE TAKEN:	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
7. STORAGE CONSENT: Given Not given/not applicable	<input type="text" value="1"/> <input type="text" value="2"/>	→ Fill in the additional green dispatch note, if prompted by CAPI			
8. NURSE NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

**LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND  
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING**

LAB USE ONLY

		ACTION REQUIRED	
TUBES ENCLOSED:		✓ if rec'd	
1 <sup>st</sup> Plain	Red	<input type="text"/>	IF ITEM 3 ABOVE = 1  Total cholesterol HDL cholesterol  STORE IF ITEM 7 ABOVE = 1
EDTA	Purple	<input type="text"/>	Glycated haemoglobin
2 <sup>nd</sup> Plain	Red	<input type="text"/>	IF ITEM 7 ABOVE = 1 Store 2 aliquots of serum from tube for transfer to UCL
Urine		<input type="text"/>	Sodium, potassium, Creatinine

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## The Health Survey for England 2012

### CHILD CONSENT BOOKLET 4-15 years

Please use capital letters and write in ink

House / Flat number (or name): \_\_\_\_\_  
 \_\_\_\_\_

Postcode: 

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Survey month: \_\_\_\_\_

POINT	ADDRESS						
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HHLD	CKL						
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PERSON NO							
<table border="1" style="display: inline-table; width: 100%;"><tr><td> </td><td> </td></tr></table>							

1. Nurse number 

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2. Date schedule completed 

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DAY                    MONTH                    YEAR

3. Full name (of person interviewed) \_\_\_\_\_

Name by which GP knows person (if different) \_\_\_\_\_

4. Sex      Male 



      Female

5. Date of birth:

DAY                    MONTH                    YEAR

6. Full name of parent/guardian) \_\_\_\_\_

7. **GP NAME AND ADDRESS** (Please complete fully)

Dr: .....  
 Practice Name: .....  
 Address: .....  
 .....  
 Town: .....  
 County: .....  
 Postcode: .....  
 Telephone no: .....

**8. GP ADDRESS OUTCOME**

GP address provided	1
GP address not found	2
No GP	3

<b>SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM</b>		<b>YES</b>	<b>NO</b>
a) Blood pressure to GP		01	02
b) Saliva sample to be collected		03	04

THE HEALTH SURVEY FOR ENGLAND 2012

**DISPATCH NOTE**  
**FOR SALIVA SAMPLE CHILD AGED 4-15**  
**(OFFICE COPY)**

1. AGE GROUP:

TICK SAMPLE TUBES OBTAINED:

4-15

2

Saliva

2. SALIVA TAKEN:

Day

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

Month

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

Year

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

3. SALIVA DISPATCHED:

Day

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

Month

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

Year

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

**P8227****The Health Survey for England 2012**Serial No. 

Child's name: \_\_\_\_\_

**BLOOD PRESSURE TO GP CONSENT (Child aged 5-15)**Please initial box if  
consent given

1. *I am the parent/guardian of the child named on this booklet and I consent to NatCen Social Research/UCL Joint Health Surveys Unit informing his/her General Practitioner (GP) of his/her blood pressure results.*
2. *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 CONSENT (Child aged 4-15)**Please initial box if  
consent given

1. *I am the parent/ guardian of the child named on this booklet and I consent to a qualified nurse/ midwife collecting a sample of his/ her saliva on behalf of NatCen Social Research/ UCL.*
2. *I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/ midwife and I have had an opportunity to discuss this with him/ her.*

**Child gave assent for:**  
(Please initial box)Blood pressure  
to GPSaliva  
sample

INITIALS

INITIALS

Parent/ Guardian Name

Date

Parent/Guardian Signature

Nurse Name

Date

Nurse Signature

You can cancel this permission at any time in the future by writing to us at the following address:  
NatCen Social Research, 35 Northampton Square, London EC1V 0AX.  
Telephone: 0800 526 397 and ask for Emma Fenn

OFFICE  
COPY

**DISPATCH NOTE FOR SALIVA SAMPLE CHILD AGED 4-15**  
 (LABORATORY COPY)

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER **M**

2.	SEX:	MALE <input type="text" value="1"/>	3. DATE OF BIRTH: <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/>
	FEMALE <input type="text" value="2"/>					

4. AGE GROUP: 4-15  TICK SAMPLE TUBE OBTAINED: Saliva

5.	SALIVA TAKEN:	DAY <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/>
----	---------------	---	---	--

6. STORAGE CONSENT: Not applicable  7. NURSE NUMBER:

**LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND  
 CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING**

LAB USE ONLY:

		ACTION REQUIRED
TUBES ENCLOSED: <input type="checkbox"/>	✓ if rec'd <input type="checkbox"/>	THIS SAMPLE IS NOT FOR STORAGE
SALIVA	<input type="checkbox"/>	

Point	Address	HHLD	CKL	Person No
<input type="text"/>				

P3227

OFFICE COPY  
ADULTS 16+

## HEALTH SURVEY FOR ENGLAND 2012

### Linking survey answers to other information

- The National Health Service (NHS) maintains medical and health records on all patients who use their services. These include:
  - In-patient and out-patient visits to hospital, length of stay and waiting times
  - Information about specific medical conditions such as cancer
  - Details about when people pass away, the date and cause of their death.
- We would like to ask for your consent to link some of your NHS health records with your survey answers. These are the Hospital Episode Statistics and National Health Service Central Register.
- To link this information we need to send your name, address and date of birth to the NHS Central Register so they can identify your health records.
- We will be able to find information about any hospital treatment you may have such as length of stay or reason for visit. If a person who took part in the Health Survey gets cancer or dies, the type of cancer or cause of death will be linked with their answers to the survey.
- By linking this information the research is more useful as we can look at how people's lifestyle can have an impact on their future health.
- This information will be confidential and used for statistical and research purposes only. The information will not identify you and it cannot be used by anyone treating you as a patient.
- By signing this form you are only giving permission to link survey information to routine administrative data and nothing else.

You can cancel this permission at any time in the future by writing to: **NatCen Social Research, 35 Northampton Square, London EC1V 0AX**, or you can telephone: 0800 526 397 and ask for Emma Fenn. You do not need to give a reason to cancel this.

**Your consent:**

I consent to NatCen Social Research /UCL Joint Health Surveys Unit passing my name, address and date of birth to the **National Health Service Central Register**.

Please initial box

I understand that information held and managed by The Health and Social Care Information Centre and other central UK NHS bodies may be used in order to provide information about my hospital admissions and my health status.

\_\_\_\_\_  
Respondent signature

\_\_\_\_\_  
Respondent name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer signature

\_\_\_\_\_  
Interviewer name

\_\_\_\_\_  
Date

*I understand that these details will be used for statistical and research purposes only.*