

The Health Survey for England 2011 - Household Questionnaire

# **The Health Survey for England 2011**

## **Program Documentation**

### **Household Questionnaire**

**P3127**

## Questionnaire

### Point2

SAMPLE POINT NUMBER.

Range: 1..997

### Address

ADDRESS NUMBER.

Range: 1..97

### Hhold

HOUSEHOLD NUMBER.

Range: 1..9

### First

INTERVIEWER: For information, you are in the questionnaire for:

Point no: (Point number)

Address no: (Address number)

Household no: (Household number)

### DateOK

Today's date according to the laptop is (*date*). Is this the correct start date of this interview?

1 Yes

2 No

### WhoHere

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

### 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)

### Person

**Person number in Household Grid**

Range: 1..12

### Name

**First name from WhoHere**

### Sex

INTERVIEWER: CODE (*name of respondent's*) SEX.

1 Male

2 Female

**DoB**

What is (*name of respondent's*) date of birth?

Enter Date in numbers, Eg. 02/01/1972.

**AgeOf**

Can I check, what was (*name of respondent's*) age last birthday?

Range: 0..120

**IF AgeOf = NONRESPONSE THEN**

**AgeEst**

INTERVIEWER CODE: ASK IF NECESSARY (*are you / is he/she*) AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER?

IF NOT KNOWN, TRY TO GET BEST ESTIMATE.

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

**IF Aged 16 or over THEN**

**MarStat**

Are you (*is he/she*)

ASK OR RECORD. CODE FIRST THAT APPLIES.

- 1 ...single, that is never married,
- 2 married and living with (*husband/wife*),
- 3 civil partner in a legally recognised Civil Partnership
- 4 married and separated from (*husband/wife*),
- 5 divorced,
- 6 or, widowed?
- 7 formerly in a legally recognised civil partnership and separated from civil partner
- 8 formerly in a legally recognised civil partnership and civil partnership is now legally dissolved
- 9 a surviving civil partner (*his/her* partner has since died)

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

**Couple**

May I just check, are you (*is he/she*) living with anyone in this household as a couple?

ASK OR RECORD

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

**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

Range:1...97

**IF Par1 = 1..12 THEN**

**Par2**

Which other person in this household is (*name of respondent's*) parent or have legal parental responsibility for *him/her* on a permanent basis?

CODE SECOND PERSON AT THIS QUESTION. IF no-one else in the household, CODE 97.

Range:1...97

**SelCh**

INTERVIEWER: Is this child selected for an individual interview?

1 Yes

2 No

**Nat1Par**

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**

SHOW CARD A2

From this card please tell me the relationship of (*name of respondent*) to (*name of respondent*). 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**

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

The Health Survey for England 2011 - Household Questionnaire

- 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 ALL**

**Tenure1**

SHOW CARD A3

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

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

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

**ASK ALL**

**Bedrooms**

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

Range: 0..20

**ENDIF**

**ASK ALL**

**PasSm**

Does anyone smoke **inside** this (house/flat) on most days?

INTERVIEWER: INCLUDE NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE OR FLAT.  
EXCLUDE HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE THE HOUSE OR FLAT.

- 1 Yes
- 2 No

**IF 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

**SrcInc**

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 Child Benefit
- 6 Job-Seekers Allowance
- 7 Pension Credit
- 8 Income Support
- 9 Working Tax Credit
- 10 Child Tax Credit
- 11 Housing Benefit
- 12 Other state benefits
- 13 Interest from savings and investments (e.g. stocks & shares)
- 14 Other kinds of regular allowance from outside your household (e.g. maintenance, student's grants, rent)
- 15 No source of income

**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

**NJntlnc**

SHOW CARD A6

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

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

Range:1..31, 96, 97

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

**THEN**

**OthInc**

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

- 1 Yes
- 2 No

**IF Yes THEN**

**HHInc**

SHOW CARD A6

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

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

Range:1..31, 96, 97

**EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED**

**NHActiv**

SHOW CARD A7

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

**H4WkLook**

Thinking now of the 4 weeks ending (*date last Sunday*), were you/name (Household Reference Person)

looking for any paid work or Government training scheme at any time in those four weeks?

- 1 Yes
- 2 No

**IF NHActiv=(6-11) 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 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=(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.

Numeric: 1920..2999 Decimals: 0

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

**HJobTitl**

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

Text: Maximum 60 characters

**HFtPtime**

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

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

- 1 Full-time
- 2 Part-time

**HWtWork**

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

Text: Maximum 50 characters

**HMatUsed**

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

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

**HSkilNee**

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

Text: Maximum 120 characters

**HEmploye**

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

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

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

**IF HEmploye = self employed THEN**

**HDircr**

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 (HDircr = 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

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

**The Health Survey for England 2011**

**Program Documentation**

**Individual Questionnaire**

**P3127**

## **General Health**

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**ASK ALL**

**OwnDoB**

What is your date of birth?

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?

**LongIII**

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

- 1     Yes
- 2     No

**IF LongIII = Yes THEN RECORD UP TO SIX LONG-STANDING ILLNESSES****IllsTxt[i]**

What (*else*) is the matter with you?

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.

Open Answer: up to 60 characters

**Variable names for text are IllsTxt1-IllsTxt6**

**More[i]**

(Can I check) do you have any other long-standing illness, disability or infirmity?

- 1     Yes
- 2     No

**IF LongIII = Yes THEN****LimitAct**

Does this illness or disability/do any of these illnesses or disabilities limit your activities in any way?

- 1     Yes
- 2     No

**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 LongIII = 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 LongIII = 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 B1

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 B2**

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

## **Chronic Pain**

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### **ASK ALL AGE 16+**

#### **AnyPain**

Are you currently troubled by **pain or discomfort**, either all the time or on and off?

- 1 Yes
- 2 No

#### **IF AnyPain = Yes THEN**

##### **More3m**

Have you had this **pain or discomfort** for more than 3 months?

- 1 Yes
- 2 No

#### **IF More3m = Yes THEN**

##### **SitePain**

Where is this pain or discomfort?

CODE ALL THAT APPLY

PROBE: Where else?

- 1 Back pain
- 2 Neck or shoulder pain
- 3 Headache, facial or dental pain
- 4 Stomach ache or abdominal pain
- 5 Pain in your arms, hands, hips, legs or feet
- 6 Chest pain
- 7 Other pain

##### **PainInt**

The next questions ask you to rate the intensity of your pain on a scale from 0 to 10, where 0 represents no pain and 10 represents pain as bad as it could be.

##### **PainNow**

How would you rate your pain **right now**?

REPEAT IF NECESSARY: On a scale from 0 to 10 where 0 is no pain and 10 is pain as bad as it could be

Range: 0..10

##### **WorstP**

In the last three months, how would you rate your **worst** pain?

REPEAT IF NECESSARY: On a scale from 0 to 10 where 0 is no pain and 10 is pain as bad as it could be

Range: 0..10

##### **UsualP**

And in the last three months, **on average**, how would you rate your pain? That is, your usual pain at times you were in pain.

REPEAT IF NECESSARY: On a scale from 0 to 10 where 0 is no pain and 10 is pain as bad as it could be

Range: 0..10

**ImpactP**

In the last 3 months, how many days did your pain keep you from doing your usual activities like work, school or housework?

- 1 None
- 2 1
- 3 2
- 4 3-4
- 5 5-6 days
- 6 7-10 days
- 7 11-14 days
- 8 15-24 days
- 9 25-30 days
- 10 31-60 days
- 11 61-75 days
- 12 76-90 days

**DailyP**

In the past three months how much has the pain interfered with your **daily activities**? Tell me on a scale of 0-10, where 0 is "no interference" and 10 is "unable to carry on any activities"

Range: 0..10

**SocialP**

In the last three months, how much has this pain changed your ability to take part in **recreational, social and family activities**? Tell me on a scale of 0-10, where 0 is "no change" and 10 is "extreme change"

Range: 0..10

**WorkP**

In the last three months, how much has this pain changed your **ability to work**, including housework?

REPEAT IF NECESSARY: Use the same scale, where 0 is "no change" and 10 is "extreme change"

Range: 0..10

**SeenP****SHOWCARD C1**

Have you seen any of the professionals or advisors on this card about support or help to manage your pain?

CODE ALL THAT APPLY

PROBE: Which others

- 1 Your GP
- 2 Nurse at your GP practice
- 3 Specialist pain services such as a doctor, nurse or physiotherapist at a hospital or clinic
- 4 Clinical psychologist
- 5 Osteopath or chiropractor
- 6 Acupuncturist
- 7 Pharmacist
- 8 Other (PLEASE SPECIFY)
- 9 None of these

**IF SeenP =Other THEN**

**SeenPX**

Please describe who

Text: Maximum 60 characters

**SupGrp**

SHOWCARD C2

This card shows some things that people may be involved with to help manage their pain.

Have you attended any of these for your pain? PROBE: Which others?

CODE ALL THAT APPLY

- 1 Patient support group
- 2 Pain management programme
- 3 Psychological programme such as Cognitive Behavioural Therapy
- 4 None of these

**ENDIF**

**ENDIF**

## **Cardiovascular disease**

---

**ASK ALL AGE 16+**

### **Chest**

I am now going to ask you some questions mainly about symptoms of the chest. Have you ever had any pain or discomfort in your chest?

- 1 Yes
- 2 No

**IF Chest = Yes THEN**

#### **Uphill**

Do you get it when you walk uphill or hurry?

- 1 Yes
- 2 No
- 3 Sometimes/ Occasionally
- 4 Never walks uphill or hurries
- 5 (Cannot walk)

**IF Uphill = Sometimes/Occasionally THEN**

#### **Most1**

Does this happen on most occasions?

- 1 Yes
- 2 No

**IF Uphill = Yes or Sometimes/Occasionally or Never walks uphill or hurries THEN**

#### **OrdPace**

Do you get it when you walk at an ordinary pace on the level?

- 1 Yes
- 2 No
- 3 Sometimes/Occasionally
- 4 Never walks at an ordinary pace on the level

**IF OrdPace = Sometimes/Occasionally THEN**

#### **Most2**

Does this happen on most occasions?

- 1 Yes
- 2 No

**IF (Uphill=Yes) OR (OrdPace=Yes) OR (Most1=Yes) OR (Most2=Yes) THEN**

#### **WalkDo**

What do you do if you get it while you are walking? Do you stop, slow down or carry on?

IF RESPONDENT UNSURE, PROBE: What do you do on most occasions?

- 1 Stop
- 2 Slow down
- 3 Carry on

**IF WalkDo = Stop or Slow down THEN**

**PainAway**

If you stand still does the pain go away or not?

IF RESPONDENT UNSURE, PROBE: What happens to the pain on most occasions?

- 1 Pain goes away
- 2 Pain doesn't go away

**IF PainAway = Pain goes away THEN**

**SoonAway**

How soon does the pain go away? Does it go in ...READ OUT...

- 1 10 minutes or less,
- 2 or more than 10 minutes?

**IF SoonAway = 10 minutes or less THEN**

**ShowPain**

Will you show me where you get this pain or discomfort?

INTERVIEWER: USE CARD K TO HELP CODE POSITION OF PAIN OR DISCOMFORT. CODE ALL THAT APPLY. PROBE: Where else?

- 1 Sternum (upper or middle)
- 2 Sternum lower
- 3 Left anterior chest
- 4 Left arm
- 5 Right anterior chest
- 6 Right arm
- 7 (Somewhere else)

**ASK ALL**

**SevPain**

Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

- 1 Yes
- 2 No

**IF SevPain=Yes THEN**

**DocSee**

Did you see a doctor because of this pain?

- 1 Yes
- 2 No

**IF DocSee = Yes THEN**

**DocWhat**

What did the doctor say it was?

CODE ALL THAT APPLY

- 1 Angina
- 2 Heart attack
- 3 Did not say
- 4 Other

**ASK ALL**  
**ECGEver**

Have you ever had an electrical recording of your heart (ECG) performed?

- 1 Yes
- 2 No

**IF ECGEver=Yes THEN**

**WhereECG**

Where did you have it?

CODE ALL THAT APPLY. PROBE: Where else?

- 1 Hospital (inpatient)
- 2 Hospital (outpatient)
- 3 GP Surgery
- 4 Other

**WhenECG**

How long ago was this?

INTERVIEWER: TYPE IN NUMBER OF YEARS. IF MORE THAN ONE OCCASION, TAKE THE LAST ONE. IF LESS THAN ONE YEAR = 0

Range: 0..110

**ASK ALL**  
**WeakNum**

In the last twelve months, have you had a sudden attack of weakness or numbness on one side of the body?

- 1 Yes
- 2 No

**SlurSp**

Have you had a **sudden** attack of slurred speech or difficulty in finding words in the last twelve months?

- 1 Yes
- 2 No

**VisLos**

Have you had a **sudden** attack of vision loss or blurred vision in one or both eyes in the last twelve months?

- 1 Yes
- 2 No

**IF (WeakNum=Yes) OR (SlurSp=Yes) OR (VisLos = Yes) THEN**

**DocSee2**

Have you seen a doctor about these attacks in the last twelve months?

- 1 Yes
- 2 No

**IF DocSee2 = Yes THEN**

**DocWhat2**

What did the doctor say they were?

- 1 Stroke
- 2 Transient Ischaemic Attack (Mini stroke/TIA)
- 3 Other

**ASK ALL**

**BPM meas**

May I just check, have you ever had your blood pressure measured by a doctor or nurse?

- 1 Yes
- 2 No

**IF BPM meas = Yes THEN**

**LastBP**

When was the last time your blood pressure was measured by a doctor or nurse? Was it ...

READ OUT ...

- 1 ...during the last 12 months,
- 2 at least a year but less than 3 years ago,
- 3 at least 3 years but less than 5 years ago,
- 4 or 5 years ago or more?

**NormBP**

Thinking about the last time your blood pressure was measured, were you told it was

...READ OUT...

- 1 normal (alright/fine),
- 2 higher than normal,
- 3 lower than normal,
- 4 or were you not told anything?

**IF (NormBP = High) THEN**

**OnlyHi**

Is this the only time your blood pressure has been higher than normal or has it been higher than normal a number of times?

- 1 Only time
- 2 A number of times

**ASK ALL**

**CHMeas**

Have you ever had your blood cholesterol level measured by a doctor or nurse?

- 1 Yes
- 2 No

**IF CHMeas = Yes THEN****LastCH**

When was the last time your blood cholesterol level was measured by a doctor or nurse?  
Was it ... READ OUT...

- 1     ...during the last 12 months,
- 2     at least a year but less than 3 years ago,
- 3     at least 3 years but less than 5 years ago,
- 4     or 5 years ago or more?

**NormCH**

Thinking about the last time your blood cholesterol level was measured, were you told it was  
... READ OUT...

- 1     normal (alright/fine),
- 2     higher than normal,
- 3     lower than normal,
- 4     or were you not told anything?

**INTERVIEWER READ OUT:** You have already talked to me about your health, and now I would like to go on and talk in more detail about some particular conditions. (They may include some of the things you have already mentioned.)

**ASK ALL****CVD1**

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

- 1     Yes
- 2     No

**CVD2**

Have you ever had angina?

- 1     Yes
- 2     No

**CVD3**

Have you ever had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1     Yes
- 2     No

**CVD4**

And do you now have, or have you ever had...READ OUT...a heart murmur?

- 1     Yes
- 2     No

**CVD5**

...abnormal heart rhythm?

- 1     Yes
- 2     No

**CVD6**

...any other heart trouble?

- 1 Yes
- 2 No

**CVD7**

Have you ever had a stroke?

- 1 Yes
- 2 No

**CVD8**

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

- 1 Yes
- 2 No

**IF CVD6 = Yes THEN****CVDOth**

What is that condition? RECORD FULLY. PROBE FOR DETAIL.

INTERVIEWER: IS THIS CONDITION LISTED UNDER Heart murmur OR Abnormal heart rhythm?

IF YES, CHANGE CODE AT EverMur OR EverReg.

**IF CVD2 = Yes THEN****DocTold2**

You said that you had Angina. Were you told by a doctor that you had Angina?

- 1 Yes
- 2 No

**IF DocTold2=YES THEN****AgeTold2**

Approximately how old were you when you were first told by a doctor that you had angina?

Interviewer: Type in age in years.

**PastYr2**

Have you had angina during the past 12 months?

- 1 Yes
- 2 No

**IF CVD3 = Yes THEN****DocTold3**

Were you told by a doctor that you had a Heart Attack (including myocardial infarction or coronary thrombosis)?

- 1 Yes
- 2 No

**IF DocTold3 = Yes THEN****AgeTold3**

Approximately how old were you when you were first told by a doctor that you had a heart attack (including myocardial infarction and coronary thrombosis)? Interviewer: Type in age in years.

**PastYr3**

Have you had a heart attack (including myocardial infarction and coronary thrombosis) during the past 12 months?

- 1 Yes
- 2 No

**IF CVD5 = Yes THEN****DocTold5**

Were you told by a doctor that you had an abnormal heart rhythm?

- 1 Yes
- 2 No

**IF DocTold5 = Yes THEN****AgeTold5**

Approximately how old were you when you were first told by a doctor that you had an abnormal heart rhythm? Interviewer: Type in age in years.

**PastYr5**

Have you had abnormal heart rhythm during the past 12 months?

- 1 Yes
- 2 No

**IF CVD6 = Yes THEN****DocTold6**

Were you told by a doctor that you had (*name of ‘other heart condition’*)?

- 1 Yes
- 2 No

**IF DocTold6 = Yes THEN****AgeTold6**

Approximately how old were you when you were first told by a doctor that you had (*name of ‘other heart condition’*)? Interviewer: Type in age in years.

**PastYr6**

Have you had (*name of ‘other heart condition’*) during the past 12 months?

- 1 Yes
- 2 No

**IF EverStro = Yes THEN****DocTold7**

Were you told by a doctor that you had a stroke?

- 1 Yes
- 2 No

**IF DocTold7 = Yes THEN****AgeTold7**

Approximately how old were you when you were first told by a doctor that you had a stroke? Interviewer: Type in age in years.

**PastYr7**

Have you had a stroke during the past 12 months?

- 1 Yes
- 2 No

**IF (CVD2 = Yes) OR (CVD3 = Yes) OR (CVD5=Yes) OR (CVD6=Yes) OR (CVD7=Yes) THEN****Medicin**

Are you currently taking any medicines, tablets or pills because of your (*heart condition or stroke*)?

- 1 Yes
- 2 No

**IF (CVD2 = Yes) OR (CVD3 = Yes) OR (CVD5=Yes) OR (CVD6=Yes) THEN****Surgery**

Have you ever undergone any surgery or operation because of your heart condition?

- 1 Yes
- 2 No

**IF Surgery = Yes THEN****WhenSur**

How long ago was this?

TYPE IN NUMBER OF YEARS AGO. IF MORE THAN ONE OPERATION, TAKE LAST OCCASION.

LESS THAN ONE YEAR = 0

Range: 0..110

**IF (CVD2 = Yes) OR (CVD3=Yes) OR (CVD5=Yes) THEN****WhatSurg**

What type of surgery did you undergo?

- 1 Angioplasty or coronary arteries (balloon treatment for angina)
- 2 Coronary Artery Bypass Graft (CABG)
- 3 Other

**Waiting**

Can I just check, are you currently on a waiting list for any such surgery or operation?

- 1 Yes
- 2 No

**IF (CVD2 = Yes) OR (CVD3=Yes) OR (CVD5=Yes) OR (CVD6=Yes) OR (CVD7=Yes)****OthTrt**

Are you currently receiving any other treatment, advice or tests because of your heart condition or stroke? PROBE: What else? CODE ALL THAT APPLY

- 1 Special diet
- 2 Regular check-up or monitoring
- 3 Taking medication
- 4 Advice to reduce/quit smoking
- 5 Advice to reduce/quit alcohol consumption
- 6 Advice about exercise
- 7 Other (RECORD AT NEXT QUESTION)
- 8 No other treatment

**IF OthTrt = Other THEN**

**WhatOTrt**

What other advice or treatment do you receive? PROBE FOR DETAIL

Text: Maximum 50 characters

**ENDIF**

**IF OthTrt <> No other treatment THEN**

**WhoTrt**

Who is responsible for this advice or treatment?

CODE ALL THAT APPLY

- 1 Specialist
- 2 GP
- 3 Practice Nurse
- 4 Doctor/Nurse in hospital outpatient
- 5 Doctor/Nurse in clinic (e.g. smoking clinic)
- 6 Other

**IF OthTrt =Check-up THEN**

**WhenTrt**

How often do these check-ups take place?

- 1 More than once a week
- 2 Weekly
- 3 Fortnightly
- 4 Monthly
- 5 Every 2-3 months
- 6 Every 6 months
- 7 Every year
- 8 Less than once a year

**IF EverBP = Yes THEN**

**DocBP**

You mentioned that you have had high blood pressure. 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**

**OthBP**

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

- 1 Yes
- 2 No

**IF DocBP=Yes and OthBP <> No THEN**

**AgeBP**

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

**MedBP**

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

- 1 Yes
- 2 No

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

**BPStill**

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

- 1 Yes
- 2 No

**Evermed**

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

- 1 Yes
- 2 No

**IF Evermed = Yes THEN**

**StopMed**

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
- 6 **Other reason**

**OthAdv**

SHOW CARD D2

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**

SHOW CARD D3

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
- 7 Other (RECORD AT NEXT QUESTION)

**IF WhatTrt = Other THEN**

**WhatTSp**

PLEASE SPECIFY.

Text: Maximum 50 characters

**IF EverDi = Yes THEN**

**Diabetes**

You mentioned earlier that you had diabetes. Were you told by a doctor that you had diabetes?

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

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

**DiPreg**

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

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

**IF DiPreg = Yes THEN**

**DiOth**

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

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

**IF (Diabetes = Yes) AND (DiOth <> No) 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? ENTER AGE IN YEARS

Range: 0..110

**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**

Are you currently receiving any (*other*) treatment or advice for diabetes? INCLUDE REGULAR CHECK-UPS.

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

**IF OthDi = Yes THEN**

**OtherDi**

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
- 2      Regular check-up with GP/hospital/clinic
- 3      Other (RECORD AT NEXT QUESTION)

**IF OtherDi = Other THEN**

**WhatDSp**

PLEASE SPECIFY.

Text: Maximum 50 characters

**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

Text: Maximum 50 characters

**IF EverMur = Yes THEN**

**Murmer**

You mentioned that you have had a heart murmur. Were you told by a **doctor** that you had a heart murmur?

- 1      Yes
- 2      No

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

**PregMur**

Can I just check, were you pregnant when you were told that you had a heart murmur?

- 1      Yes
- 2      No

**IF PregMur = Yes THEN**

**NoPregM**

Have you ever had a heart murmur apart from when you were pregnant?

- 1      Yes
- 2      No

**IF (Murmer = Yes) AND (NoPregM <> No) THEN**

**AgeMur**

(*Apart from when you were pregnant, approximately*) how old were you when you were first told by a doctor that you had a heart murmur?

ENTER AGE IN YEARS. IF BORN WITH IT ENTER 0

Range: 0..110

**MurYr**

Have you had a heart murmur during the past twelve months?

- 1 Yes
- 2 No

**MedMur**

Are you currently taking any medicines, tablets or pills because of your heart murmur?

- 1 Yes
- 2 No

**SurgMur**

Have you ever undergone any surgery or operation because of your heart murmur?

- 1 Yes
- 2 No

**IF SurgMur =yes then**

**LongMur**

How long ago was this? Interviewer enter number of years ago. If more than one operation, take last occasion. Less than one year ago = 0.

: YAge

**IF (MedMur = Yes) OR (SurgMur = Yes) THEN**

**WaitMur**

Can I just check, are you currently on a waiting list for any such surgery or operation

- 1 Yes
- 2 No

**OthMur**

Are you currently receiving any other treatment or advice because of your heart murmur?

INTERVIEWER: Include regular check-ups."

- 1 Yes
- 2 No

**IF OthMur=Yes THEN**

**MurOth**

What other treatment or advice are you currently receiving because of your heart murmur?

Text: Maximum 50 characters

**IF (CVD1=Yes) OR (CVD2=Yes) OR (CVD3=Yes) OR (CVD4=Yes) OR (CVD5=Yes) OR  
(CVD6=Yes) OR (CVD7=Yes) or (CVD8=Yes) THEN**

**DocTlk**

During the two weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone? INTERVIEWER: Exclude consultations made on behalf of others.

- 1 Yes
- 2 No

**IF DocTlk = Yes THEN**

**DocOccs**

How many times have you talked to a doctor in these two weeks?

RANGE: 1..24

**IF DocOccs = 1 THEN**

**ConM**

Was this consultation(s) about your (*condition*)?

- 1 Yes
- 2 No

**IF ConM=Yes THEN**

**ConDM**

Which condition was the consultation about? CODE ALL THAT APPLY

- 1 high blood pressure
- 2 angina
- 3 heart attack
- 4 heart murmur
- 5 abnormal heart rhythm
- 6 other heart trouble
- 7 stroke
- 8 diabetes

**IF ConM<>Yes THEN**

**LastDoc**

Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf about your (*condition*)? PROMPT IF NECESSARY

- 1 Less than 2 weeks ago
- 2 2 weeks ago but less than a month ago
- 3 1 month ago but less than 3 months ago
- 4 3 months ago but less than 6 months ago
- 5 6 months ago but less than 1 year ago
- 6 1 year or more ago
- 7 Never consulted a doctor

**IF (LastDoc <> Never consulted a doctor) AND (More than one coded Yes at CVD1 – CVD8) THEN**

**ConCons**

Which condition was the consultation about? CODE ALL THAT APPLY

- 1 high blood pressure
- 2 angina
- 3 heart attack
- 4 heart murmur
- 5 abnormal heart rhythm
- 6 other heart trouble
- 7 stroke
- 8 diabetes

**PNur**

During the last 2 weeks ending yesterday, did you see a practice nurse at the GP surgery on your own behalf?

- 1 Yes
- 2 No

**IF PNur=Yes THEN**

**NPNur**

How many times did you see a practice nurse at the GP surgery in these two weeks?

Range : 1..9

**PNurConM**

Was this consultation about your (*name of condition*)

- 1 Yes
- 2 No

**IF PNurConM = Yes THEN**

**PNurCons**

Which condition was the consultation about? CODE ALL THAT APPLY

- 1 high blood pressure
- 2 angina
- 3 heart attack
- 4 heart murmur
- 5 abnormal heart rhythm
- 6 other heart trouble
- 7 stroke
- 8 diabetes

**OutPatB**

During the last 12 months, did you attend hospital as an out patient, day patient or casualty?

- 1 Yes
- 2 No

**IF (OutPatB = Yes) THEN**

**WhyOpatB**

(Was this visit/were any of these visits) because of your (*condition(s)*)?

- 1 Yes
- 2 No

**IF WhyOpatB=Yes THEN**

**OpatCons**

Which conditions did you visit the hospital for?

CODE ALL THAT APPLY

- 1 high blood pressure
- 2 angina
- 3 heart attack
- 4 heart murmur
- 5 abnormal heart rhythm
- 6 other heart trouble
- 7 stroke
- 8 diabetes

**InPatB**

And during the last year, have you been in hospital as an inpatient, overnight or longer?

- 1 Yes
- 2 No

**IF (InPatB=Yes) THEN**

**YInpatB**

(Was this stay/Were any of these stays) because of your (*name of heart condition*)?

- 1 Yes
- 2 No

**IF YInpatB =Yes THEN**

**IpatCons**

Which conditions did you visit the hospital for? CODE ALL THAT APPLY

- 1 high blood pressure
- 2 angina
- 3 heart attack
- 4 heart murmur
- 5 abnormal heart rhythm
- 6 other heart trouble
- 7 stroke
- 8 diabetes

## **Dental Health**

---

### **ASK ALL 16+**

#### **DenHlth**

##### **SHOW CARD E1**

In relation to dental health, which of the things on this card applies to you?

EXPLAIN IF NECESSARY: Crowns are included as natural teeth.

I have...

- 1 ...no natural teeth and wear dentures
- 2 ...both natural teeth and denture(s)
- 3 ...only natural teeth
- 4 ...neither natural teeth nor dentures

#### **IF DenHlth = 2 or 3 THEN**

##### **NatTeeth**

Adults can have up to 32 natural teeth but over time people lose some of them.

How many natural teeth have you got? Is it...

READ OUT...

EXPLAIN IF NECESSARY: Include teeth with crowns and wisdom teeth.

- 1 Fewer than 10 natural teeth
- 2 Between 10 and 19 natural teeth
- 3 20 or more natural teeth?

**ENDIF**

#### **DenHlth2**

Would you say that your dental health (your mouth, teeth and/or dentures) is...

- 1 ...excellent
- 2 ...very good
- 3 ...good
- 4 ...fair
- 5 ...or poor?

#### **DenProb**

##### **SHOW CARD E2**

In the past 6 months, have you had any problems with your mouth, teeth or dentures which have caused you to have any of the things listed on this card?

CODE ALL THAT APPLY

- 1 Difficulty eating food
- 2 Difficulty speaking clearly
- 3 Problems with smiling, laughing and showing teeth without embarrassment
- 4 Problems enjoying the company of other people such as family, friends or neighbours
- 5 None of these

## 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 F1

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 F1, what about...

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

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

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

*For following tasks include additional instruction:*

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

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

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

### 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.

### TaskHipA

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]

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 help received with shopping/ housework or laundry/ paperwork 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  
(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. (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 F2

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 within the group.**

### **HelpForm**

#### SHOWCARD F3

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

INTERVIEWER: Probe fully.

CODE ALL THAT APPLY.

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

**IF HelpForm = Other THEN**

#### **HelpFormo**

Who was the other person that helped you?

Text: Maximum 100 characters

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

**If Helpinf = Response 1-7 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 = Response 4 to 9 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 Hhel = 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 all those identified at HelpInf and Helpform**

**HelpHours**

SHOWCARD F4

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

[If identified at HelpForm:

INTERVIEWER INSTRUCTION: If Home care worker/ Personal Assistant or other care staff 'live in'/sleep in', INCLUDE ALL hours they are on duty]

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

**IF HelpHours = don't know or refusal 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 for users: 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 F5**

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**

#### **LAhelp**

#### **SHOWCARD F6**

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 (*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 F7

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

**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 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 (*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 F7

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 F8

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.

- 1 Continue

**ProvHlp**

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

INTERVIEWER: Include help for wife/husband/partner

- 1 Yes
- 2 No

**IF ProvHlp = Yes 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.

- 1 Continue

**PrNameA**

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

WRITE IN FIRST NAME OF FIRST PERSON CARED FOR

Text: Maximum 50 characters

**PrNameB**

What are their names?

WRITE IN FIRST NAME OF SECOND PERSON CARED FOR

Text: Maximum 50 characters

**PrNameC**

What are their names?

WRITE IN FIRST NAME OF THIRD PERSON CARED FOR

Text: Maximum 50 characters

**ENDIF****PrRel**

SHOWCARD F9

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 F10

I'm going to ask you about the amount of time you spend helping. Please look at SHOWCARD F10, 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 F10.

1 Continue

**PrHours**

SHOWCARD F11

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

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

INTERVIEWER: 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 F12

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 F12

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

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

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

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

- 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****Ptask****SHOWCARD F13**

And looking at card F13, 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 up to 3 people respondent helps**

## **ASK OF EACH PERSON CARED FOR**

### **Intro**

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

1 Continue

### **Support**

#### **SHOWCARD F14**

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

Please read out the numbers that apply from this card

**CODE ALL THAT APPLY**

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

**Repeat for one or all people respondent helps**

**IF HelpNo = 1 THEN**

#### **HealthA[1]**

#### **SHOWCARD F15**

**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 F15

**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 F16

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 F16

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

## Fruit and vegetable consumption

---

**IF Age of respondent >= 5 THEN**

**VFlnt**

Now we are moving on to a different topic, and I'd like to ask you a few questions about some of the things you ate and drank yesterday. By yesterday I mean 24 hours from midnight to midnight. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten

1 Continue

**VegSal**

Did you eat any salad yesterday? Don't count potato, pasta or rice salad or salad in a sandwich.

INTERVIEWER: SALADS MADE MAINLY FROM BEANS CAN **EITHER** BE INCLUDED HERE **OR** AT THE NEXT QUESTION.

1 Yes  
2 No

**IF VegSal = Yes THEN**

**VegSalQ**

How many cereal bowls full of salad did you eat yesterday?

IF ASKED: 'Think about an average-sized cereal bowl'.

Range: 0.5 - 50.0

**ENDIF**

**VegPul**

Did you eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans. Don't count pulses in foods like Chilli con carne.

1 Yes  
2 No

**IF VegPul = Yes THEN**

**VegPulQ**

**SHOWCARD G1**

How many tablespoons of pulses did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5 - 50.0

**ENDIF**

**VegVeg**

Not counting potatoes, did you eat any vegetables yesterday?

Include fresh, raw, tinned and frozen vegetables.

1 Yes  
2 No

**IF VegVeg = Yes THEN**

**VegVegQ**

**SHOWCARD G1**

How many tablespoons of vegetables did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5 - 50.0

**ENDIF**

**VegDish**

*Apart from anything you have already told me about, did /Did you eat any other dishes made mainly from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry?*

Don't count vegetable soups or dishes made mainly from potatoes.

- 1 Yes
- 2 No

**IF VegDish = Yes THEN**

**VegDishQ**

**SHOWCARD G1**

How many tablespoons of vegetables or pulses did you eat *in these kinds of dishes* yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5 - 50.0

**ENDIF**

**VegUsual**

Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...

...READ OUT...

- 1 less than usual,
- 2 more than usual,
- 3 or about the same as usual?

**FrtDrnk**

Not counting cordials, fruit-drinks and squashes, did you drink any fruit juice yesterday?

- 1 Yes
- 2 No

**IF FrtDrnk = Yes THEN**

**FrtDrnkQ**

How many small glasses of fruit juice did you drink yesterday?

IF ASKED: 'A small glass is about a quarter of a pint'.

Range: 0.5.-50.0

**ENDIF**

**Frt**

Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.

- 1 Yes
- 2 No

**IF Frt = Yes THEN**

What kind of fresh fruit did you eat yesterday?

INTERVIEWER: USE THE **FRESH FRUIT SIZE LIST** IN YOUR SHOWCARDS/CODING FRAMES TO CODE THE SIZE OF THIS FRUIT. IF MORE THAN ONE KIND OF FRUIT MENTIONED, CODE ONE HERE ONLY

- 1 Very large fruit
- 2 Large fruit
- 3 Medium-sized fruit
- 4 Small fruit
- 5 Very small fruit
- 6 Not on coding list

**FrtQ**

How (*much/ many average slices/many average handfuls*) of this fruit did you eat yesterday?

Range: 0.5.-.50.0

**FrtMor**

Did you eat any other fresh fruit yesterday?

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

**Repeat for each type of fruit eaten**

**FrtDry**

Did you eat any dried fruit yesterday? Don't count dried fruit in cereal, cakes, etc.

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

**IF FrtDry = Yes THEN**

**FrtDryQ**

**SHOWCARD G1**

How many tablespoons of dried fruit did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'."

Range: 0.5.-.50.0

**ENDIF**

**FrtFroz**

Did you eat any frozen or tinned fruit yesterday?

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

**IF FrtFroz = Yes THEN**

**FrtFrozQ**

**SHOWCARD G1**

How many tablespoons of frozen or tinned fruit did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5.-.50.0

**ENDIF**

**FrtDish**

*Apart from anything you have already told me about, did/Did* you eat any *other* dishes made **mainly** from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.

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

**IF FrtDish = Yes THEN**

**FrtDishQ**

**SHOWCARD G1**

How many tablespoons of fruit did you eat *in these kinds of dishes* yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5.-.50.0

**FrtUsual**

Compared with the amount of fruit and fruit juice you usually eat and drink, would you say that yesterday you ate and drank...

...READ OUT...

- 1 less than usual,
- 2 more than usual,
- 3 or about the same as usual?

## **Smoking (Aged 18+)**

---

**IF Age of Respondent = 18 to 24 THEN**

**BookChk**

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

RESPONDENT TO BE...:

- 1 Asked Smoking/Drinking questions
- 2 Given SELF-COMPLETION BOOKLET FOR YOUNG ADULTS

**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**

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

- 1 Yes
- 2 No

**IF SmokEver = Yes THEN**

**SmokeNow**

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

**IF SmokeNow = Yes THEN**

**DlySmoke**

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

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

Range: 0..97

**IF DlySmoke = 97 THEN**

**Estim**

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

- 1 Grams
- 2 Ounces

**IF Estim = grams THEN**

**Grams**

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

Range: 1..67

**ELSEIF Estim = ounces THEN**

**Ounces**

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

1/4 (a quarter) oz as .25

1/3 (a third) oz as .33

1/2 (half) oz as .5

2/3 (two thirds) oz as .66

3/4 (three quarters) oz as .75

Range: 0.01..2.40

**ENDIF**

**RoIDly**

**Computed: estimated tobacco consumption in ounces.**

**Range: 1..97**

**ENDIF**

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

**WKndSmok**

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

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

Range: 0..97

**IF WkndSmok = 97 THEN**

**Estim**

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

1 Grams

2 Ounces

**IF Estim = grams THEN**

**Grams**

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

Range: 1..67

**ELSEIF Estim = ounces THEN**

**Ounces**

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

- 1/4 (a quarter) oz as .25
  - 1/3 (a third) oz as .33
  - 1/2 (half) oz as .5
  - 2/3 (two thirds) oz as .66
  - 3/4 (three quarters) oz as .75
- Range: 0.01..2.40

**RolWknd**

**Computed: estimated tobacco consumption in ounces.**

**Range: 1..997**

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

**CigType**

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

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

**IF SmokeNow=Yes THEN**

**SmokWher**

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**

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**

Would you like to give up smoking altogether?

- 1 Yes
- 2 No

**IF GiveUp = YES**

**GvUpReas**

**SHOWCARD H6**

What are your main reasons for wanting to give up?

- 1 Because of a health problem I have at present
- 2 Better for my health in general
- 3 To reduce the risk of getting smoking related illnesses
- 4 Because of the smoking ban in all enclosed public places, including pubs and restaurants
- 5 Family/friends wanted me to stop
- 6 Financial reasons (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**

Have you ever smoked cigarettes?

- 1 Yes
- 2 No

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

**QuitReas**

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**

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

- 1 Grams
- 2 Ounces

**IF Estim = grams THEN**

**Grams**

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

Range: 1..67

**ELSEIF Estim = ounces THEN**

**Ounces**

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

- 1/4 (a quarter) oz as .25
- 1/3 (a third) oz as .33
- 1/2 (half) oz as .5
- 2/3 (two thirds) oz as .66
- 3/4 (three quarters) oz as .75
- 0.01..2.40

**RoINum**

**Computed: estimated tobacco consumption in ounces.**

**Range: 1..97**

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

**IF (SmokeNow=Yes) OR (SmokeReg=Smoked cigarettes regularly)**

**StartSmk**

How old were you when you started to smoke cigarettes regularly?

INTERVIEWER: IF 'Never smoked regularly' CODE 97.

Range: 1..97

**ENDIF**

**IF SmokeReg=[Regularly OR Occasionally] THEN**

**EndSmoke**

How long ago did you stop smoking cigarettes?

INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR AGO, CODE 0.

Range: 0..97

**ENDIF**

**IF EndSmoke = Response THEN**

**IF EndSmoke=0 THEN**

**LongEnd**

How many months ago was that?

- 1      Less than 6 months ago
- 2      Six months, but less than one year

**ENDIF**

**IF EndSmoke<2 THEN**

**Nicot**

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

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

- 1      Yes
- 2      No

**ENDIF**

**SmokYrs**

And for approximately how many years did you smoke cigarettes regularly?

INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR, CODE 0.

Range: 0..97

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

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

**IsPreg**

Can I check, are you pregnant now?

- 1      Yes
- 2      No

**IF IsPreg = Yes THEN**

**SmokePrg**

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

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

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

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

**StopPreg**

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

- 1      Because of pregnancy
- 2      For some other reason

**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

**FathSm**

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

- 1 Yes
- 2 No

**MothSm**

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

- 1 Yes
- 2 No

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

**XExpSm**

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

INTERVIEWER: IF EXPOSED FOR SOME TIME BUT LESS THAN ONE HOUR ENTER 1, OTHERWISE RECORD TO THE NEAREST HOUR.

Range: 0..168

**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**

SHOW CARD H7

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 No, none of these

**IF Passive=1-6 THEN**

**Bother**

Does this bother you at all?

- 1 Yes
- 2 No

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

---

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

#### **Drink**

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

1 Yes

2 No

### **IF Drink = No THEN**

#### **DrinkAny**

Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

1 Very occasionally

2 Never

### **IF DrinkAny = Never THEN**

#### **AlwaysTT**

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

1 Always a non-drinker

2 Used to drink but stopped

### **IF AlwaysTT = Used to drink but stopped THEN**

#### **WhyTT**

Did you stop drinking because of a particular health condition that you had at the time?

INTERVIEWER: IF RESPONDENT SAYS PREGNANCY, CODE YES

1 Yes

2 No

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

#### **DrinkOft**

#### **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**

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

1 Yes

2 No

**IF DrinkL7 =Yes THEN**

**DrnkDay**

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

Range: 1..7

**IF DrnkDay = 2 to 7 days THEN**

**DrnkSame**

Did you drink more on *one of the days/some days than others*, or did you drink about the same on *both/each of those days*?

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

**WhichDay**

Which day *last week* did you *last have an alcoholic drink/have the most to drink*?

- 1 Sunday
- 2 Monday
- 3 Tuesday
- 4 Wednesday
- 5 Thursday
- 6 Friday
- 7 Saturday

**DrnkType**

SHOW CARD 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)**

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)**

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

Range: 1..97

**IF NBrL7=Large cans THEN**

**NBrL7Q(3)**

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

Range: 1..97

**IF NBrL7=Bottles THEN**

**NBrL7Q(4)**

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

Range: 1..97

**NBotL7**

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

Text: Maximum 21 characters

**IF DrnkType = Strong beer/lager/cider THEN**

**SBrL7**

Still thinking about last (*answer to WhichDay*), how much **strong beer, lager, stout or cider** did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

**IF SBrL7=Half pints THEN**

**SBrL7Q(1)**

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

Range: 1..97

**IF SBrL7=Small cans THEN**

**SBrL7Q(2)**

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

Range: 1..97

**IF SBrL7=Large cans THEN**

**SBrL7Q(3)**

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

Range: 1..97

**IF SBrL7=Bottles THEN**

**SBrL7Q(4)**

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

Range: 1..97

**SBotL7**

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

Text: Maximum 21 characters

**IF DrnkType = Spirits THEN**

**SpirL7**

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

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

Range: 1..97

**IF DrnkType = Sherry THEN**

**ShryL7**

Still thinking about last (*answer to WhichDay*), how much sherry or martini, including port, vermouth, Cinzano and Dubonnet did you drink on that day?  
CODE THE NUMBER OF GLASSES.

Range: 1..97

**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**

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)

**F9for 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)

**WL7GIz**

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

INTERVIEWER: If respondent drank from two or three different size glasses, please code all that apply.

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

1 Large glass (250mL)

2 Standard glass (175 mL)

3 Small glass (125 mL)

**IF 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)**

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)**

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)**

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.

(THE HELP KEYS GIVE YOU MORE INFORMATION ABOUT WHAT SHOULD BE INCLUDED AT THE 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

**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**

**SpiritsQ**

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** 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]**

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]**

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]**

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**

SHOW CARD K1

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

CODE FIRST TO APPLY

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

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**

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

**PayAgeI**

**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 EverjobI=Yes) OR (Respondent is Female and PayAgeI>=50) THEN**

**JobTitle**

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

Text: Maximum 60 characters

**FtPTime**

Are you (*were you/will you be*) working full-time or part-time?

(FULL-TIME = MORE THAN 30 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?

**NEmployee**

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

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

**ELSEIF Employe = Self-employed AND Dirctr=No THEN**

**SNEmployee**

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

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

**IF Employe=Employee THEN**

**Ind**

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

Text: Maximum 100 characters

**ELSEIF Employe=Self-employed THEN**

**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

**ELSEIF (NActiv) non response THEN**

**OEmplStat**

**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 K2

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

- 1 Yes
- 2 No

**IF Qual = Yes 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**

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 K4

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 (Yellow/Purple/Green) SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 13-15/FOR YOUNG ADULTS/FOR ADULTS) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

**ELSEIF Age of respondent is 8 to 12 years THEN**

**SCIntCh**

Here is a little booklet which I would like to ask (name of child) to complete for (him/herself). It asks children if they have ever tried cigarettes or alcohol, and about cycling. May I explain it to him/her?

IF ASKED, SHOW BLUE BOOKLET TO PARENT(S). IF AGREES, PREPARE BLUE BOOKLET. INTERVIEWER: EXPLAIN TO CHILD HOW TO COMPLETE AND SHOW EXAMPLE IN BOOKLET.

**ENDIF**

**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).

**IF child aged 4-15 THEN**

**ParSDQ**

INTERVIEWER: Ask parent to complete cream booklet for parents of children 4-15

The child's parents are:

Code person number of the parent who is completing the booklet, or enter code:

95 = parent not present at time of interview

96 = booklet refused

Wait until respondent(s) have finished and then check each booklet completed

If not, ask if questions missed in error

If in error, ask respondent to complete.

**ENDIF**

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

**SComp3**

INTERVIEWER CHECK: WAS THE (BLUE/YELLOW/PURPLE/GREEN/PINK) 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 70+/FOR PARENTS OF CHILDREN AGED 4-15) 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**

**SCComp5A**

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**

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### **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 BLUE 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 RespHts = Height refused, Height attempted, not obtained OR not attempted THEN**

**EHtCh**

INTERVIEWER: ASK (*respondent*) FOR AN ESTIMATED HEIGHT. WILL IT BE GIVEN IN METRES OR IN FEET AND INCHES?

*IF RESPONDENT DOESN'T KNOW HEIGHT USE <CTRL+K>,*

*IF RESPONDENT ISN'T WILLING TO GIVE HEIGHT USE <CTRL+R>.*

- 1 Metres
- 2 Feet and inches

**IF EHtCh = Metres**

**EHtM**

PLEASE RECORD ESTIMATED HEIGHT IN METRES.

Range:0.01..2.44

**ELSEIF EHtCh = Feet and inches**

**EHtFt**

PLEASE RECORD ESTIMATED HEIGHT. ENTER FEET.

Range:0..7

**EHtIn**

PLEASE RECORD ESTIMATED HEIGHT. ENTER INCHES.

Range:0..11

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

**EstHt**

**Computed: Final measured or estimated height (cm).**

**Range: 0..0.....999.9**

**IF (Sex = Female) AND (Age of Respondent is 16 to 49) THEN**

**PregNowB**

May I check, are you pregnant now?

1 Yes

2 No

**ENDIF**

**IF PregNowB<> Yes THEN**

**RespWts**

INTERVIEWER: MEASURE WEIGHT AND CODE. (*IF RESPONDENT WEIGHS MORE THAN 130KG (20 ½ STONES) DO NOT WEIGH. CODE AS 'WEIGHT NOT ATTEMPTED'*) INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: Weight refused.

0 *If Age 2-5 years: Weight obtained (child held by adult)/ If Age over 5 years: DO NOT USE THIS CODE*

1 Weight obtained (subject on own)

2 Weight refused

3 Weight attempted, not obtained

4 Weight not attempted

**IF RespWtsMeas=Weight obtained (subject on own) OR Weight obtained (child held by adult) THEN**

**IF RespWts = Weight obtained (subject on own) THEN**

**XWeight**

RECORD WEIGHT.

Range: 10.0..130.0

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

**WtAdult**

ENTER WEIGHT OF ADULT ON HIS/HER OWN.

Range: 15.0..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 130 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

**EWtCh**

INTERVIEWER: ASK (*respondent*) FOR AN ESTIMATED WEIGHT. WILL IT BE GIVEN IN KILOGRAMS OR IN STONES AND POUNDS

1 Kilograms

2 Stones and pounds

**ENDIF**

**ENDIF**

**IF EWtCh = kg**

**EWtkg**

PLEASE RECORD ESTIMATED WEIGHT IN KILOGRAMS.

Range: 1.0..210.0

**ELSEIF EWtCh = StnPnd**

**EWtSt**

PLEASE RECORD ESTIMATED WEIGHT. ENTER STONES.

Range: 1..32

**EWtL**

PLEASE RECORD ESTIMATED WEIGHT. ENTER POUNDS.

Range: 0..13

**ENDIF**

**EstWt**

**Computed: Final measured or estimated weight (kg).**

**Range: 0.0....999.9**

**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

**BirthWt**

**Computed: Given birthweight (kg)**

**Range: 0.00....8.70**

**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

#### **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

## Drinking Diary

---

**ASK ALL 18+ WHO HAVE DRUNK IN THE LAST 12 MONTHS (IF DrinkAny =1 AND DrinkOft =1-7)**

### Diary

As an extra part of the Health Survey for England this year, we are asking people to keep a diary for 7 days. In this diary we would like you to record any alcohol you drink each day, for every day that you keep it. The information collected from the diary is very important as it will help us to build a better picture of the population's drinking patterns. As a thank you for completing the diary, you will receive a £5 high street voucher.

We would like you to start the diary from tomorrow and fill it in every day up to and including (*diary end date*). Even if the next week is an unusual week for you, we would still like you to complete it. There is a question at the end where you can record whether you thought it was a normal week or not.

Would you like to complete the diary?

- 1      Respondent agrees to complete the diary
- 2      Respondent does not agree to complete the diary

### IF Diary = Agree THEN

#### ThnkInt

Here is the diary.

INTERVIEWER: Show the respondent that there is an example page. Show the respondents that they need to tick each day of the week; that there are different sections for each type of alcohol; and that there are questions on the back page.

ASK: Do you have any questions?

Press <1> and <Enter> to continue.

#### DiaryPre

Can I just confirm that you will start the diary from tomorrow, (*diary start date*)?

INTERVIEWER: If the respondent is unable to start tomorrow, confirm a start date with the respondent. This should be no more than 2 to 3 days after this interview.

Prepare drinking diary with respondent serial number, respondent first name, start date and end date.

Enter the start date for the diary and Press <Enter>.

#### DiaryAppt

On the front of the diary I have recorded the date you will start the diary and the date of the final day that you will keep it that we have just discussed.

Once you have completed the diary, please post it back to our offices. I will leave you with a postage paid addressed envelope to do this. The voucher will be sent to you in the post soon after it has been returned.

Press <1> and <Enter> to continue.

### IF Diary = Refuse THEN

#### NoDiary

INTERVIEWER: Record the reason why the respondent refused to complete the diary.

Text: Maximum 250 characters

#### ThnkInt

Once you have completed the diary, please post it back to our offices. I will leave you with a postage paid addressed envelope to do this. The voucher will be sent to you in the post soon after it has been returned.

## **Consents**

### **ASK ALL AGED 16+**

#### **NHSCan**

We would like your consent for us to send your name, address and date of birth to three National Health Service registers. These are the NHS Central Register, the NHS Cancer Registry and the Hospital Episodes Statistics Register. Please read this form, it explains more about what is involved.

INTERVIEWER: GIVE THE RESPONDENT THE PINK CONSENT FORM 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 SIGN AND DATE BOTH PARTS OF THE FORM.

GIVE THE SECOND COPY OF THE FORM TO THE RESPONDENT.

CODE WHETHER SIGNED CONSENTS OBTAINED.

CODE ALL THAT APPLY.

- 1      Hospital Episodes Statistics Register consent obtained
- 2      NHS Central Register and Cancer Registry consent obtained
- 3      All consents signed
- 4      No signed consents

#### **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

#### **RelInter**

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

P3127

Point

1-4			

Address

5-6	

HHLD

7
---

CKL

--

Person No

8-9	
-----	--

First name:

Spare Card Spare  
 10-11      12-14      15-20

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

Interviewer number:

Survey month:

## Health Survey for England 2011

### Booklet for Adults

In Confidence

#### How to fill in this questionnaire

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

**Example:**

Do you feel that you lead a ...

**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

## YOUR HEALTH

### HAPPY

- Q1** Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

Spare 21-348

349-350

Write in

- Q2** Here are some statements that other people have made.

Please **tick one box** to show how much you agree or disagree with each of them.

	Disagree strongly	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree	Agree strongly
--	----------------------	----------------------	-------------------------------------	-------------------	-------	-------------------

I feel good about myself  
**GOODSELF (New)**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	351
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I get a lot of pleasure from taking risks **LIKERISK (New)**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	352
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I generally focus on the here and now rather than worry about the future **FOCNOW (New)**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	353
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I learn from my mistakes  
**LEARMIS (New)**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	354
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- Q3** Here are some things that other people have said they would like to have over the course of their lives. Could you tell me how important each of them is to you personally:

Please **tick one box** on the scale from 1-7, where 1 is not at all important and 7 is very important

	Not at all important						Very important
	1	2	3	4	5	6	7

To have money, wealth and possessions **IMPMONEY (New)**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	355
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To have an image that others find appealing **IMPIMG (New)**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	356
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**Q4** Here are some more statements that we would like you to look at.  
Please **tick one box** to show how much you agree or disagree with each of them.

(All New)	Disagree strongly	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree	Agree strongly		
Following a healthy lifestyle is an effective way to reduce my chances of becoming ill <b>HEALTHY</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	357
If you don't have your health you don't have anything <b>HEALALL</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	358
There is nothing more important than good health <b>GOODHEAL</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	359
I'm very involved in my health <b>INVOHEAL</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	360
I am in control of my own health <b>CONTHEAL</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	361
The main thing which affects my health is what I personally do <b>PERSHEAL</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	362
If a person is meant to get ill, it doesn't matter what a doctor tells them to do, they will get ill anyway <b>GETILL</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	363
I intend to lead a healthy lifestyle over the next 12 months <b>YRHEAL</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	364

### **DIFFHEAL (New)**

**Q5** For you, would leading a healthy lifestyle be.....

**Tick ONE box**

Extremely difficult							Extremely easy	
1	2	3	4	5	6	7		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		

### **CONTHYR (New)**

**Q6** How much control do you believe you have over whether or not you lead a healthy lifestyle over the following year?

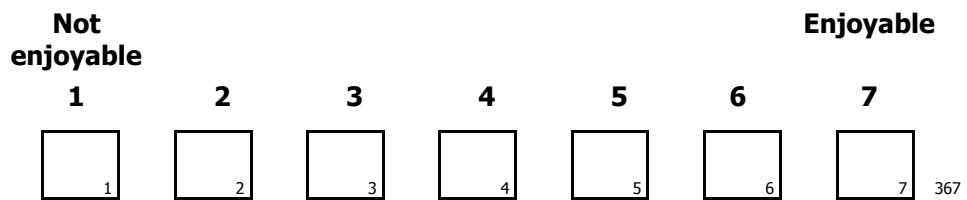
**Tick ONE box**

No control							Complete control	
1	2	3	4	5	6	7		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		

## **ENJHEAL (New)**

**Q7** For you, would leading a healthy lifestyle be.....

**Tick ONE box**



## **WHENRISK (New)**

**Q8** Which of these best describes your view:  
If I don't lead a healthy lifestyle, my health could be at risk . . .

**Tick ONE box**

368

 1

In the next 12 months

 2

In the next few years

 3

In the next 10-20 years

 4

Much later in my life

 5

Not at all

## **SERILL (New)**

**Q9** Compared with other people of your age, how likely do you think it is that you will get seriously ill at some point over the next few years?

**Tick ONE box**

369

 1

I am much MORE likely to get seriously ill than other people of my age

 2

I am a little more likely

 3

No more or less likely

 4

I am a little less likely

 5

I am much LESS likely to get seriously ill than other people of my age

 5

I already have a serious illness

Spare 370-400

## 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

#### Q10 Mobility

**Tick ONE box**

401

I have no problems walking about

 1

I have some problems walking about

 2

I am confined to bed

 3

### SELF CARE

#### Q11 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

#### Q12 Usual activities

**Tick ONE box**

403

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

 1

I have some problems with performing my usual  
activities

 2

I am unable to perform my usual activities

 3

### PAIN

#### Q13 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

#### Q14 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

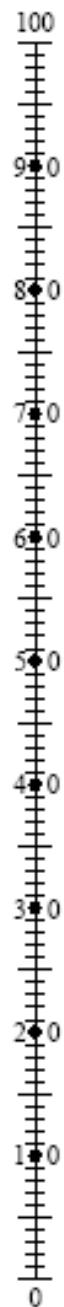
 3

**Q15**

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**

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Spare 409-425

## GENERAL WELLBEING

- Q16** Below are some statements about feelings and thoughts.  
Please circle the number that best describes your experience of each over the last 2 weeks.

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>ALL NEW</b>						
<b>OPTIMF</b> I've been feeling optimistic about the future	1	2	3	4	5	426
<b>USEFUL</b> I've been feeling useful	1	2	3	4	5	427
<b>RELAX</b> I've been feeling relaxed	1	2	3	4	5	428
<b>INTPEOP</b> I've been feeling interested in other people	1	2	3	4	5	429
<b>ENERGY</b> I've had energy to spare	1	2	3	4	5	430
<b>DEALPRB</b> I've been dealing with problems well	1	2	3	4	5	431
<b>THKCLR</b> I've been thinking clearly	1	2	3	4	5	432
<b>GOODME</b> I've been feeling good about myself	1	2	3	4	5	433
<b>CLSEPEOP</b> I've been feeling close to other people	1	2	3	4	5	434
<b>CONFIDET</b> I've been feeling confident	1	2	3	4	5	435
I've been able to make up my own mind about <b>MAKEMIND</b> things	1	2	3	4	5	436
<b>LOVED</b> I've been feeling loved	1	2	3	4	5	437
<b>INTTHGS</b> I've been interested in new things	1	2	3	4	5	438
<b>CHEER</b> I've been feeling cheerful	1	2	3	4	5	439

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)  
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**PAIDWK****Q17** Are you currently in paid employment?**Tick ONE box**  
440

Yes

 1**Go to Q18**

No

 2**Go to Q22****COPEJOB****Q18** 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**  
441

Strongly agree

 1

Agree

 2

Neither agree nor disagree

 3

Disagree

 4

Strongly disagree

 5**CHOICEWK****Q19** Do you have a choice in deciding HOW you go about your work?**Tick ONE box**  
442

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**

**Q20** Do you get help and support from your line manager?

**Tick ONE box**

443

Often	<input type="checkbox"/> 1
Sometimes	<input type="checkbox"/> 2
Seldom	<input type="checkbox"/> 3
Never/ almost never	<input type="checkbox"/> 4
Does not apply/ have no manager	<input type="checkbox"/> 5

**LOSEJOB**

**Q21** 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**

<input type="checkbox"/> 0	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 30	<input type="checkbox"/> 40	<input type="checkbox"/> 50	<input type="checkbox"/> 60	<input type="checkbox"/> 70	<input type="checkbox"/> 80	<input type="checkbox"/> 90	<input type="checkbox"/> 100	444-446
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Spare 447-450

**SCSEXID (New)**

**Q22** Which of the following options best describes how you think of yourself?

**Tick ONE box**

451

Heterosexual or Straight	<input type="checkbox"/> 1
Gay or Lesbian	<input type="checkbox"/> 2
Bisexual	<input type="checkbox"/> 3
Other	<input type="checkbox"/> 4
Prefer not to say	<input type="checkbox"/> 5

### **INFORMATION ABOUT YOURSELF**

## **RELIGSC (New)**

**Q23** What is your religion?

**Tick ONE box**  
452-453

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

---

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.

## **MOBILE**

**Q24** Do you have a mobile telephone number we can contact you on?

**Tick ONE box**  
454

No

 2

→ **Go to question 25**

Yes

 1

What is your mobile telephone number?

455-465

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

**EMAIL**

**Q25** Do you have an e-mail address we can contact you on?

**Tick ONE box**

466

No

2

→ **Go to question 26**

Yes

1



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

467-526

@

**AGE65 (New)**

**Q26** What is your age?

18-64

1

Thank you, you do not need to answer any more questions

65 or over

2

→ **Go to Q27**

**BLADDER (New)**

**Q27** Do you suffer from problems with your 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**

528

Yes

1

No

2

Prefer not to say

3

**BOWELS (New)**

**Q28** Do you suffer from problems with controlling your 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**

529

Yes

1

No

2

Prefer not to say

3

**Thank you for answering these questions.**

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

**P3127**

Point

1-4			

Address

5-6	

HHLD

7

CKL

--

Person No

8-9	

First name: \_\_\_\_\_

Spare Card Spare  
 10-11 12-14 15-20

3	1	1
---	---	---

Interviewer number: \_\_\_\_\_

Survey month: \_\_\_\_\_

## Health Survey for England 2011

### Booklet for Young Adults

**In Confidence**

**How to fill in this questionnaire**

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

**Example:**

Tick **one** box

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

Do you feel that you lead a ...

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

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

## SMOKING

### DSMOKEVR

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

**Tick ONE box**

21  
1

2

**Go to next question**

Yes

No

**Go to Q12 on page 4**

### DSMOKCIG

**Q2** Have you ever smoked a cigarette?

**Tick ONE box**

22  
1

2

**Go to next question**

Yes

No

**Go to Q12 on page 4**

### DCIGAGE

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

23-24

**Write in how old you were then**

### DSMOKNOW

**Q4** Do you smoke cigarettes at all nowadays?

**Tick ONE box**

25  
1

2

**Go to Q7 on page 3**

Yes

No

**Go to next question**

**DQTRES****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 |
| Advert for a nicotine replacement product  | <input type="checkbox"/> 02 |
| Government TV, radio or press advert   | <input type="checkbox"/> 03 |
| Hearing about a new stop smoking treatment   | <input type="checkbox"/> 04 |
| Financial reasons (couldn't afford it)   | <input type="checkbox"/> 05 |
| Because of the smoking ban in all enclosed public places, including pubs and restaurants | <input type="checkbox"/> 06 |
| I knew someone else who was stopping   | <input type="checkbox"/> 07 |
| Seeing a health warning on a cigarette packet  | <input type="checkbox"/> 08 |
| Family or friends wanted me to stop  | <input type="checkbox"/> 09 |
| Being contacted by my local NHS Stop Smoking Services                                    | <input type="checkbox"/> 10 |
| Health problems I had at the time  | <input type="checkbox"/> 11 |
| Worried about future health problems   | <input type="checkbox"/> 12 |
| Pregnancy  | <input type="checkbox"/> 13 |
| Worried about the effect on my children  | <input type="checkbox"/> 14 |
| Worried about the effect on other family members   | <input type="checkbox"/> 15 |
| My own motivation  | <input type="checkbox"/> 16 |
| Something else   | <input type="checkbox"/> 17 |
| Cannot remember  | <input type="checkbox"/> 98 |

**DSMOKREG****Q6** Did you smoke cigarettes regularly or occasionally?

**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

**DDLYSMOK**  
**CURRENT SMOKERS**

**Q7** About how many cigarettes a day do you usually smoke on **weekdays**?

45-46

**Write in number smoked a day**

**DWKNDNSMO**

**Q8** And about how many cigarettes a day do you usually smoke at **weekends**?

47-48

**Write in number smoked a day**

**DCIGTYPE**

**Q9** Do you **mainly** smoke ...

**Tick ONE box**

 49

filter-tipped cigarettes,

 50

plain or untipped cigarettes,

 51

or hand-rolled cigarettes?

52

**DGIVEUP**

**Q10** Would you like to give up smoking altogether?

**Tick ONE box**

 53

Yes

 54

No

→ **Go to next question**

→ **Go to Q12 on page 4**

**DYGVUP**

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

**Tick ALL that**

**apply**

 55

Because of a health problem I have at present

 56

Better for my health in general

 57

Less risk of getting smoking related illnesses

 58

Family/friends wanted me to stop

 59

Financial reasons (can't afford it)

 60

Worried about the effect on my children

 61

Because of the ban on smoking in all public places

 62

Other

 63

**DPAREG****EVERYONE PLEASE ANSWER**

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

**Tick ONE box**

67

Yes

1

No

2

Don't know

8

**DMAREG**

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

**Tick ONE box**

68

Yes

1

No

2

Don't know

8

**DEXPSM**

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

69-71

Number of hours a week

**Write in****DNRSMO**

**Q15** 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

At home

1

At work

2

In other people's homes

3

Outdoor smoking areas of pubs/restaurants/cafes

4

In other places

5

No, none of these

6

**Go to Q15 b on page 5**

**DSMKBTHR**

**Q15** Does this bother you?  
**b)**

**Tick ONE box**

78

Yes

1

No

2

**DRINKING****DDRINK**

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

**Tick ONE box**

79

Yes

→ Go to Q19

No

→ Go to next question

**DDRINKANY**

**Q17** Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

**Tick ONE box**

80

Very occasionally

→ Go to Q19

Never

→ Go to next question

**DALWAYTT**

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

**Tick ONE box**

81

Always a non-drinker

→ Go to Q36 on  
page 12

Used to drink but stopped

**DDRINKAG**

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

82-83

Write in how old you were then

**DDRINKOTF**

**Q20** Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

**Tick ONE box**

84-85

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

**Go to next question**

**Go to Q36 on page 12**

**DDRINKL7**

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

**Tick ONE box**

86

- Yes  1 → **Go to next question**
- No  2 → **Go to Q23 on page 7**

**DDRNKDAY**

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

**Tick ONE box**

87

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

**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	
<b>Normal</b> strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy. <b>DDKTYP01</b>	88-103 <b>01</b>		<b>NBERQPT7</b>	<b>DNBL7Q2</b>	<b>DNBL7Q3</b>	104- 111
<b>Strong</b> beer, lager, stout or cider (6% alcohol or more, such as Tennents Super, Special Brew, Diamond White) <b>DDKTYP02</b>	02		<b>SBERQPT7</b>	<b>DSBL7Q2</b>	<b>DSBL7Q3</b>	112- 119
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails <b>DDKTYP03</b>	03	<b>DSPIRL7Q</b>				120- 121
Sherry or martini (including port, vermouth, cinzano, dubonnet) <b>DDKTYP04</b>	04	<b>DSHRL7Q</b>				122- 123
Wine (including babycham and champagne) <b>DDKTYP05</b>	05	<b>DW250ML</b>	<b>DW175ML</b>	<b>DW125ML</b>	<b>DWBTL</b>	124- 132
Alcoholic soft drink ('alcopop') or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice <b>DDKTYP06</b>	06	<b>DPTLBTL*</b>	<b>DBTSBTL*</b>	<b>DPTSCAN</b> *		133- 138
Other kinds of alcoholic drink						
<b>WRITE IN NAME OF DRINK</b>						
1. <b>DDKTYP07</b>	07					139- 148
2. <b>DDKTYP08</b>	08					149- 158

Spare 159-300

\*New

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.

**SCNBEER (New)**

- 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?

**Tick ONE box**  
301-302

Almost every day	<input type="checkbox"/> 01	<b>Go to next question</b>
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 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?

**WRITE IN HOW MUCH USUALLY DRUNK  
ON ANY ONE DAY**

Pints	Large cans or bottles	Small cans or bottles	303-310
<b>SCNBEEQ1</b> *	<b>SCNBEEQ2</b> *	<b>SCNBEEQ3</b> *	

\*New

## SCSBEER (New)

- 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?

**Tick ONE box**  
311-312

Almost every day	<input type="checkbox"/> 01	<b>Go to next question</b>
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 Q28**

- Q27** How much **strong beer, lager, stout or cider** have you usually drunk on any one day during the last 12 months?

**WRITE IN HOW MUCH USUALLY DRUNK  
ON ANY ONE DAY**

Pints

Large cans  
or bottles

Small cans  
or bottles

**SCSBEEQ1\***

**SCSBEEQ2\***

**SCSBEEQ3\***

313-  
320

\*New

## SCSPIRIT (New)

- 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?

**Tick ONE box**  
321-322

Almost every day	<input type="checkbox"/> 01	<b>Go to next question</b>
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 O30 on page**

- 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?

Glasses  
(count doubles as  
2 singles)

**WRITE IN HOW MUCH USUALLY DRUNK  
ON ANY ONE DAY**

**SCSPIRQ**  
\*

323-  
324

\*New

**SCSHERRY (New)**

- Q30** How often have you had a drink of **sherry or martini** including port, vermouth, Cinzano and Dubonnet, during the last 12 months?

**Tick ONE box**  
325-326

- 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 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?

Small glasses  
(count doubles as  
2 singles)

**WRITE IN HOW MUCH USUALLY DRUNK  
ON ANY ONE DAY**

**SCSHERRQ**  
\*

327-  
328

\*New

## SCWINE (New)

**Q32** How often have you had a drink of **wine**, including Babycham and champagne, during the last 12 months?

**Tick ONE box**  
329-330

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 → <b>Go to Q34</b>

**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)	<input type="checkbox"/> SCWINEQ1*
Standard glasses (175ml)	<input type="checkbox"/> SCWINEQ2*
Small glasses (125ml)	<input type="checkbox"/> SCWINEQ3*
Bottles (750ml)	<input type="checkbox"/> SCWINEQ4* <sup>331-339</sup>

\*New

## SCPOPS (New)

**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?

**Tick ONE box**  
340-341

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 → <b>Go to Q36 on page 12</b>

<p><b>Q35</b> How many <b>alcopops</b> (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?</p> <p><b>WRITE IN HOW MUCH USUALLY DRUNK ON ANY ONE DAY</b></p>	<p>Large Bottles (700ml)</p>	<p>Standard Bottles (275ml)</p>	<p>Small Cans</p>
	<input style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;" type="text"/> <span style="color: red;">SCPOPSQ1 *</span>	<input style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;" type="text"/> <span style="color: red;">SCPOPSQ2 *</span>	<input style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;" type="text"/> <span style="color: red;">SCPOPSQ3 *</span>
			<span style="font-size: small;">342-347</span> <span style="color: red; font-size: small;">*New</span>

Spare 348

### EVERYONE PLEASE ANSWER

#### HAPPY

**Q36** Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

349-350

**Write in**

**Q37** Here are some statements that other people have made.

Please **tick one box** to show how much you agree or disagree with each one.

	Disagree strongly	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree	Agree strongly
--	----------------------	----------------------	-------------------------------------	-------------------	-------	-------------------

I feel good about myself  
**GOODSELF (New)**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

351

I get a lot of pleasure from taking risks  
**LIKERISK (New)**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

352

I generally focus on the here and now rather than worry about the future **FOCNOW (New)**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

353

I learn from my mistakes  
**LEARNMIS (New)**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

354

**Q38** Here are some things that other people have said they would like to have over the course of their lives. Could you tell me how important each of them is to you personally:

Please **tick one box** on the scale from 1-7, where 1 is not at all important and 7 is very important

	Not at all important	Very important					
	1	2	3	4	5	6	7

To have money, wealth and possessions **IMPMONEY (New)**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

355

To have an image that others find appealing **IMPIMG (New)**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

356

**Q39** Here are some more statements that we would like you to look at.

Please **tick one box** to show how much you agree or disagree with each of them.

	Disagree strongly	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree	Agree strongly		
Following a healthy lifestyle is an effective way to reduce my chances of becoming ill <b>HEALTHY (New)</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	357
If you don't have your health you don't have anything <b>HEALL (New)</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	358
There is nothing more important than good health <b>GOODHEAL (New)</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	359
I'm very involved in my health <b>INVOHEAL (New)</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	360
I am in control of my own health <b>CONTHEAL (New)</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	361
The main thing which affects my health is what I personally do <b>PERSHEAL (New)</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	362
If a person is meant to get ill, it doesn't matter what a doctor tells them to do, they will get ill anyway <b>GETILL (New)</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	363
I intend to lead a healthy lifestyle over the next 12 months <b>YRHEAL (New)</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	364

**DIFFHEAL (New)**

**Q40** For you, would leading a healthy lifestyle be.....

**Tick ONE box**

	Extremely difficult				Extremely easy		
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

365

## **CONTHYR (New)**

**Q41** How much control do you believe you have over whether or not you lead a healthy lifestyle over the following year?

**Tick ONE box**

**No control**

**1      2      3      4      5      6      7**

 1 2 3 4 5 6 7

**Complete control**

366

## **ENJHEAL (New)**

**Q42** For you, would leading a healthy lifestyle be.....

**Tick ONE box**

**Not enjoyable**

**1      2      3      4      5      6      7**

 1 2 3 4 5 6 7

**Enjoyable**

367

## **WHENRISK (New)**

**Q43** Which of these best describes your view:

If I don't lead a healthy lifestyle, my health could be at risk...

**Tick ONE box**

368

In the next 12 months

 1

In the next few years

 2

In the next 10-20 years

 3

Much later in my life

 4

Not at all

 5

## **SERILL (New)**

**Q44** Compared with other people of your age, how likely do you think it is that you will get seriously ill at some point over the next few years?

**Tick ONE box**

369

I am much MORE likely to get seriously ill than other people of my age

 1

I am a little more likely

 2

No more or less likely

 3

I am a little less likely

 4

people of my age

 5

I already have a serious illness

 6

Spare 370-400

## 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

#### Q45 Mobility

**Tick one box**  
401

I have no problems walking about

 1

I have some problems walking about

 2

I am confined to bed

 3

### SELF CARE

#### Q46 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

### USUAL ACT

#### Q47 Usual activities

**Tick one box**  
403

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

 1

I have some problems with performing my usual activities

 2

I am unable to perform my usual activities

 3

### PAIN

#### Q48 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

#### Q49 Anxiety/Depression

**Tick one box**  
405

I am not anxious or depressed

 1

2

I am extremely anxious or depressed

 3

## HTHSTAT

### Q50

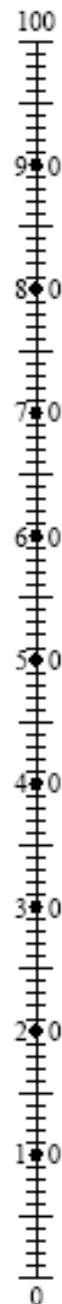
406-408

#### 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

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Spare 409-425

## GENERAL WELLBEING

- Q51** Below are some statements about feelings and thoughts.  
Please circle the number that best describes your experience of each over the last 2 weeks.

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>OPTIMF</b> I've been feeling optimistic about the future	1	2	3	4	5	426
<b>USEFUL</b> I've been feeling useful	1	2	3	4	5	427
<b>RELAX</b> I've been feeling relaxed	1	2	3	4	5	428
<b>INTPEOP</b> I've been feeling interested in other people	1	2	3	4	5	429
<b>ENERGY</b> I've had energy to spare	1	2	3	4	5	430
<b>DEALPRB</b> I've been dealing with problems well	1	2	3	4	5	431
<b>THKCLR</b> I've been thinking clearly	1	2	3	4	5	432
<b>GOODME</b> I've been feeling good about myself	1	2	3	4	5	433
<b>CLSEPEOP</b> I've been feeling close to other people	1	2	3	4	5	434
<b>CONFIDET</b> I've been feeling confident	1	2	3	4	5	435
<b>MAKEMIND</b> I've been able to make up my own mind about things	1	2	3	4	5	436
<b>LOVED</b> I've been feeling loved	1	2	3	4	5	437
<b>INTTHGS</b> I've been interested in new things	1	2	3	4	5	438
<b>CHEER</b> I've been feeling cheerful	1	2	3	4	5	439

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)  
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**PAIDWK**

**Q52** Are you currently in paid employment?

**Tick ONE box**

440

Yes

→ **Go to next question**

No

→ **Go to Q57 on page 19**

**COPEJOB**

**Q53** 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**

441

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

**CHOICEWK**

**Q54** Do you have a choice in deciding HOW you go about your work?

**Tick ONE box**

442

Never

Occasionally

Some of the time

Much of the time

Most of the time

All of the time

**SUPPTWK**

**Q55** Do you get help and support from your line manager?

**Tick ONE box**

443

Often

Sometimes

Seldom

Never/ almost never

Does not apply/ have no manager

## LOSEJOB

**Q56** 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

444-446  
Spare 447-450

## INFORMATION ABOUT YOURSELF

### SCSEXID (New)

**Q57** Which of the following options best describes how you think of yourself?

**Tick ONE box**  
451

Heterosexual or Straight

 1

Gay or Lesbian

 2

Bisexual

 3

Other

 4

Prefer not to say

 5

**RELIGSC (New)****Q58** What is your religion?**Tick ONE box**

452-453

No religion

 01

Christian - Catholic

 02Christian – all other denominations including  
Church of England, Protestant 03

Buddhist

 04

Hindu

 05

Jewish

 06

Muslim

 07

Sikh

 08Any other religion  
(please write in on the line below) 09**MOBILE****Q59** 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.

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

**Tick ONE box**

454

No

 2→ **Go to next question**

Yes

 1

What is your mobile telephone number?

455-465

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

**EMAIL**

**Q60** Do you have an e-mail address we can contact you on? **Tick ONE box**

466

No

 2

Yes

 1

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

467-526

@

**Thank you for answering these questions.**

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

**P3127**

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

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

First name:

Interviewer number:

Survey month:

## Health Survey for England 2011

### 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  1

No  2

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

I was **10** years old  
write in

- Next to some of the boxes are arrows and instructions  
They show or tell you which question to answer next.  
If there are no special instructions, just answer the next question.

No  2 → Go to question 4

Yes  1  
↓  
I was **10** years old  
write in

## Cigarette Smoking

### ASMOKCIG

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

Spare 21-170

**Tick one box**  
171

Yes

 1

No

 2

→ Go to next question

### ASMOKREG

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

**Tick one box**  
172

I have never smoked

 1

→ Go to question 6

I have only smoked once or twice

 2

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

 3

I sometimes smoke, but I don't smoke every week

 4

→ Go to next question

I smoke between one and six cigarettes a week

 5

I smoke more than six cigarettes a week

 6

### ACIGAGE

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

173-174

I was  years old      Go to next question  
write in

### ACIGWEEK

- Q4** Did you smoke any cigarettes last week?

**Tick one box**  
175

Yes

 1

→ Go to next question

No

 2

→ Go to question 6

### ACIGNUM

- Q5** How many cigarettes did you smoke last week?

176-177

I smoked  cigarettes      Go to next question  
write in

Spare 178-184

**EVERYONE PLEASE ANSWER**

**ANRSM02**

**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**

185-204

At home

 01

In other people's homes

 02

In a car

 03

In the street

 04

Outdoor areas of pubs or cafes or restaurants

 05

In the park or playing fields

 06

Other public places

 07

In school

 08

In other places

(please write these other places on the line below)

 09

→ Go to next question

**ASMBTHR**

**Q7** Does this bother you?

**Tick one box**

205

Yes

 1

No

 2

→ Go to next question

Spare 206-214

## Drinking

### ADRPROP

**Q8** Have you ever had a proper alcoholic drink - a whole drink, not just a sip? Please don't count drinks labelled low alcohol.

Tick one box

215

Yes

 1 2

→ 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

216

Yes

 1 2

→ Go to next question

No

 2

→ Go to question 19 on page 8

### ADRINKAG

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

217-218

I was

years old

Go to next question

write in

### ADRINKOF

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

Tick one box

219

Almost every day

 1

About twice a week

 2

About once a week

 3

About once a fortnight

 4

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  
220

Today	<input type="checkbox"/> 1	→	Go to next question
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		Go to question 19 on page 8
2 weeks, but less than 4 weeks ago	<input type="checkbox"/> 5		
1 month, but less than 6 months ago	<input type="checkbox"/> 6		
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

221

No	<input type="checkbox"/> 2	→ Go to question 14
Yes	<input type="checkbox"/> 1	

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

Write in:

222-225

Pints (if half a pint, write in  $\frac{1}{2}$ )

226-227

AND/OR

Large cans or bottles

228-229

AND/OR

Small cans or bottles

**ABER2QPT****ABER2QLG****ABER2QSM**

**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

230

No

Go to question 15

Yes



How much did you drink in the last 7 days?

Write in:

231-232

**APIRQGS**

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?

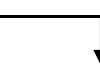
Tick one box

233

No

Go to question 16

Yes



How much did you drink in the last 7 days?

Write in:

234-235

**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

236

No

Go to question 17

Yes



How much did you drink in the last 7 days?

Write in:

237-238

**AWINEQGS**

Glasses

Spare 239-245

**APOPSW**

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

Have you drunk this in the last 7 days?

**Tick one box**

**246**

No

→ Go to question 18

Yes



How much did you drink in the last 7 days?

Write in:

**247-248**

**Large cans or bottles**

**249-250**

AND/OR

**Small cans or bottles**

**Q18 Other kinds of alcoholic drink?**

Have you drunk this in the last 7 days?

**Tick one box**

**251**

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:

252



253-262

263



264-273

274



275-284

Spare 285-287

## Your weight

**Everyone please answer**

**SAYWGT**

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

**Tick one box**

288

About the right weight

 1

too heavy

 2

or too light?

 3

Not sure

 8

→ **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**

289

Trying to lose weight

 1

Trying to gain weight

 2

Not trying to change weight

 3

Spare 290-410

## Describing your health today

Under each heading, please tick the ONE box that best describes your health TODAY

### YMOBIL (New)

#### Q21 Mobility (*walking about*)

**Tick one box**  
411

I have had no problems walking about today

 1

I have had some problems walking about today

 2

I have had a lot of problems walking about today

 3

### YSCARE (New)

#### Q22 Looking after myself

**Tick one box**  
412

I had no problems washing or dressing myself today

 1

I had some problems washing or dressing myself today

 2

I had a lot of problems washing or dressing myself today

 3

### YUSEACT(New)

#### Q23 Doing usual activities (for example, going to school, hobbies, sports, playing, doing things with family or friends)

**Tick one box**  
413

I had no problems doing my usual activities today

 1

I had some problems doing my usual activities today

 2

I had a lot of problems doing my usual activities today

 3

### YPAIN (New)

#### Q24 Having pain or discomfort

**Tick one box**  
414

I had no pain or discomfort today

 1

I had some pain or discomfort today

 2

I had a lot of pain or discomfort today

 3

### YANXIETY (New)

#### Q25 Feeling worried, sad or unhappy

**Tick one box**  
415

I am not worried, sad or unhappy today

 1



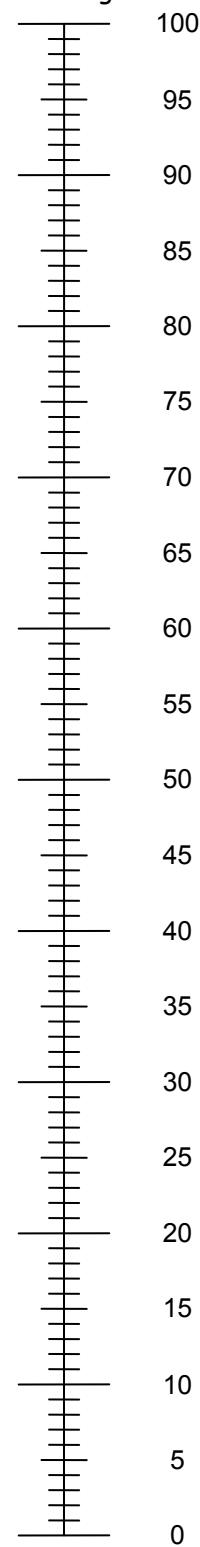
I am very worried, sad or unhappy today

**YHTHSTAT (New)****26. How good is your health TODAY**

- We would like to know how good or bad your health is TODAY.
- This line is numbered from 0 to 100.
- 100 means the best health you can imagine.  
0 means the worst health you can imagine.
- Please mark an X on the line that shows how good or bad your health is TODAY.

The best health

you can imagine



**YNATSC (New)**

Q27 Which of these would you say you are?

**Tick all boxes  
which apply**  
447-450

English

 1

Scottish

 2

Welsh

 3

Irish

 4

British

 5

Or something else?  
(please write in on the line below)

 6

→ Go to next question

**RELIGSC (New)**

Q28 What is your religion?

**Tick one box**  
452-453

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

Spare 451

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

**P3127**

Point  

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

Address  

5	6
---	---

HHLD  

7
---

CKL  

8	9
---	---

Person No  
First name:

Spare Card Spare  

10-11	3	1	4	12-14	15-20
-------	---	---	---	-------	-------

Interviewer number:

Survey month:

## Health Survey for England 2011

### 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  1

No  2

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

I was **10** years old  
write in

- Next to some of the boxes are arrows and instructions.  
They show or tell you which question to answer next.  
If there are no special instructions, just answer the next question.

No  2 → Go to question 4

Yes  1 ↓  
I was **10** years old  
write in

## Cigarette Smoking

### CSMOKCIG

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

Spare 21-177

Tick one box

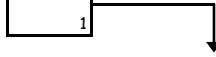
178

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?

### CSMOKAGE

### CSMOKREG

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

179-180

I was

years old

Write in

Tick one box

181

I have never smoked

 1

I have only smoked once or twice

 2

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

 3

I sometimes smoke, but I don't smoke every week

 4

I smoke between one and six cigarettes a week

 5

I smoke more than six cigarettes a week

 6

→ Go to next question

**CCIGWEEK**

**Q3** Did you smoke any cigarettes last week?

Tick one box

182

No

 2

→ Go to question 4

Yes

 1

How many cigarettes did you smoke last week?

183-184

I smoked

cigarettes

Write in

**ANSRMO**

**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

185-204

At home

 01

In other people's homes

 02

In a car

 03

In the street

 04

Outdoor areas of pubs or cafes or restaurants

 05

In the park or playing fields

 06

Other public places

 07

In school

 08

In other places

 09

(please write these other places on the line below)

→ Go to next question

No, none of these

 97

→ Go to question 6

## **ASMBKTHR**

**Q5** Does this bother you?

**Tick one box**

**205**

**Yes**

 1  
 2

**Go to next question**

**No**

**Spare 206-214**

## **Drinking**

### **ADRPROP**

**Q6** Have you ever had a proper alcoholic drink - a whole drink, not just a sip? Please don't count drinks labelled low alcohol.

**Tick one box**

**215**

**Yes**

 1

**Go to question 8**

**No**

 2

**Go to next question**

### **ADROPOPS**

**Q7** Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

**Tick one box**

**216**

**Yes**

 1

**Go to next question**

**No**

 2

**Go to question 11 on page 6**

### **ADRINKAG**

**Q8** How old were you the first time you had a proper alcoholic drink or alcopop?

**217-218**

I was

years old

**write in**

## **ADRINKOF**

**Q9** How often do you usually have an alcoholic drink or alcopop?

**Tick one box**

219

Almost every day

 1

About twice a week

 2

About once a week

 3

About once a fortnight

 4

About once a month

 5

Only a few times a year

 6

I never drink alcohol now

 7

→ Go to next question

## **ADRLAST**

**Q10** When did you **last** have an alcoholic drink or alcopop?

**Tick one box**

220

Today

 1

Yesterday

 2

Some other time during the last week

 3

1 week, but less than 2 weeks ago

 4

2 weeks, but less than 4 weeks ago

 5

1 month, but less than 6 months ago

 6

6 months ago or more

 7

→ Go to next question

Spare 221-287

## Your weight

**Everyone please answer  
SAYWGT**

**Q11** Given your age and height, would you say  
that you are...

**Tick one box**

288

About the right weight

 1

too heavy

 2

or too light?

 3

Not sure

 8

→ Go to next question

**SAYDIET**

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

**Tick one box**

289

Trying to lose weight

 1

Trying to gain weight

 2

Not trying to change weight

 3

→ Go to next question

Spare 290-410

## Describing your health today

Under each heading, please tick the ONE box that best describes your health TODAY

### YMOBIL (New)

#### Q13 Mobility (walking about)

Tick one box  
411

I have had no problems walking about today

 1

I have had some problems walking about today

 2

I have had a lot of problems walking about today

 3

### YSCARE (New)

#### Q14 Looking after myself

Tick one box  
412

I had no problems washing or dressing myself today

 1

I had some problems washing or dressing myself today

 2

I had a lot of problems washing or dressing myself today

 3

### YUSEACT (New)

#### Q15 Doing usual activities (for example, going to school, hobbies, sports, playing, doing things with family or friends)

Tick one box  
413

I had no problems doing my usual activities today

 1

I had some problems doing my usual activities today

 2

I had a lot of problems doing my usual activities today

 3

### YPAIN (New)

#### Q16 Having pain or discomfort

Tick one box  
414

I had no pain or discomfort today

 1

I had some pain or discomfort today

 2

I had a lot of pain or discomfort today

 3

### YANXIETY (New)

#### Q17 Feeling worried, sad or unhappy

Tick one box  
415

I am not worried, sad or unhappy today

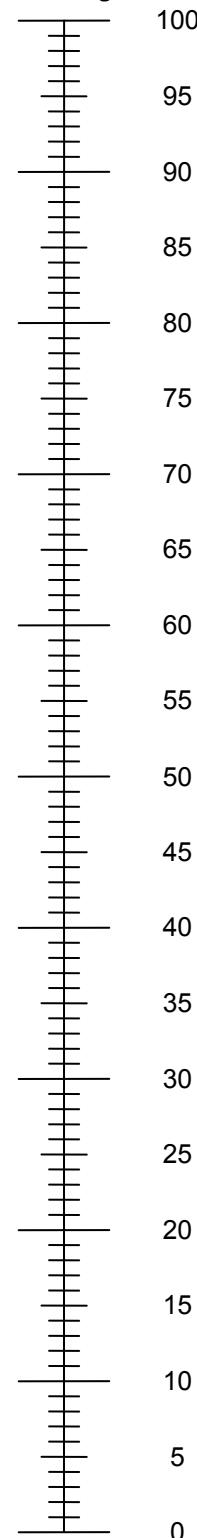
 1

I am very worried, sad or unhappy today

**YHTHSTAT (New)****Q18. How good is your health TODAY**

- We would like to know how good or bad your health is TODAY.
- This line is numbered from 0 to 100.
- 100 means the best health you can imagine.  
0 means the worst health you can imagine.
- Please mark an X on the line that shows how good or bad your health is TODAY.

The best health  
you can imagine



The worst health  
you can imagine

**YNATSC (New)**

**Q19** Which of these would you say you are?

**Tick all boxes  
which apply**  
447-450

English

 1

Scottish

 2

Welsh

 3

Irish

 4

British

 5

Or something else?  
(please write in on the line below)

 6

→ Go to next question

---

Spare 451

**RELIGSC (New)**

**Q20** What is your religion?

**Tick one box**  
452-453

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

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

**P3127**Point      Address  

1-4	5-6
-----	-----

HHLD      CKL  
7Child No  
8-9First  
name of **child**:

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

Spare      Card  
10-11      12-13  

3
---

 Interviewer number: 

2
---

First name of **parent** completing booklet:

--	--

Person no of parent

Spare

--	--

14-15

Survey month:

--

16-20

## Health Survey for England 2011

### Booklet for parents of 4-15 year olds

In Confidence

#### How to fill in this questionnaire

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

#### Example:

Tick one box

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

Do you feel that  
you lead a ...

## Strengths and Difficulties Questionnaire

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

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

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

	Not True	Somewhat true	Certainly true	Spare 21-50
<b>1.</b> SDQFEEL Considerate of other people's feelings	1	2	3	51
<b>2.</b> SDQHYPER Restless, overactive, cannot stay still for long	1	2	3	52
<b>3.</b> SDQACHES Often complains of headaches, stomachaches or sickness	1	2	3	53
<b>4.</b> SDQSHARE Shares readily with other children (treats, toys, pencils etc.)	1	2	3	54
<b>5.</b> SDQTEMPR Often has temper tantrums or hot tempers	1	2	3	55
<b>6.</b> SDQALONE Rather solitary, tends to play alone	1	2	3	56
<b>7.</b> SDQOBEYS Generally obedient, usually does what adults request	1	2	3	57
<b>8.</b> SDQWORRY Many worries, often seems worried	1	2	3	58
<b>9.</b> SDQHELP Helpful if someone is hurt, upset or feeling ill	1	2	3	59
<b>10.</b> SDQFIDGT Constantly fidgeting or squirming	1	2	3	60
<b>11.</b> SDQPAL Has at least one good friend	1	2	3	61
<b>12.</b> SDQFIGHT Often fights with other children or bullies them	1	2	3	62
<b>13.</b> SDQSAD Often unhappy, down-hearted or tearful	1	2	3	63
<b>14.</b> SDQLIKED Generally liked by other children	1	2	3	64
<b>15.</b> SDQDAZE Easily distracted, concentration wanders	1	2	3	65
<b>16.</b> SDQCLING Nervous or clingy in new situations, easily loses confidence	1	2	3	66
<b>17.</b> SDQKIND Kind to younger children	1	2	3	67
<b>18.</b> SDQLIES Often lies or cheats	1	2	3	68
<b>19.</b> SDQBULLD Picked on or bullied by other children	1	2	3	69
<b>20.</b> SDQVOLS Often volunteers to help others (parents, teachers, other children)	1	2	3	70

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

	<b>Not True</b>	<b>Somewha t true</b>	<b>Certainl y true</b>	
21. SDQTHINK Thinks things out before acting	1	2	3	71
22. SDQSTEAL Steals from home, school or elsewhere	1	2	3	72
23. SDQADULT Gets on better with adults than with other children	1	2	3	73
24. SDQFEARS Many fears, easily scared	1	2	3	74
25. SDQTEND Sees tasks through to the end, good attention span	1	2	3	75

### SDQDIFF

26. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

76

No  4 **Go to Q31**

Yes – minor difficulties  1 **Go to next question**

Yes – definite difficulties  2 **Go to next question**

Yes – severe difficulties  3 **Go to next question**

If you have answered "Yes", please answer the following questions about these difficulties:

### SDQLDIF

27. How long have these difficulties been present?

77

Less than  
a month  
 1

1-5  
months  
 2

6-12  
months  
 3

Over  
a year  
 4

### SDQDDIS

28. Do the difficulties upset or distress your child?

Not  
at all  
 1

Only a  
little  
 2

Quite  
a lot  
 3

A great  
deal  
 4

78

**29.** Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal	
HOME LIFE <b>SDQDHOM</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	79
FRIENDSHIPS <b>SDQDFRND</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	80
CLASSROOM <b>SDQDCLSS</b> LEARNING	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	81
LEISURE ACTIVITES <b>SDQDLEIS</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	82

### **SDQDBURD**

**30.** Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	83

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## **Your child's weight**

**Everyone please answer**

**Q31 SDQWEIG** Given your child's age and height, would you say  
that your child is...

Tick one box

84

About the right  
weight

 1

too heavy

 2

or too light?

 3

Not sure

 8

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

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

## The Health Survey for England 2011

### Program Documentation

### Nurse Questionnaire

P3127

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#### **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*

##### **OC**

*Interview outcome of person who was interviewed*

- 1 Agreed Nurse Visit
- 2 Refused Nurse Visit
- 3 No outcome yet

##### **DDiary**

*Whether a drinking diary was placed during the interview*

- 1 Yes
- 2 No

#### **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 FROM Q2 ON THE NRF (OR INTERIM APPOINTMENT RECORD).

---

**Introduction**

**IF OC = 1 THEN**

**Info**

You are in the Nurse Schedule for:

Person Number:

Name:

Age:

Sex:

Can you interview this person?

- 1 Yes, I will do the interview now
- 2 No, I will not be able to do this interview

**ELSEIF OC=2 THEN**

**RefInfo**

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

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

- 1 Yes, (*now/this person*) agrees nurse visit
- 2 No, (*still refuses/this person will not have a*) nurse visit

**ENDIF**

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

**NurDate**

**NURSE:** ENTER THE DATE OF THIS INTERVIEW.

**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.

**ConfAge**

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

Range: 0..120

**DispAge**

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

- 1 Yes
- 2 No

**IF Age of Respondent is 0 to 15 years THEN**

**CParInt**

NURSE: A CHILD CAN ONLY BE INTERVIEWED WITH THE PERMISSION OF, AND IN THE PRESENCE OF, THEIR PARENT OR A PERSON WHO HAS (PERMANENT) LEGAL PARENTAL RESPONSIBILITY, ('PARENT'). NO MEASUREMENTS SHOULD BE CARRIED OUT WITHOUT THE AGREEMENT OF BOTH THE PARENT AND THE CHILD.

Press <1> and <Enter> to continue.

**CParNo**

NURSE CHECK: WHICH PARENT (OR "PARENT") IS GIVING PERMISSION FOR MEASUREMENTS TO BE TAKEN AND ANSWERING QUESTIONS FOR THIS CHILD?

- 1 (*Name of Parent 1*)
- 2 (*Name of Parent 2*)

**ENDIF**

**IF (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN**

**PregNTJ**

Can I check, are you pregnant at the moment?

- 1 Yes
- 2 No

**ENDIF**

## **Prescribed medicines, drug coding and folic acid**

---

### **ALL WITH A NURSE VISIT**

#### **MedCNJD**

Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor or nurse?

NURSE: IF STATINS HAVE BEEN PRESCRIBED BY A DOCTOR PLEASE CODE THEM HERE.  
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.

- 1 Continue

**Collect details of up to 22 prescribed medicines**

**FOR i:= 1 TO 22 DO**

**IF (i = 1) OR (MedBIC[i-1] = Yes) THEN**

#### **MedBI[i]**

NURSE: ENTER NAME OF DRUG NUMBER (1,2,3..etc.).ASK IF YOU CAN SEE THE CONTAINERS FOR ALL PRESCRIBED MEDICINES CURRENTLY BEING TAKEN.IF ASPIRIN, RECORD DOSAGE AS WELL AS NAME.

Text: Maximum 30 characters

#### **MedBIA[i]**

Have you taken/used (*name of medicine*) in the last 7 days?

- 1 Yes
- 2 No

#### **MedBIC[i]**

NURSE CHECK: ANY MORE DRUGS TO ENTER?

- 1 Yes

- 2 No

**ENDIF**

**ENDDO**

**ENDIF**

**IF age>=16 AND MedCNJD = No OR MedBic = 2 THEN**

#### **Statins**

Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without 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**

**DrCod1**

NURSE: TO DO THE DRUG CODING NOW, PRESS <CTRL ENTER>, SELECT **DRUGS 1: (RESPONDENT NAME)** WITH THE HIGHLIGHT BAR AND PRESS <ENTER>.

ELSE, PRESS 1 AND <Enter> TO CONTINUE.

- 1 Continue

**Repeat for up to 22 drugs coded**

**FOR j:= 1 TO (Number of drugs recorded) DO**

**Drc1**

NURSE: ENTER CODE FOR (*name of drug*) **ENTER 999999 IF UNABLE TO CODE**

Text: Maximum 6 characters

**IF (Age of Respondent is over 15 years) AND (Drug code begins 02) THEN**

**YTake1**

Do you take (*name of drug*) because of a heart problem, high blood pressure or for some other reason? NURSE: IF THE RESPONDENT IS SITTING QUIETLY WAITING TO HAVE THEIR BLOOD PRESSURE MEASURED, PLEASE WAIT AND COMPLETE REST OF DRUG CODING BLOCK AFTER THE THREE RECORDINGS HAVE BEEN TAKEN.

- 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*):

NURSE: IF THE RESPONDENT IS SITTING QUIETLY WAITING TO HAVE THEIR BLOOD PRESSURE MEASURED, PLEASE WAIT AND COMPLETE REST OF DRUG CODING BLOCK AFTER THE THREE RECORDINGS HAVE BEEN TAKEN.

Text: Maximum 255 characters

**ENDIF**

**ENDIF**

**ENDDO**

**ENDIF**

**IF Sex=Female and Age=18-49 THEN**

**Folic**

At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?

- 1 Yes
- 2 No

**IF PreNTJ = Yes AND Folic = Yes**

**FolPreg**

Did you start taking folic acid supplements before becoming pregnant?

- 1 Yes
- 2 No

**IF FolPreg = Yes**

**FolPreg12**

Have you been taking folic acid supplements for the first 12 weeks of your pregnancy?

1 Yes

2 No

**ENDIF**

**ENDIF**

**IF PreNTJ = No AND Folic = Yes**

**FolPregHR**

People can take folic acid for various health reasons. Are you taking folic acid supplements because you hope to become pregnant?

1 Yes

2 No

**ENDIF**

**ENDIF**

**IF PreNTJ = No AND Age=>15**

**BPToday**

May I just check, have you take any medication for you blood pressure today?

1 Yes

2 No

**IF BPToday = Yes**

**BPHour**

When did you last take medication for your blood pressure? Was it...READ OUT...

1 Less than 30 minutes ago

2 More than 30 minutes ago but less than an hour ago

3 More than an hour ago

**IF MedCNJD = Yes and drug coding not yet completed THEN**

***Drug coding block***

**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**

**IF (Smoke = No) THEN**

**SmokEvrN**

May I just check, have you ever regularly smoked a cigarette, a cigar or a pipe, that is at least one a day?

- 1 Yes
- 2 No

**ENDIF**

**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?

NURSE: IF BOTH - WHICH MOST RECENTLY? IF CAN'T SAY - ASK TO SEE PACKET.

CODE ONE ONLY.

- 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?

NURSE: IF MORE THAN ONE TYPE - WHICH MOST RECENTLY? IF NOT SURE - ASK TO SEE PACKET. CODE ONE ONLY. **DO NOT PROMPT.**

- 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**

NURSE: TYPE IN NAME AND STRENGTH OF NICOTINE PATCHES

Text: Maximum 140 characters

**ENDIF**

**ENDIF**

**UseNas**

In the last seven days, have you used nicotine nasal spray or a nicotine inhaler?

- 1 Yes
- 2 No

**ENDIF**

## **Blood pressure**

---

**IF Age of Respondent 0 to 4 years THEN**

**NoBP**

NO BLOOD PRESSURE READING TO BE DONE. ENTER '1' TO CONTINUE.

1 Continue

**ENDIF**

**IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN**

**PregMes**

RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE.

1 Continue

**ENDIF**

**ALL AGED 5+ (EXCEPT PREGNANT WOMEN)**

**BPMod**

NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE.

PRESS <1> AND <ENTER> TO CONTINUE.

**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)**

**BPPBlurb**

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 BPConst = Yes, agrees THEN**

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

**ConSubX**

May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?

CODE ALL THAT APPLY.

- 1 Eaten
- 2 Smoked
- 3 Drunk alcohol
- 4 Done vigorous exercise
- 5 (None of these)

**IF BPConst = Yes, agrees THEN**

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

**ConSubX**

May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 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**

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**

**ConSubX2**

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**

NURSE: SELECT CUFF AND ATTACH TO THE RESPONDENT'S RIGHT ARM.  
ASK THE RESPONDENT TO SIT STILL FOR FIVE MINUTES.

READ OUT: 'I am going to leave you to sit quietly now for 5 minutes. During that time you must not read and your legs 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**

NURSE: RECORD THE AMBIENT AIR TEMPERATURE. ENTER THE TEMPERATURE IN CENTIGRADES TO ONE DECIMAL PLACE.

Range: 00.0..40.0

**BPRReady**

NURSE: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.

ENSURE THE **READY TO MEASURE** SYMBOL IS LIT BEFORE PRESSING THE **START** BUTTON TO THE START MEASUREMENTS.

- 1 Continue

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

**FOR I:= 1 TO 3 DO**

**Sys[i]**

NURSE: TAKE THREE MEASUREMENTS FROM RIGHT ARM. ENTER (**FIRST/SECOND/THIRD**) systolic READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL ENTER "996".

Range: 001..999

**Dias[i]**

ENTER (**FIRST/SECOND/THIRD**) DIASTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

**Pulse[i]**

ENTER (**FIRST/SECOND/THIRD**) PULSE READING (bpm).

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

**ENDDO**

**IF NO FULL MEASUREMENT OBTAINED THEN:**

**YNoBP**

ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

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

**ENDIF**

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

**NAttBP**

NURSE: RECORD WHY (ONLY TWO READINGS OBTAINED/ONLY ONE READING OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING REFUSED/UNABLE TO TAKE READING). CODE ALL THAT APPLY.

- 0 Problems with PC
- 1 Respondent upset/anxious/nervous
- 2 Error reading
- 3 (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**

NURSE: 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**

**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 THESE ON (RESPONDENT'S NAME) **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 one off finding or not.

NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.

PLEASE REPORT THIS READING TO THE SURVEY DOCTOR WHEN YOU GET HOME.

**ENDIF**

**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 RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 weeks to have a further blood pressure reading to see whether this is a one off finding or not.

**ENDIF**

**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 one off finding or not.

**ENDIF**

**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**

**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 GPRefC = Other THEN**

**OthRefC**

NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL

Text: Maximum 140 characters

**ENDIF**

**ENDIF**

**ENDIF**

**IF (GPRegB <> Yes) OR (GPSend = No) THEN**

**Code022**

CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.

- 1 Continue

**ELSEIF GPSend = Yes THEN**

**ConsFrm1**

NURSE:

- A) ASK RESPONDENT TO READ AND COMPLETE THE 'BLOOD PRESSURE TO GP' SECTION OF THE BLUE CONSENT BOOKLET.
- B) CHECK THAT GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON THE CONSENT FORM.
- C) CHECK THE NAME BY WHICH GP KNOWS RESPONDENT.
- D) CIRCLE CONSENT **CODE 01** ON FRONT OF THE CONSENT BOOKLET.

- 1 Continue

**ENDIF**

**ENDIF**

### **Waist and hip circumference**

**ASK ALL Respondents aged 11+ AND PregNTJ=No THEN**

#### **WHMod**

NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.

- 1 Continue

#### **WHIntro**

I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.

NURSE CODE:

- 1 Respondent agrees to have waist/hip ratio measured
- 2 Respondent refuses to have waist/hip ratio measured
- 3 Unable to measure waist/hip ratio for reason other than refusal

#### **IF WHIntro=Agree 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 THE (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES  
(REMEMBER TO INCLUDE THE DECIMAL POINT).

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 45.0..1000.0

**ENDIF**

**IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Hip <> 999.9) AND  
(Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3))  
THEN**

#### **Hip**

NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.  
ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN  
CENTIMETRES (Remember to include the decimal point).

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 75.0..1000.0

**ENDIF**

**ENDDO**

**IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9) THEN  
YNoWH**

ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS

- 1 Both measurements refused
- 2 Attempted but not obtained
- 3 Measurement not attempted

**ENDIF**

**ENDIF**

**IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR only one waist/hip measurement obtained) THEN**

**WHPNABM**

GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED). CODE ALL THAT APPLY.

- 1 Respondent is 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**

NURSE: 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)*

Press <1> and <Enter> to continue.

**ENDIF**

**ENDIF**

---

### **Saliva sample**

---

**IF Respondent aged 4 and over THEN**

**Sallnt1**

NURSE: NOW FOLLOWS THE SALIVA SAMPLE.

1 Continue

**Sallntr1**

NURSE: ASK RESPONDENT FOR A SALIVA SAMPLE.

READ OUT: I would like to take a sample of saliva (spit). This simply involves (*keeping a absorbent swab in your mouth for a few minutes {aged 16+} / using a straw to dribble saliva into a tube {aged 4-15}*). The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking.

(IF aged 16+) IF NECESSARY: OFFER RESPONDENT STRAW METHOD IF THEY ARE NOT COMFORTABLE WITH USING THE ABSORBENT SWAB.

NURSE CODE:

- 1 Respondent agrees to give saliva sample
- 2 Respondent refuses to give saliva sample
- 3 Unable to obtain saliva sample for reason other than refusal

**IF Sallntr1=Agree AND Age=16+ THEN**

**SalWrit**

NURSE:

-ASK THE RESPONDENT TO READ AND COMPLETE THE 'SALIVA SAMPLE' SECTION OF THE BLUE CONSENT BOOKLET.

-CIRCLE CODE **03** ON FRONT OF THE CONSENT BOOKLET.

-TURN TO THE LAB DISPATCH NOTE AND AT SMOKING STATUS CIRCLE (1/2)

Press <1> and <Enter> to continue

**ENDIF**

**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.

Press <1> and <Enter> to continue.

**ENDIF**

**IF Sallntr1=Refuse**

**SalCode**

NURSE: Circle code 04 on front of the Consent Booklet

Press <1> and <Enter> to continue.

**ENDIF**

**IF Sallntr1=Agree**

**Sallnst**

NURSE: ASK (RESPONDENT NAME) TO (KEEP THE ABSORBENT SWAB IN (HIS/HER) MOUTH FOR A FEW MINUTES / DRIBBLE THROUGH STRAW INTO THE TUBE).

WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON THE RED LABEL USING A BIRO.

Serial number: (*shown on screen*)

Date of birth: (*shown on screen*)

Press <1> and <Enter> to continue.

**ENDIF**

**SalObt1**

NURSE CHECK:

- 1 Saliva sample obtained
- 2 Saliva sample refused
- 3 Saliva sample not attempted
- 4 Attempted but not obtained

**IF SalObt1=obtained**

**SalHow**

NURSE: CODE THE METHOD USED TO OBTAIN THE SALIVA SAMPLE.

- 1 Dribbled into tube
- 2 Absorbent swab

**ENDIF**

**IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable)**

**SalNObt**

NURSE: RECORD WHY SALIVA SAMPLE NOT OBTAINED.

CODE ALL THAT APPLY.

- 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**

---

**Blood sample**

---

**ASK ALL aged 16+ (EXCEPT PREGNANT WOMEN)**

**B1Intro**

NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE.

PRESS <1> AND <ENTER> TO CONTINUE.

- 1 Continue

**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)

- 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.

PRESS <1> AND <ENTER> TO CONTINUE.

1 Continue

**ENDIF**

**ENDIF**

**IF BSWill = Yes THEN**

**BSCons**

NURSE:

-ASK THE RESPONDENT TO READ AND COMPLETE POINT NUMBER ONE IN THE 'BLOOD SAMPLE' SECTION OF THE **BLUE** CONSENT BOOKLET.

-CIRCLE CONSENT CODE **05** ON THE FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

**GPSam**

NURSE CHECK:

- 1 Respondent registered with GP
- 2 Respondent not registered with GP

**IF GPRegB = Yes OR GPSam = GP THEN**

**SendSam**

May we send the results of your blood sample analysis to your GP?

- 1 Yes
- 2 No

**IF SendSam = Yes THEN**

**BSSign**

NURSE:

-ASK THE RESPONDENT TO READ AND COMPLETE POINT NUMBER TWO IN THE 'BLOOD SAMPLE' SECTION OF THE **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.

Press <1> and <Enter> to continue.

**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**

**Code08**

NURSE: CIRCLE CONSENT CODE **08** ON FRONT OF THE CONSENT BOOKLET.  
PRESS <1> AND <ENTER> TO CONTINUE.

**ENDIF**

**ConStorB**

ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?

- 1 Storage consent given
- 2 Consent refused

**IF ConStorB = Yes THEN**

**Code09**

NURSE:

-ASK THE RESPONDENT TO READ AND COMPLETE POINT NUMBER THREE IN THE 'BLOOD SAMPLE' SECTION OF THE **BLUE** ADULT CONSENT BOOKLET.  
-CIRCLE CONSENT CODE **09** ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

**ELSEIF ConStorB = No THEN**

**Code10**

NURSE: CIRCLE CONSENT **CODE 10** ON FRONT OF THE CONSENT BOOKLET.  
PRESS <1> AND <ENTER> TO CONTINUE.

**ENDIF**

**TakeSam**

NURSE:

-CHECK YOU HAVE ALL APPLICABLE SIGNATURES.  
-TAKE BLOOD SAMPLES:  
FILL 1 PLAIN (RED) TUBE, 1 EDTA (PURPLE) TUBE.  
-WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE **RED** LABEL USING A BIRO. (ONE LABEL PER TUBE.)  
    Serial number:           *(displays serial number)*  
    Date of birth:          *(displays date of birth)*  
-CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT.  
-STICK THE **RED** LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.  
PRESS <1> AND <ENTER> TO CONTINUE.

**SampF1**

CODE IF PLAIN **RED** TUBE WAS FILLED (INCLUDE PARTIALLY FILLED TUBE):

- 1 Yes
- 2 No

**SampF2**

CODE IF EDTA **PURPLE** TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):

- 1 Yes
- 2 No

**IF SampF1 = Yes OR SampF2 = Yes THEN**

**SampTak:= Yes**

**ELSEIF**

**SampTak:= No**

**ENDIF**

**SampTak**

**Computed: Blood sample outcome.**

- 1    **Blood sample obtained**
- 2    **No blood sample obtained**

**IF SampTak = Yes THEN**

**SampArm**

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**

**Code11**

NURSE: CIRCLE CONSENT **CODE 11** ON FRONT OF THE CONSENT BOOKLET.  
PRESS <1> AND <ENTER> TO CONTINUE.

**ELSEIF SnDrSam = No THEN**

**Code122**

NURSE: CIRCLE CONSENT **CODE 12** ON FRONT OF THE CONSENT BOOKLET.  
PRESS <1> AND <ENTER> TO CONTINUE.

**ENDIF**

**ELSEIF SampTak = No THEN**

**NoBSM**

NURSE: CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.

- 1 No suitable or no palpable vein/collapsed veins
- 2 Respondent was too anxious/nervous
- 3 Respondent felt faint/fainted
- 4 Other (SPECIFY AT NEXT QUESTION)

**IF NoBSM = Other THEN**

**OthNoBSM**

NURSE: GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.

Text: Maximum 140 characters

**ENDIF**

**Code12**

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. PRESS <1> AND <ENTER> TO CONTINUE.

**ENDIF**

**ENDIF**

**ENDIF**

### **Venepuncture checklist**

**VpSys**

NURSE: Which system did you use to take blood?

- 1 Vacutainer needle
- 2 Butterfly needle

**VpHand**

NURSE: Was the respondent left handed or right handed?

- 1 Left handed
- 2 Right handed

**VpArm**

NURSE: Which arm did you use to take blood?

- 1 Right arm
- 2 Left arm
- 3 Both

**VpSkin**

NURSE: Code the skin condition of the arm used.

- 1 Skin intact
- 2 Skin not intact

**VpAlco**

NURSE: Did you use an alcohol wipe?

- 1 Yes
- 2 No

**VpSam**

NURSE: Code the number of attempts made to take blood.

- 1 Sample taken on first attempt
- 2 Sample taken on second attempt
- 3 Both attempts failed
- 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.

PRESS <1> AND <ENTER> TO CONTINUE.

**ENDIF**

**VpCheck**

NURSE: Did you recheck the puncture site after completion of the blood sample module?

- 1 Yes, site was re-checked
  - 2 No, site was not re-checked
-

### **Drinking diary placement**

---

**ASK ALL AGED 16-17 AND ALL AGED 18-24 WHERE BookChk=1 THEN.**

#### **DDMod**

NURSE: NOW FOLLOWS THE DRINKING DIARY PLACEMENT WITH YOUNG ADULTS MODULE.

PRESS <1> AND <ENTER> TO CONTINUE.

1 Continue

#### **Diary**

As an extra part of the Health Survey for England this year, we are asking people to fill in a diary for 7 days. In this diary we would like you to record any alcohol you have drunk over the last 7 days. The information collected from the diary is very important as it will help us to build a better picture of the populations drinking patterns. Anything you write in the diary is confidential. As a thank you for completing the diary, you will receive a £5 high street voucher.

- 1 Respondent agrees to complete the diary
- 2 Respondent refuses to complete the diary

**IF Diary = 1 THEN**

#### **DDPrep**

NURSE: PREPARE THE DRINKING DIARY BY ENTERING THE RESPONDENT'S FIRST NAME, SERIAL NUMBER AND THE DATE. CHECK THAT YOU HAVE THE CORRECT PERSON NUMBER.

Name: (*displays first name*)  
Serial number: (*displays serial number*)  
Date and day: (*displays date and day*)

PRESS <1> AND <ENTER> TO CONTINUE.

1 Continue

#### **DDIntro**

You will need to complete the diary on your own. The diary asks you to write down any alcohol you have drunk over the last 7 days, that is from (*day inserted*), (*date inserted*). You will need to record anything you have drunk for each day of the week.

Please fill it in even if you have not drunk any alcohol in the last week. If you have not drunk anything in the last week, or on any day in the last week, tick the 'No' box at the top of each page. Complete it as best as you can and try to be as accurate as possible.

When you have completed it, put it in this envelope and hand it back to me. I will then post it back to our offices and they will send you a £5 high street voucher as a thank you for completing it.

PRESS <1> AND <ENTER> TO CONTINUE.

1 Continue

#### **DDPlace**

NURSE: GIVE THE RESPONDENT THE DIARY AND GIVE THEM TIME TO HAVE A LOOK THROUGH IT.

EXPLAIN EACH OF THE DIFFERENT SECTIONS, KEY THINGS TO POINT OUT INCLUDE:

- THE DAY OF THE WEEK ACROSS THE TOP OF THE PAGE
- THE DIFFERENT SECTIONS FOR EACH DIFFERENT TYPE OF ALCOHOL
- EXPLAIN THE DIFFERENCE BETWEEN NORMAL STRENGTH AND STRONG BEER/LAGER/CIDER
- DIFFERENT MEASURES DEPENDING IF THEY DRANK DRAUGHT BEER ETC IN PINTS, OR CANS OR BOTTLES

-WE'D LIKE BRANDS OR BREWERS OF BEER (BUT WE DON'T NEED THIS AMOUNT OF DETAIL FOR ALL THE TYPES OF DRINK)  
-EXPLAIN THE DIFFERENCES BETWEEN WINE GLASS SIZES, OR CAN RECORD A BOTTLE OF WINE OR PART OF A BOTTLE  
-EXPLAIN THAT ONE GLASS OF A SPIRIT IS EQUAL TO ONE PUB MEASURE AND A DOUBLE IS EQUAL TO TWO  
-ASK THEM TO ESTIMATE THE NUMBER OF PUB MEASURES IF THEY POURED THE DRINK AT HOME  
-EXPLAIN THAT EACH MEASURE IN A COCKTAIL COUNTS AS A SEPARATE MEASURE  
-THEY NEED TO COMPLETE WHERE AND WHEN THEY DRANK ON THAT DAY  
-THE LAST QUESTION ON THE BACK PAGE

Do you have any questions about how to complete it?

PRESS <1> AND <ENTER> TO CONTINUE.

1 Continue

**DDComp**

NURSE CHECK: WAS THE DRINKING DIARY COMPLETED?

- 1 Completed (full or partial)
- 2 Not completed

**IF DDComp = 1 THEN**

**DDDone**

Thank you for completing the booklet. I will post it back to our offices and you will receive your £5 thank you voucher shortly.

PRESS <1> AND <ENTER> TO CONTINUE.

1 Continue

**ENDIF**

**IF DDComp = 2 THEN**

**DDNoDone**

NURSE: record why the respondent did not want to complete the diary.

Text:

**ENDIF**

---

**Drinking diary collection module**

---

**ASK all respondents who had a drinking diary placed by the interviewer.**

**DiaryChk**

The interviewer told me that they placed a drinking diary with you. Can I just check, have you completed the diary and sent it back in the post?

1. Diary sent back (completed or otherwise)
2. Diary is completed but yet to be sent back
3. Respondent is currently completing the diary and will send back later
4. Respondent has not completed the diary

**IF DiaryChk=1**

**DiaryThnk**

Thank you for completing the diary and posting it back. If you haven't already, you will receive your £5 thank you voucher in the post soon.

Press <1> and <Enter>.

**ENDIF**

**IF DiaryChk=2**

**DiaryTake**

Thank you for completing the diary. If you would prefer, rather than posting the diary back, I can take it with me now and send it back for you. You will receive the £5 thank you voucher for completing the diary in the post soon.

NURSE: IF RESPONDENT WOULD PREFER TO SEND THE DIARY BACK, CHECK WHETHER THEY NEED A REPLY PAID ENVELOPE

1. Nurse to send diary back
2. Respondent to send diary back

**IF DiaryTake=1 THEN**

**DiaryPost**

NURSE: COLLECT THE DIARY FROM THE RESPONDENT.

-CHECK THE RESPONDENT SERIAL NUMBER AND NAME IS ON THE FRONT OF THE DIARY.

-YOU DO NOT NEED TO CHECK HOW THE DIARY HAS BEEN COMPLETED.

-PUT THE DIARY IN A REPLY PAID ENVELOPE TO BE RETURNED TO BRENTWOOD.

**ENDIF**

**IF DiaryChk=3**

**DiaryProg**

Thank you for completing the diary. As the interviewer mentioned, once you have completed the diary, please post it back to us and when we get it back in the office you will be sent a £5 thank you voucher.

NURSE: CHECK WHETHER RESPONDENT NEEDS A REPLY PAID ENVELOPE.

Press <1> and <Enter>.

**ENDIF**

**IF DiaryChk=4**

**DiaryComp**

NURSE: CODE THE REASON WHY THE RESPONDENT HAS NOT COMPLETED THE DIARY.

1. Respondent does not wish to complete a diary anymore
2. Respondent did not have time
3. Respondent forgot about it
4. Respondent confused about how to fill the diary in

**IF DiaryComp=2-4 THEN**

**DiaryWeek**

We would still like you to complete the diary. The information collected in the diary is very important and will be used to provide a comprehensive picture of the population's drinking habits. If you would like, you can keep the diary for the next week and then send it back to the office. Once it is received by the office, a £5 voucher will be sent to you as a thank you.

I can answer any questions you may have about how to complete the diary.

NURSE: PRESS <F9> FOR MORE INFORMATION

F9 information screen

Key things to point out include:

- The day of the week across the top of the page.
- The different sections for each different type of alcohol.
- Explain the difference between normal strength and strong beer/lager/cider.
- Different measures depending if they drank draught beer etc in pints, or cans or bottles.
- We'd like brands or brewers of beer (but we don't need this amount of detail for all the types of drink).
- Explain the differences between wine glass sizes, **or** can record a bottle of wine or part of a bottle.
- Explain that one glass of a spirit is equal to one measure and a double is equal to two.
- Ask them to estimate the number of pub measures if they poured the drink at home.
- Explain that each measure in a cocktail counts as a separate measure.
- They need to complete where and when they drank on that day.
- The last question on the back page.

1. Respondent agrees to complete diary
2. Respondent does not wish to complete diary

IF THE RESPONDENT HAS LOST THEIR ORIGINAL DIARY, PLEASE ISSUE THEM WITH A REPLACEMENT.

1. Respondent agrees to complete diary
2. Respondent does not wish to complete diary

**IF DiaryWeek=1 THEN**

**DiaryDate**

NURSE: DISCUSS WITH THE RESPONDENT THE DATE THEY WILL START TO COMPLETE THE DIARY. IDEALLY THIS WILL BE THE DAY AFTER YOUR NURSE VISIT AND SHOULD NOT BE MORE THAN 3 DAYS AFTER YOUR VISIT.

-CHECK WITH THE RESPONDENT IF THEY STILL HAVE THE DIARY THE INTERVIEWER LEFT WITH THEM

-IF THE RESPONDENT STILL HAS THE DIARY AND IT IS BLANK, CHANGE THE DATE ON THE FRONT OF THE DIARY TO CORRESPOND WITH THE NEW START DATE.

-IF THE RESPONDENT DOES NOT HAVE THE DIARY, OR IT IS NOT BLANK, GIVE THEM A NEW DIARY AND COMPLETE THE FRONT COVER WITH THE RESPONDENT'S FIRST NAME, SERIAL NUMBER AND THE START AND END DATE.

-CHECK WHETHER THE RESPONDENT NEEDS A REPLY PAID ENVELOPE.

NURSE: ENTER THE DATE THE RESPONDENT WILL START TO KEEP THE DIARY.

**ENDIF**

**ENDIF**

**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:
  - A. INITIALS FOR ALL SECTIONS RESPONDENT AGREED TO
  - B. SIGNATURES
  - C. FULL GP AND RESPONDENT DETAILS

Press <1> and <Enter> to continue.

First name

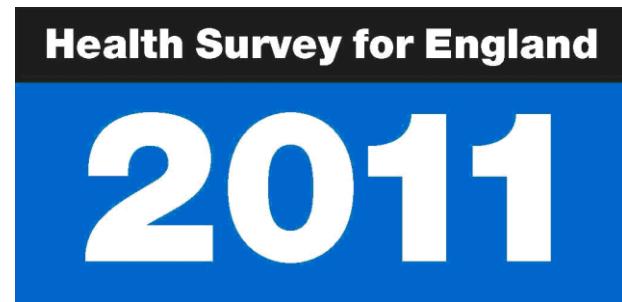
Point

Address

HHLD CKI

Person No.

Interviewer number



In confidence

## Drinking diary

All vars are new

Please use black or blue ink

Thank you

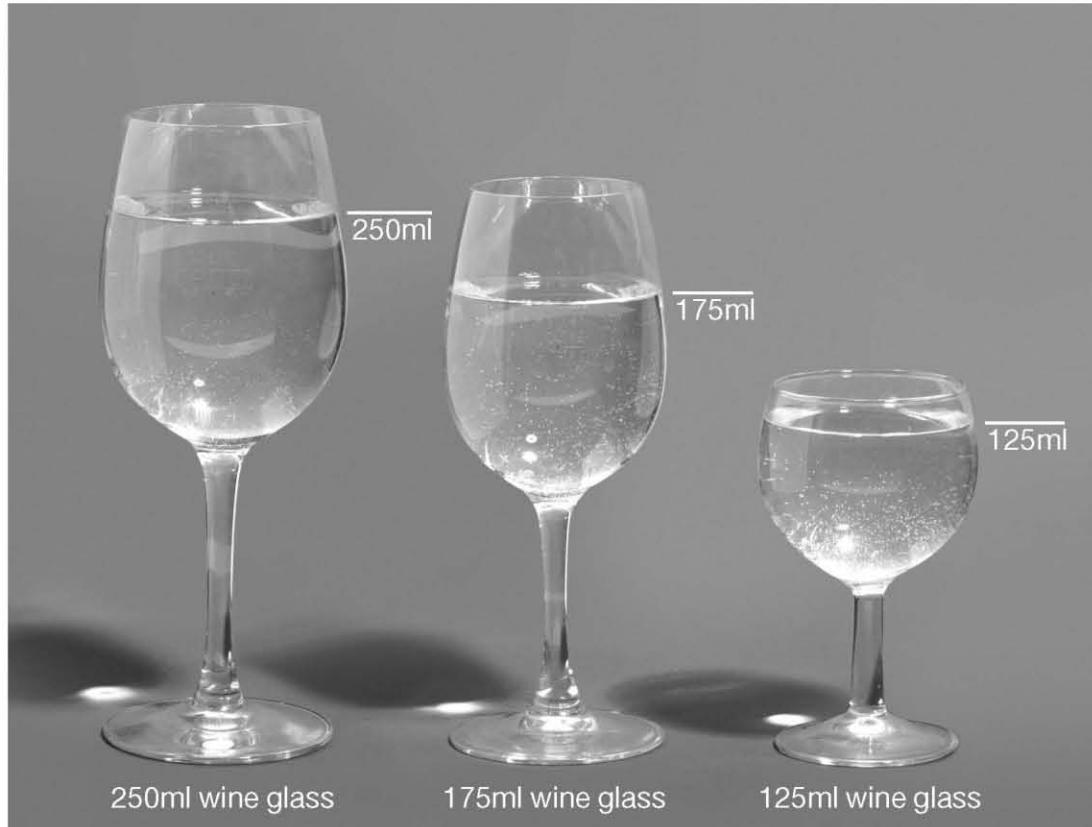
Start date (e.g. 10 May 2011)

Day (e.g. Tuesday)

End date

Day

## Size guide



## Why fill in a diary?

The information about alcohol consumption that we collect in the Health Survey for England interview is very useful, but it only looks in detail at one day out of the last seven. It will be very valuable to collect information about a longer period.

By asking you, and others, to record any alcohol you drink over a seven day period we will be able to look at the patterns of drinking across the nation over a week. For example, we will be able to look at weekday drinking habits compared with the weekend, and look at the weekly drinking among different age groups.

For these reasons we would like you to keep the diary for a week and record any alcohol you drink, even if the amount you drink or the types of alcohol that week are different from your usual pattern. There is space in the diary for you to tell us this. We are interested to know what you drank, however little or however much.

Your participation in this stage of the survey is entirely voluntary and any information that you write in the diary is completely confidential. If you would like any further information about the general effects of alcohol on health and lifestyle please visit [www.drinkaware.co.uk](http://www.drinkaware.co.uk).

You will receive a £5 high street voucher for completing the diary. If you have any questions about how to fill it in or how to return it once you have completed it please contact us on 0800 526 397.

## How to fill in the diary

- . • Check that you tick the day of the week for each day you fill in.
- . • Sections 27 on each page ask about different types of alcohol. Please read each section carefully as some sections ask for more details than others. For instance we ask you to record the brand/brewer of any beer that you drink (because it is necessary to know the strength of beer), but ask for less detail about spirits.
- . • Beer can be recorded as pints OR as small or large cans or bottles
- . • Wine can be recorded as glasses OR you can record a bottle of wine or parts of a bottle
- . • Estimate the sizes of the drinks recorded as best you can. For example, if you had a drink topped up estimate how much of a bottle or how many glasses you drank in total.
- . • Section 8 asks you to record *where* you drank alcohol on that day. This may refer to an actual place (such as a pub / bar) or an event (such as a music concert). If you drank alcohol at a party or another type of celebration, please record where this was – for instance a party may be at someone's house, or at a pub.
- . • Section 9 asks you to record what times during the day you drank alcohol. Please tick all that apply.

**Example page**

Please tick    Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

**1. Have you drunk any alcohol today?**

Yes     No  → Go to Day 2

**2. Beer, lager, stout, cider or shandy**

Have you drunk any today? Yes     No  → Go to section 3

How much and which types did you drink?

**Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)**

Number    Write in brands/brewers

Pints (include half pints as '½')	<b>1½</b>	<i>Stella Artois</i>
Large cans or bottles		
Small cans or bottles		

**Strong beer, lager, stout, or cider (6% alcohol or more)**

Number    Write in brands/brewers

Pints (include half pints as '½')		
Large cans or bottles	<b>1</b>	<i>Carlsberg Special Brew</i>
Small cans or bottles		

**3. Wine (including champagne and Babycham)**

Have you drunk any today? Yes     No  → Go to section 4

Which types and how much did you drink?

Write in number:

	Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml) (include parts of bottles)
White wine				<b>½</b>
Red wine	<b>2</b>			
Rose wine				
Sparkling wine/champagne		<b>1</b>		

**4. Spirits, liqueurs or cocktails**

Have you drunk any today? Yes     No  → Go to section 5

How much did you drink?

A glass is equal to one pub measure.  
Count doubles as two single measures or two glasses.  
Count each measure in a cocktail as a separate measure.

Glasses/measures

## 5. Fortified wines e.g. Sherry, Martini, port, Vermouth, Cinzano, Dubonnet

Have you drunk any today? Yes  No  Go to section 6

How much did you drink?  
Count doubles as two singles.

Small glasses

## 6. Alcoholic soft drink/alcopop pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice

Have you drunk any today? Yes  No  Go to section 7

How much did you drink?

Small cans  
or bottles

Large cans  
or bottles

## 7. Other kinds of alcoholic drink

Have you drunk any today? Yes  No  Go to section 8

Which types and how much did you drink?

You can write in half pints or parts of a bottle, e.g. '1½'.  
Count doubles as two single glasses.

Glasses

Pints

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

Large cans  
or bottles

Small cans  
or bottles

## 8. Where did you drink today?

*Tick all that apply*

At home

At another person's home

In a pub or bar

In a social club

At a nightclub/disco

In a restaurant

At an outdoor public space,  
e.g. a park or the beach

A bar at a public place, e.g. sporting  
event, concert or bowling alley

Another place(please write in)

## 9. What times of day did you drink?

*Tick all that apply*

Before 12 noon

12 noon to 3pm

3pm to 6pm

6pm to 9pm

9pm to midnight

After midnight

## 10. Is there anything else you would like to tell us about today's drinking?

Please write in

Turn over for **Day 1**

# Day 1

Please  
tick

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

DDDAY

## 1. Have you drunk any alcohol today?

Yes  No

→ Go to Day 2

DDANYALC

## 2. Beer, lager, stout, cider or shandy

Have you drunk any today? Yes  No

→ Go to section 3

How much and which types did you drink?

**Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)**

Number Write in brands/brewers

Pints (include half pints as '½')

DDNBEE1

Large cans or bottles

DDNBEE2

Small cans or bottles

DDNBEE3

**Strong beer, lager, stout, or cider (6% alcohol or more)**

Number Write in brands/brewers

Pints (include half pints as '½')

DDSBE1

Large cans or bottles

DDSBE2

Small cans or bottles

DDSBE3

## 3. Wine (including champagne and Babycham)

Have you drunk any today? Yes  No

→ Go to section 4

DDWINE

Which types and how much did you drink?

Write in number:

Large glasses (250ml) Standard glasses (175ml) Small glasses (125ml) Bottles (750ml)  
(include parts of bottles)

White wine

DDWWINL/DDWWINST/DDWWINSM/DDWWINB

Red wine

DDRWINL/DDRWINST/DDRWINSM/DDRWINB

Rose wine

DDROSEL/DDROSEST/DDROSESM/DDROSE

Sparkling wine/champagne

DDSPRKL/DDSPRKST/DDSPRKS/DDSPRKB

## 4. Spirits, liqueurs or cocktails

Have you drunk any today? Yes  No

→ Go to section 5

DDSPIRIT

How much did you drink?

Glasses/measures

A glass is equal to one pub measure.

Count doubles as two single measures or two glasses.

Count each measure in a cocktail as a separate measure.

DDSPIRGL

## 5. Fortified wines e.g. Sherry, Martini, port, Vermouth, Cinzano, Dubonnet

Have you drunk any today? Yes  No  Go to section 6

**DDSHERRY**

How much did you drink?  
Count doubles as two singles.

Small glasses

**DDSHERGL**

## 6. Alcoholic soft drink/alcopop pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice

Have you drunk any today? Yes  No  Go to section 7

**DDPOPS**

How much did you drink?

Small cans  
or bottles

Large cans  
or bottles

**DDPOPSM**

**DDPOPLG**

## 7. Other kinds of alcoholic drink

Have you drunk any today? Yes  No  Go to section 8

**DDDOOTH**

Which types and how much did you drink?

You can write in half pints or parts of a bottle, e.g. '1½'.  
Count doubles as two single glasses.

Glasses Pints Large cans Small cans  
or bottles or bottles

**DDOTH1A/DDOTH2A/DDOTH3A/DDOTH4A**

**DDOTH1B/DDOTH2B/DDOTH3B/DDOTH4B**

## 8. Where did you drink today?

**DDWHHOM**

**DDWHOHOM**

**DDWHPUB**

**DDWHCLUB**

**DDWHDISC**

**DDWREST**

**DDWHOUT**

**DDWHEVEN**

A bar at a public place, e.g. sporting event, concert or bowling alley

**DDWHOST**

Another place(please write in)

*Tick all that apply*

At home

At another person's home

In a pub or bar

In a social club

At a nightclub/disco

In a restaurant

At an outdoor public space,  
e.g. a park or the beach

## 9. What times of day did you drink?

*Tick all that apply*

Before 12 noon

12 noon to 3pm

3pm to 6pm

6pm to 9pm

9pm to midnight

After midnight

**DDTMORN**

**DDT123**

**DDT36**

**DDT69**

**DDT9MID**

**DDTNIGHT**

## 10. Is there anything else you would like to tell us about today's drinking?

Please write in

**DDQ10**

## Day 2

Please tick Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

DDDAY2

### 1. Have you drunk any alcohol today?

Yes  No  → Go to Day 3

DDANYAL2

### 2. Beer, lager, stout, cider or shandy

Have you drunk any today? Yes  No  → Go to section 3

How much and which types did you drink?

Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)

Number Write in brands/brewers

Pints (include half pints as '½')

DDNBE4

Large cans or bottles

DDNBE5

Small cans or bottles

DDNBE6

Strong beer, lager, stout, or cider (6% alcohol or more)

Number Write in brands/brewers

Pints (include half pints as '½')

DDSBE4

Large cans or bottles

DDSBE5

Small cans or bottles

DDSBE6

### 3. Wine (including champagne and Babycham)

Have you drunk any today? Yes  No  → Go to section 4

DDWINE2

Which types and how much did you drink?

Write in number:

Large glasses (250ml) Standard glasses (175ml) Small glasses (125ml) Bottles (750ml)  
(include parts of bottles)

DDWWINL2/DDWWINS2/DDWWINS3/DDWWINB2

White wine

DDRWINL2/DDRWINS2/DDRWINS3/DDRWINB2

Red wine

DDROSEL2/DDROSES2/DDROSES3/DDROSEB2

Rose wine

DDSPRKL2/DDSPRKS2/DDSPRKS3/DDSPRKB2

Sparkling wine/champagne

### 4. Spirits, liqueurs or cocktails

Have you drunk any today? Yes  No  → Go to section 5

DDSPIRI2

How much did you drink?

Glasses/measures

A glass is equal to one pub measure.

Count doubles as two single measures or two glasses.

Count each measure in a cocktail as a separate measure.

DDSPIRG2

## 5. Fortified wines e.g. Sherry, Martini, port, Vermouth, Cinzano, Dubonnet

Have you drunk any today? Yes  No  Go to section 6

DDSHERR2

How much did you drink?  
Count doubles as two singles.

Small glasses

DDSHERG2

## 6. Alcoholic soft drink/alcopop pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice

Have you drunk any today? Yes  No  Go to section 7

DDPOPS2

How much did you drink?

Small cans  
or bottles

Large cans  
or bottles

DDPOPS2

DDPOPLG2

## 7. Other kinds of alcoholic drink

Have you drunk any today? Yes  No  Go to section 8

DDDOOTH2

Which types and how much did you drink?

You can write in half pints or parts of a bottle, e.g. '1½'.  
Count doubles as two single glasses.

Glasses

Pints

Large cans  
or bottles

Small cans  
or bottles

DDOTH1A2/DDOTH2A2/DDOTH3A2/DDOTH4A2

DDOTH1B2/DDOTH2B2/DDOTH3B2/DDOTH4B2

## 8. Where did you drink today?

DDWHHOM2

DDWHOHO2

DDWHPUB2

DDWHCLU2

DDWHDIS2

DDWHRSE2

DDWHOUT2

DDWHEVE2

A bar at a public place, e.g. sporting event, concert or bowling alley

DDWHOST2

Another place(please write in)

*Tick all that apply*

At home

At another person's home

In a pub or bar

In a social club

At a nightclub/disco

In a restaurant

At an outdoor public space,  
e.g. a park or the beach

## 9. What times of day did you drink?

*Tick all that apply*

Before 12 noon

12 noon to 3pm

3pm to 6pm

6pm to 9pm

9pm to midnight

After midnight

DDTMORN2

DDT124

DDT36

DDT70

DDT9MID2

DDTNIGH2

## 10. Is there anything else you would like to tell us about today's drinking?

Please write in

DDQ11

# Day 3

Please  
tick

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  DDDAY3

## 1. Have you drunk any alcohol today?

Yes  No

Go to Day 4 DDANYAL3

## 2. Beer, lager, stout, cider or shandy

Have you drunk any today? Yes  No

How much and which types did you drink?

Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)

Number Write in brands/brewers

Pints (include half pints as '½')

DDNBEE7

Large cans or bottles

DDNBEE8

Small cans or bottles

DDNBEE9

Strong beer, lager, stout, or cider (6% alcohol or more)

Number Write in brands/brewers

Pints (include half pints as '½')

DDSBE7

Large cans or bottles

DDSBE8

Small cans or bottles

DDSBE9

## 3. Wine (including champagne and Babycham)

Have you drunk any today? Yes  No

Go to section 4 DDWINE3

Bottles  
(750ml)  
(include parts  
of bottles)

Which types and how much did you drink?

Write in number:

White wine

DDWWINL3/DDWWINS4/DDWWINS5/DDWWINB3

Red wine

DDRWINL3/DDRWINS4/DDRWINS5/DDRWINB3

Rose wine

DDROSEL3/DDROSES4/DDROSES5/DDROSEB3

Sparkling wine/champagne

DDSPRKL3/DDSPRKS4/DDSPRKS5/DDSPRKB3

## 4. Spirits, liqueurs or cocktails

Have you drunk any today? Yes  No

Go to section 5 DDSPIRI3

How much did you drink?

A glass is equal to one pub measure.

Count doubles as two single measures or two glasses.

Count each measure in a cocktail as a separate measure.

Glasses/measures

DDSPIRG3

## 5. Fortified wines e.g. Sherry, Martini, port, Vermouth, Cinzano, Dubonnet

Have you drunk any today? Yes  No  Go to section 6

DDSHERR3

How much did you drink?  
Count doubles as two singles.

Small glasses

DDSHERG3

## 6. Alcoholic soft drink/alcopop pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice

Have you drunk any today? Yes  No  Go to section 7

DDPOPS3

How much did you drink?

Small cans  
or bottles

Large cans  
or bottles

DDPOPS3

DDPOPLG3

## 7. Other kinds of alcoholic drink

Have you drunk any today? Yes  No  Go to section 8

DDDOOTH3

Which types and how much did you drink?

You can write in half pints or parts of a bottle, e.g. '1½'.

Count doubles as two single glasses.

Glasses

Pints

Large cans  
or bottles

Small cans  
or bottles

DDOOTH1A3/DDOOTH2A3/DDOOTH3A3/DDOOTH4A3

DDOOTH1B3/DDOOTH2B3/DDOOTH3B3/DDOOTH4B3

## 8. Where did you drink today?

DDWHHOM3

DDWHOHO3

DDWHPUB3

DDWHCLU3

DDWHDIS3

DDWHR3

DDWHOUT3

DDWHEVE3

A bar at a public place, e.g. sporting event, concert or bowling alley

DDWHOST3

Another place(please write in)

*Tick all that apply*

At home

At another person's home

In a pub or bar

In a social club

At a nightclub/disco

In a restaurant

At an outdoor public space,  
e.g. a park or the beach

## 9. What times of day did you drink?

*Tick all that apply*

Before 12 noon

12 noon to 3pm

3pm to 6pm

6pm to 9pm

9pm to midnight

After midnight

DDTMORN3

DDT125

DDT38

DDT71

DDT9MID3

DDTNIGH3

## 10. Is there anything else you would like to tell us about today's drinking?

Please write in

DDQ12

# Day 4

Please tick Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

DDDAY4

## 1. Have you drunk any alcohol today?

Yes  No  Go to Day 5

DDANYAL4

## 2. Beer, lager, stout, cider or shandy

Have you drunk any today? Yes  No  Go to section 3

How much and which types did you drink?

Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)

Number Write in brands/brewers

Pints (include half pints as 1½)

DDNBEE10

Large cans or bottles

DDNBEE11

Small cans or bottles

DDNBEE12

Strong beer, lager, stout, or cider (6% alcohol or more)

Number Write in brands/brewers

Pints (include half pints as 1½)

DDSBE10

Large cans or bottles

DDSBE11

Small cans or bottles

DDSBE12

## 3. Wine (including champagne and Babycham)

Have you drunk any today? Yes  No  Go to section 4

DDWINE4

Which types and how much did you drink?

Write in number:

Large glasses (250ml) Standard glasses (175ml) Small glasses (125ml) Bottles (750ml)  
(include parts of bottles)

White wine

DDWWINL4/DDWWINS6/DDWWINS7/DDWWINB4

Red wine

DDRWINL4/DDRWINS6/DDRWINS7/DDRWINB4

Rose wine

DDROSEL4/DDROSES6/DDROSES7/DDROSEB4

Sparkling wine/champagne

DDSPRKL4/DDSPRKS6/DDSPRKS7/DDSPRKB4

## 4. Spirits, liqueurs or cocktails

Have you drunk any today? Yes  No  Go to section 5

DDSPIRI4

How much did you drink?

A glass is equal to one pub measure.

Count doubles as two single measures or two glasses.

Count each measure in a cocktail as a separate measure.

Glasses/measures

DDSPIRG4

## 5. Fortified wines e.g. Sherry, Martini, port, Vermouth, Cinzano, Dubonnet

Have you drunk any today? Yes  No  → Go to section 6

DDSHERR4

How much did you drink?  
Count doubles as two singles.

Small glasses

DDSHERG4

## 6. Alcoholic soft drink/alcopop pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice

Have you drunk any today? Yes  No  → Go to section 7

DDPOPS4

How much did you drink?

Small cans  
or bottles

Large cans  
or bottles

DDPOPS4

DDPOPLG4

## 7. Other kinds of alcoholic drink

Have you drunk any today? Yes  No  → Go to section 8

DDDOOTH4

Which types and how much did you drink?

You can write in half pints or parts of a bottle, e.g. '1½'.  
Count doubles as two single glasses.

Glasses      Pints      Large cans or bottles      Small cans or bottles

DDOTH1A4/DDOTH2A4/DDOTH3A4/DDOTH4A4

DDOTH1B4/DDOTH2B4/DDOTH3B4/DDOTH4B4

## 8. Where did you drink today?

DDWHHOM4

DDWHOHO4

DDWHPUB4

DDWHCLU4

DDWHDIS4

DDWHRES4

DDWHOUT4

DDWHEVE4

A bar at a public place, e.g. sporting event, concert or bowling alley

DDWHOTH4

Another place (please write in)

Tick all that apply

At home

At another person's home

In a pub or bar

In a social club

At a nightclub/disco

In a restaurant

At an outdoor public space,  
e.g. a park or the beach

## 9. What times of day did you drink?

DDTMORN4

Before 12 noon

DDT126

12 noon to 3pm

DDT39

3pm to 6pm

DDT72

6pm to 9pm

DDT9MID4

9pm to midnight

DDTNIGH4

After midnight

## 10. Is there anything else you would like to tell us about today's drinking?

Please write in

DDQ13

Turn over for Day 5

# Day 5

Please tick    Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

DDDAY5

## 1. Have you drunk any alcohol today?

Yes  No  → Go to Day 6

DDANYALS

## 2. Beer, lager, stout, cider or shandy

Have you drunk any today? Yes  No  → Go to section 3

How much and which types did you drink?

Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)

Number Write in brands/brewers

Pints (include half pints as 1½)

DDNBBEE13

Large cans or bottles

DDNBBEE14

Small cans or bottles

DDNBBEE15

Strong beer, lager, stout, or cider (6% alcohol or more)

Number Write in brands/brewers

Pints (include half pints as 1½)

DDSBE13

Large cans or bottles

DDSBE14

Small cans or bottles

DDSBE15

## 3. Wine (including champagne and Babycham)

Have you drunk any today? Yes  No  → Go to section 4

DDWINE5

Bottles  
(750ml)  
(include parts  
of bottles)

Which types and how much did you drink?

Write in number:

White wine	Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	DDWWINL5/DDWWINS8/DDWWINS9/DDWWINB5
Red wine				DDRWINL5/DDRWINS8/DDRWINS9/DDRWINB5
Rose wine				DDROSEL5/DDROSES8/DDROSES9/DDROSEB5
Sparkling wine/champagne				DDSPRKL5/DDSPRKS8/DDSPRKS9/DDSPRK5B

## 4. Spirits, liqueurs or cocktails

Have you drunk any today? Yes  No  → Go to section 5

DDSPIR15

How much did you drink?

Glasses/measures

A glass is equal to one pub measure.

Count doubles as two single measures or two glasses.

Count each measure in a cocktail as a separate measure.

DDSPIRG5

## 5. Fortified wines e.g. Sherry, Martini, port, Vermouth, Cinzano, Dubonnet

Have you drunk any today? Yes  No  Go to section 6

DDSHERR5

How much did you drink?  
Count doubles as two singles.

Small glasses

DDSHERG5

## 6. Alcoholic soft drink/alcopop pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice

Have you drunk any today? Yes  No  Go to section 7

DDPOPS5

How much did you drink?

Small cans  
or bottles

Large cans  
or bottles

DDPOPS5

DDPOPLG5

## 7. Other kinds of alcoholic drink

Have you drunk any today? Yes  No  Go to section 8

DDDOOTH5

Which types and how much did you drink?

You can write in half pints or parts of a bottle, e.g. '1½'.  
Count doubles as two single glasses.

Glasses

Pints

Large cans  
or bottles

Small cans  
or bottles

DDOTH1A5/DDOTH2A5/DDOTH3A5/DDOTH4A5

DDOTH1B5/DDOTH2B5/DDOTH3B5/DDOTH4B5

## 8. Where did you drink today?

DDWHHOM5

DDWHOHO5

DDWHPUB5

DDWHCLU5

DDWHDIS5

DDWHRESS5

DDWHOUT5

DDWHEVE5

A bar at a public place, e.g. sporting event, concert or bowling alley

DDWHOTH5

Another place (please write in)

Tick all that apply

At home

At another person's home

In a pub or bar

In a social club

At a nightclub/disco

In a restaurant

At an outdoor public space,  
e.g. a park or the beach

## 9. What times of day did you drink?

Tick all that apply

Before 12 noon

12 noon to 3pm

3pm to 6pm

6pm to 9pm

9pm to midnight

After midnight

DDTMORN5

DDT127

DDT40

DDT73

DDT9MID5

DDTNIGH5

## 10. Is there anything else you would like to tell us about today's drinking?

Please write in

DDQ14

# Day 6

Please tick    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

DDDAY6

## 1. Have you drunk any alcohol today?

Yes  No  → Go to Day 7

DDANYAL6

## 2. Beer, lager, stout, cider or shandy

Have you drunk any today? Yes  No  → Go to section 3

How much and which types did you drink?

Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)

Number Write in brands/brewers

Pints (include half pints as 1½)

DDNBE16

Large cans or bottles

DDNBE17

Small cans or bottles

DDNBE18

Strong beer, lager, stout, or cider (6% alcohol or more)

Number Write in brands/brewers

Pints (include half pints as 1½)

DDSBE16

Large cans or bottles

DDSBE17

Small cans or bottles

DDSBE18

## 3. Wine (including champagne and Babycham)

Have you drunk any today? Yes  No  → Go to section 4

DDWINE6

Which types and how much did you drink?

Write in number:

Large glasses (250ml) Standard glasses (175ml) Small glasses (125ml) Bottles (750ml)  
(include parts of bottles)

White wine

DDWWINL6/DDWWIN10/DDWWIN11/DDWWINB6

Red wine

DDRWINL6/DDRWIN10/DDRWIN11/DDRWINB6

Rose wine

DDROSEL6/DDROSE10/DDROSE11/DDROSEB6

Sparkling wine/champagne

DDSPRKL6/DDSPRK10/DDSPRK11/DDSPRKB6

## 4. Spirits, liqueurs or cocktails

Have you drunk any today? Yes  No  → Go to section 5

DDSPIRI6

How much did you drink?

A glass is equal to one pub measure.

Count doubles as two single measures or two glasses.

Count each measure in a cocktail as a separate measure.

Glasses/measures

DDSPIRG6

## 5. Fortified wines e.g. Sherry, Martini, port, Vermouth, Cinzano, Dubonnet

Have you drunk any today? Yes  No  Go to section 6

DDSHERR6

How much did you drink?  
Count doubles as two singles.

Small glasses

DDSHERG6

## 6. Alcoholic soft drink/alcopop pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice

Have you drunk any today? Yes  No  Go to section 7

DDPOPS6

How much did you drink?  
Small cans or bottles      Large cans or bottles

DDPOPS6

Small cans  
or bottles

Large cans  
or bottles

DDPOPLG6

## 7. Other kinds of alcoholic drink

Have you drunk any today? Yes  No  Go to section 8

DDDOOTH6

Which types and how much did you drink?

You can write in half pints or parts of a bottle, e.g. '1½'.  
Count doubles as two single glasses.

Glasses

Pints

Large cans  
or bottles

Small cans  
or bottles

DDOTH1A6/DDOTH2A6/DDOTH3A6/DDOTH4A6

DDOTH1B6/DDOTH2B6/DDOTH3B6/DDOTH4B6

## 8. Where did you drink today?

DDWHHOM6

DDWHOHO6

DDWHPUB6

DDWHCLU6

DDWHDIS6

DDWHRES6

DDWHOUT6

DDWHEVE6

A bar at a public place, e.g. sporting event, concert or bowling alley

DDWHOTH6

Another place(please write in)

*Tick all that apply*

At home

At another person's home

In a pub or bar

In a social club

At a nightclub/disco

In a restaurant

At an outdoor public space,  
e.g. a park or the beach

## 9. What times of day did you drink?

*Tick all that apply*

DDTMORN6

Before 12 noon

DDT128

12 noon to 3pm

DDT41

3pm to 6pm

DDT74

6pm to 9pm

DDT9MID6

9pm to midnight

DDTNIGH6

After midnight

## 10. Is there anything else you would like to tell us about today's drinking?

Please write in

DDQ15

**Day 7**

Please tick    Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

DDDAY7

**1. Have you drunk any alcohol today?**Yes  No 

Go to the bar

DDANYAL7

**2. Beer, lager, stout, cider or shandy**Have you drunk any today? Yes  No 

Go to section 3

How much and which types did you drink?

**Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)**

Number Write in brands/brewers

Pints (include half pints as '½')

DDNBEE19

Large cans or bottles

DDNBEE20

Small cans or bottles

DDNBEE21

**Strong beer, lager, stout, or cider (6% alcohol or more)**

Number Write in brands/brewers

Pints (include half pints as '½')

DDSBE19

Large cans or bottles

DDSBE20

Small cans or bottles

DDSBE21

**3. Wine (including champagne and Babycham)**Have you drunk any today? Yes  No 

DDWINE7

Bottles  
(750ml)  
(include parts  
of bottles)

Which types and how much did you drink?

Write in number:

White wine

DDWWINL7/DDWWIN12/DDWWIN13/DDWWINB7

Red wine

DDRWINL7/DDRWIN12/DDRWIN13/DDRWINB7

Rose wine

DDROSEL7/DDROSE12/DDROSE13/DDROSEB7

Sparkling wine/champagne

DDSPRKL7/DDSPRK12/DDSPRK13/DDSPRKB7

**4. Spirits, liqueurs or cocktails**Have you drunk any today? Yes  No 

DDSPIRI7

How much did you drink?

Glasses/measures

A glass is equal to one pub measure.

Count doubles as two single measures or two glasses.

Count each measure in a cocktail as a separate measure.

DDSPIRG7

## 5. Fortified wines e.g. Sherry, Martini, port, Vermouth, Cinzano, Dubonnet

Have you drunk any today? Yes  No  Go to section 6

DDSHERR7

How much did you drink?  
Count doubles as two singles.

Small glasses

DDSHERG7

## 6. Alcoholic soft drink/alcopop pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice

Have you drunk any today? Yes  No  Go to section 7

DDPOPS7

How much did you drink?

Small cans  
or bottles

Large cans  
or bottles

DDPOPS7

DDPOPLG7

## 7. Other kinds of alcoholic drink

Have you drunk any today? Yes  No  Go to section 8

DDDOOTH7

Which types and how much did you drink?

You can write in half pints or parts of a bottle, e.g. '1½'.  
Count doubles as two single glasses.

Glasses

Pints

Large cans  
or bottles

Small cans  
or bottles

DDDOOTH1A7/DDDOOTH2A7/DDDOOTH3A7/DDDOOTH4A7

DDDOOTH1B7/DDDOOTH2B7/DDDOOTH3B7/DDDOOTH4B7

## 8. Where did you drink today?

Tick all that apply

At home

At another person's home

In a pub or bar

In a social club

At a nightclub/disco

In a restaurant

At an outdoor public space,  
e.g. a park or the beach

DDWHEVE7

A bar at a public place, e.g. sporting  
event, concert or bowling alley

DDWHOTH7

Another place (please write in)

## 9. What times of day did you drink?

Tick all that apply

Before 12 noon

12 noon to 3pm

3pm to 6pm

6pm to 9pm

9pm to midnight

After midnight

DDTMORN7

DDT129

DDT42

DDT75

DDT9MID7

DDTNIGH7

## 10. Is there anything else you would like to tell us about today's drinking?

Please write in

DDQ16

Go to Back page

## Thinking about the whole week...

Compared with what you usually drink, would you say that this week you drank...

**DDCOMPAR**

*Tick one box*

About the same as usual

Less than usual

More than usual



If you drank less or more than usual, why was this?

**DDDIFF**

## How many days in the last month have you had an alcoholic drink of any kind?

Please write in number

**DDLSTMTH**

**THANK YOU VERY MUCH FOR  
COMPLETING THE DIARY**

**HSE 2011**

**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 Child Benefit
- 6 Job-Seekers Allowance
- 7 Pension credit
- 8 Income Support
- 9 Working Tax Credit
- 10 Child Tax Credit
- 11 Housing Benefit
- 12 Other State Benefits
- 13 Interest from savings and investments (e.g. stocks and shares)
- 14 Other kinds of regular allowance from outside your household (e.g. maintenance, student grants, rent)
- 15 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

**GROSS INCOME FROM ALL SOURCES (before any deductions for tax, national insurance, etc.) CARD A6 (1 OF 2)**

WEEKLY	or	MONTHLY	or	ANNUAL
Less than £10	57	Less than £40	57	Less than £520
£10 less than £30	66	£40 less than £130	66	£520 less than £1,600
£30 less than £50	55	£130 less than £220	55	£1,600 less than £2,600
£50 less than £70	74	£220 less than £300	74	£2,600 less than £3,600
£70 less than £100	62	£300 less than £430	62	£3,600 less than £5,200
£100 less than £150	73	£430 less than £650	73	£5,200 less than £7,800
£150 less than £200	65	£650 less than £870	65	£7,800 less than £10,400
£200 less than £250	51	£870 less than £1,100	51	£10,400 less than £13,000
£250 less than £300	78	£1,100 less than £1,300	78	£13,000 less than £15,600
£300 less than £350	54	£1,300 less than £1,500	54	£15,600 less than £18,200
£350 less than £400	76	£1,500 less than £1,700	76	£18,200 less than £20,800
£400 less than £450	81	£1,700 less than £2,000	81	£20,800 less than £23,400
£450 less than £500	53	£2,000 less than £2,200	53	£23,400 less than £26,000
£500 less than £550	72	£2,200 less than £2,400	72	£26,000 less than £28,600
£550 less than £600	58	£2,400 less than £2,600	58	£28,600 less than £31,200

## CARD A6 (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 A7

- 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 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 B2**

- 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

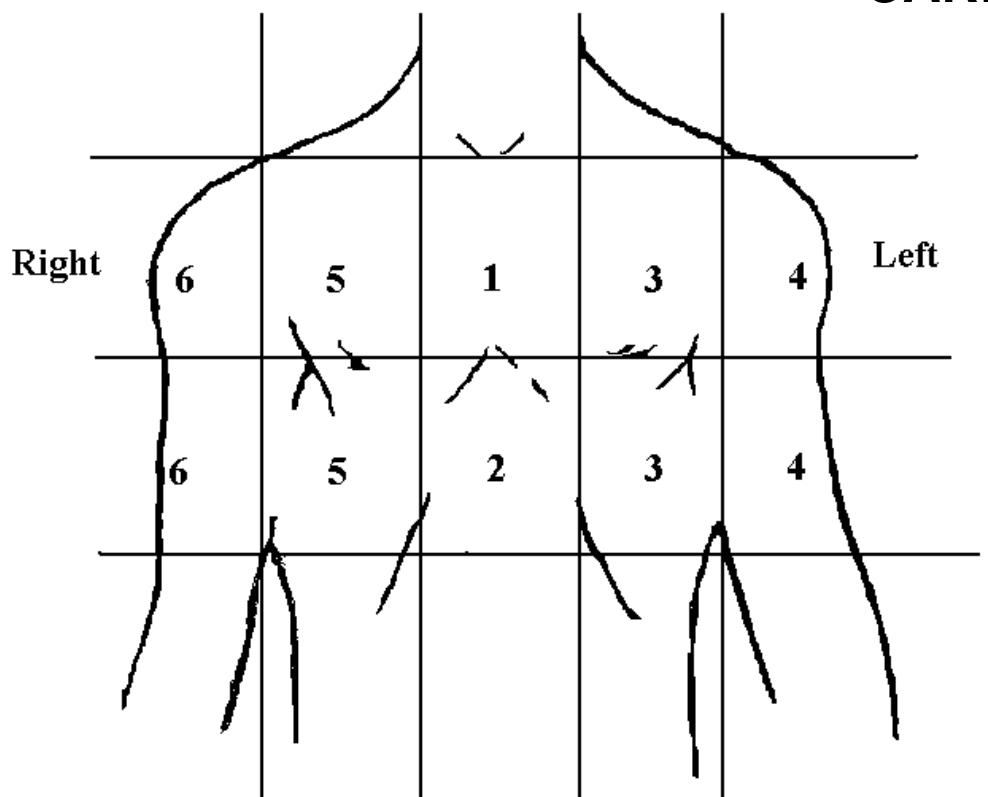
## CARD C1

- 1 Your GP
- 2 Nurse at your GP practice
- 3 Specialist pain services such as a doctor, nurse or physiotherapist at a hospital or clinic
- 4 Clinical psychologist
- 5 Osteopath or chiropractor
- 6 Acupuncturist
- 7 Pharmacist
- 8 Other (Please say who)
- 9 None of these

## **CARD C2**

1. Patient Support Group
2. Pain management Programme
3. Psychological programme such as Cognitive Behavioural Therapy
4. None of these

# CARD D1



## **CARD D2**

- 1 Special diet
- 2 Regular check up or monitoring
- 3 Taking medication
- 4 Advice to reduce/quit smoking
- 5 Advice to reduce/quit alcohol consumption
- 6 Advice about exercise
- 7 Other
- 8 No other treatment

## **CARD D3**

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 E1

- 1 No natural teeth and wear dentures
- 2 Both natural teeth and denture(s)
- 3 Only natural teeth
- 4 Neither natural teeth nor dentures

## CARD E2

- 1 Difficulty eating food
- 2 Difficulty speaking clearly
- 3 Problems with smiling, laughing and showing teeth without embarrassment
- 4 Problems enjoying the company of other people such as family, friends or neighbours
- 5 None of these

## **CARD F1**

- 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 F2

- 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 or father (including mother-in-law or father-in-law)
- 8 Other family member
- 9 Friend
- 10 Neighbour
- 11 None of the above

## **CARD F3**

- 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 F4

- 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 F5

- 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 F6**

- 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 F7**

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 F8**

- 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 F9**

- 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 SAY WHO)

## CARD F10

- 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 F11

- 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 F12**

- 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 F13

- 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 F14

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

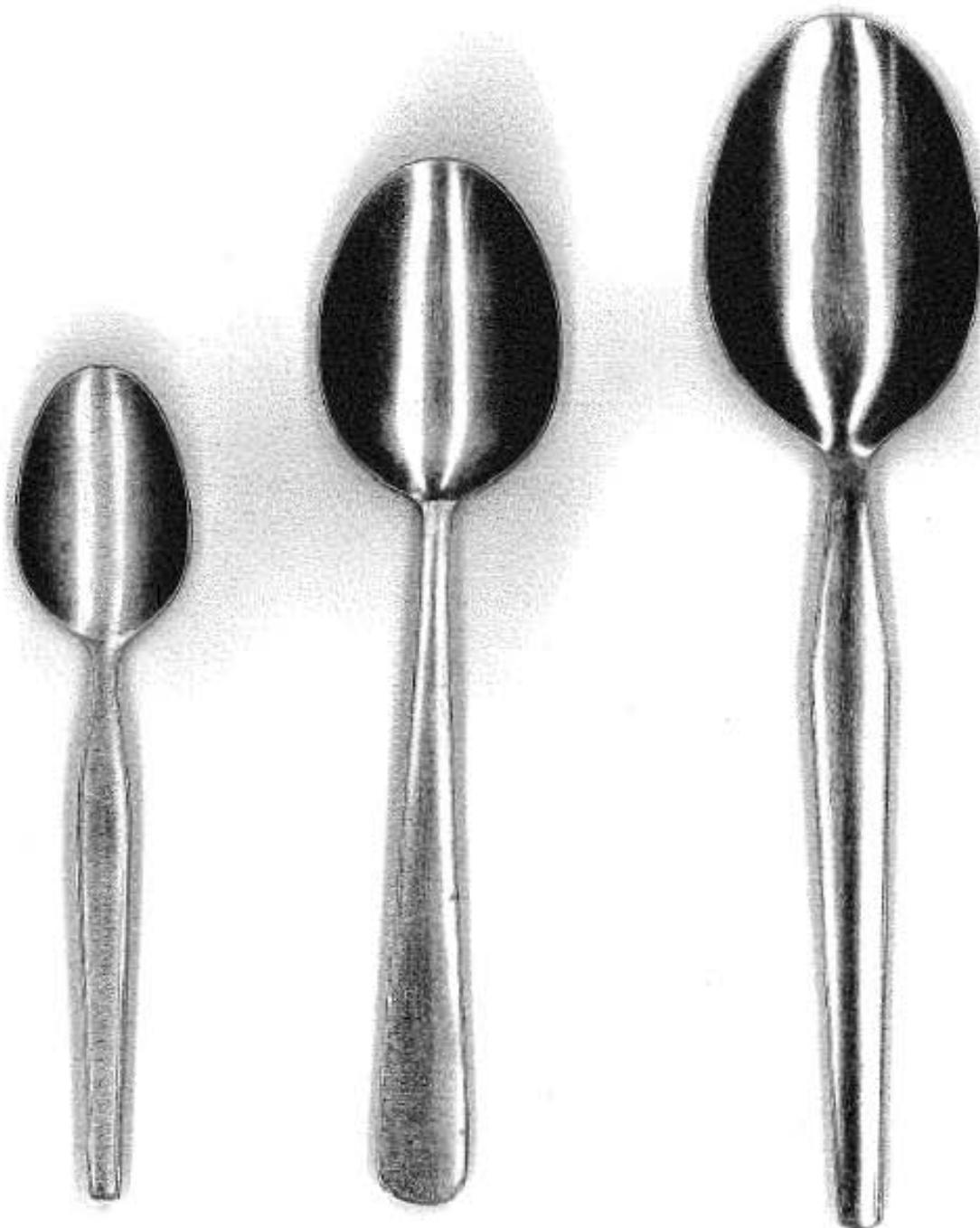
## **CARD F15**

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

## **CARD F16**

- 1 Left employment altogether
- 2 Took new job
- 3 Worked fewer hours
- 4 Reduced responsibility at work
- 5 Flexible employment agreed
- 6 Changed to work at home
- 7 Other
- 8 No, employment not affected

# CARD G1



Teaspoon

Dessertspoon

Tablespoon

## 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 Whilst 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 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 K1

- 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 K2

- 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 K3**

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

## CARD K4

### **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)

## The Health Survey for England 2011

### CONSENT BOOKLET

**P8127**

Please use capital letters and write in ink

House / Flat number (or name): \_\_\_\_\_  
\_\_\_\_\_  
Postcode: 

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Survey month: \_\_\_\_\_

POINT			
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--	--

HHLD
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CKL
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PERSON NO	
-----------	--

1. Nurse number 

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2. Date schedule completed  

--	--

--	--

--	--

DAY	
-----	--

MONTH	
-------	--

YEAR	
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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>
		01	02
a)	Blood pressure to <b>GP</b>	03	04
b)	Saliva sample to be collected	05	06
c)	Sample of blood to be taken	07	08
d)	Blood sample results to <b>GP</b>	09	10
e)	Blood sample for <b>storage</b>	11	12
f)	Blood sample results to <b>respondent</b>		

**HEALTH SURVEY FOR ENGLAND 2011**

**DISPATCH NOTE FOR BLOOD AND SALIVA SAMPLES**  
(OFFICE COPY)

1. AGE GROUP: TICK SAMPLE TUBES OBTAINED:

16+  Plain  EDTA  Saliva

2. BLOOD/SALIVA TAKEN: Day   Month   Year

3. BLOOD/SALIVA DESPATCH: Day   Month   Year

**Venepuncture**

---

**Please complete:**

1. Did you experience any problems in taking the blood sample? If yes, please record these below and state what action you took.

Serial No.:

Survey: Health Survey for England 2011

## BLOOD PRESSURE TO GP CONSENT

**BP (A)**

Please initial box if consent given

1. I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my blood pressure results.

I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

## SALIVA SAMPLE CONSENT

**S (A)**

Please initial box if consent given

1. I consent to a qualified nurse/midwife collecting a sample of my saliva on behalf of the National Centre for 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.

# 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 the National Centre for 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 the National Centre for 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:

National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.

**Telephone: 0800 526 397**

**THE HEALTH SURVEY FOR ENGLAND 2011**  
**DISPATCH NOTE FOR BLOOD AND SALIVA SAMPLES**  
(LABORATORY COPY)

P8127

**Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.**

	POINT	ADDRESS	HHLD	CKL	PERSON
1. SERIAL NUMBER:	<b>K</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"/>		
5. SMOKING STATUS:	Current smoker <input type="text" value="1"/> Non smoker/NA <input type="text" value="2"/>		<input type="text" value="1"/> <input type="text" value="2"/>		
6. TICK TUBES OBTAINED	Plain <input type="text"/> EDTA <input type="text"/> Saliva <input type="text"/>	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"/>	
8. STORAGE CONSENT:	Given <input type="text" value="1"/> Not given/not applicable <input type="text" value="2"/>	9. NURSE NUMBER:	<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
Plain	Red	<input type="checkbox"/> Total cholesterol HDL cholesterol  Store if item 8 does <b>NOT</b> = 2
EDTA	Purple	<input type="checkbox"/> Glycated haemoglobin
Saliva		<input type="checkbox"/>

**THE HEALTH SURVEY FOR ENGLAND 202**  
**DISPATCH NOTE FOR BLOOD AND SALIVA SAMPLES**  
(LABORATORY COPY)

**Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.**

	POINT	ADDRESS	HHLD	CLK	PERSON
1. SERIAL NUMBER:	<b>K</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"/>		
5. SMOKING STATUS:	Current smoker <input type="text" value="1"/> Non smoker/NA <input type="text" value="2"/>		<input type="text" value="1"/> <input type="text" value="2"/>		
6. TICK TUBES OBTAINED	Plain <input type="checkbox"/> EDTA <input type="checkbox"/>	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. DATE BLOODS/SALIVA TAKEN:
Saliva <input type="checkbox"/>					
8. STORAGE CONSENT:	Given <input type="text" value="1"/> Not given/not applicable <input type="text" value="2"/>		9. 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
<b>TUBES ENCLOSED:</b>		<b>✓ if rec'd</b>
Plain	Red	<input type="checkbox"/>
		IF ITEM 3 ABOVE = 1
		Total cholesterol HDL cholesterol
		Store if item 8 does <b>NOT</b> = 2
EDTA	Purple	<input type="checkbox"/>
		Glycated haemoglobin
Saliva		<input type="checkbox"/>

**P8127**

## The Health Survey for England 2011

### CHILD CONSENT BOOKLET 4-15 years

Please use capital letters and write in ink

House / Flat number (or name): _____	Survey month: _____																							
	POINT	ADDRESS																						
Postcode: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>						

1. Nurse number	2. Date schedule completed	DAY	MONTH	YEAR							
<table border="1"><tr><td colspan="2"> </td></tr></table>			<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td></tr></table>		

3. Full name (of person interviewed) \_\_\_\_\_

Name by which GP knows person (if different) \_\_\_\_\_

4. Sex	Male <table border="1"><tr><td>1</td></tr></table>	1	Female <table border="1"><tr><td>2</td></tr></table>	2	5. Date of birth:	DAY	MONTH	YEAR			
1											
2											
			<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td></tr></table>		

6. Full name of parent/guardian \_\_\_\_\_

7. <b>GP NAME AND ADDRESS</b> (Please complete fully)
Dr: .....
Practice Name: .....
Address: .....
.....
Town: .....
County: .....
Postcode: .....
Telephone no: .....

8. <b>GP ADDRESS OUTCOME</b>
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 GP	01	02
b) Saliva sample to be collected	03	04

THE HEALTH SURVEY FOR ENGLAND 2011

**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

--	--

Month

--	--

Year

--	--	--	--

3. SALIVA DISPATCHED:

Day

--	--

Month

--	--

Year

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P8127

## The Health Survey for England 2011

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 the National Centre for 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 the National Centre for 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:** Blood pressure to GP  Saliva sample   
(Please initial box)

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:**  
**National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.**  
**Telephone: 0800 526 397**

**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	<b>K</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"/>
MALE / FEMALE										
2. SEX:	<input type="text"/> 1	<input type="text"/> 2	3.	DATE OF BIRTH:			<input type="text"/> DAY	<input type="text"/> MONTH	<input type="text"/> YEAR	
4. AGE GROUP:	4-15	<input type="text"/> 2	TICK SAMPLE TUBE OBTAINED:			Saliva			<input type="checkbox"/>	
5. SALIVA TAKEN:	<input type="text"/>	<input type="text"/>	DAY	<input type="text"/>	MONTH	<input type="text"/>	YEAR			
6. STORAGE CONSENT:	Not applicable		<input type="text"/> 2	7. NURSE NUMBER:			<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	<input type="checkbox"/>	THIS SAMPLE IS NOT FOR STORAGE
Saliva			

## HEALTH SURVEY FOR ENGLAND 2011

### Hospital Episode Statistics

**(Adults 16+)**

- Thank you for the information that you have provided about your health.
- With your permission, we would like to find out more about your health and treatment from NHS records.
- The Hospital Episode Statistics register collects information on in-patient care delivered by NHS hospitals in England since 1989, such as the length of stay, reason for visit, type of illness, type of operation, maternity care and waiting time.
- We would like to ask for your consent for us to link information about your health and treatment from this database.
- This information will be confidential and used for research purposes only. The link to this information can only be used by researchers who have gained ethical approval for analysing this database.
- Names and addresses will never be included in these results and no individual can be identified from the research.

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### NHS Central Register and Cancer Register

**(Adults 16+)**

- The NHS Central Register lists all the people in the country and their National Health Service (NHS) number.
- We would like to ask for your consent for us to send your name, address and date of birth to the National Health Service Central Register. A marker will be put against your name to show that you took part in the Health Survey.
- 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 research purposes only.
- By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else. We will not be able to obtain any other details from your medical records.

POINT      ADDRESS HHOLD    CKL      PERSON NO.

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

P3127 NHS (A)

**Your consent:**

I authorise the NHS Information Centre to disclose to the National Centre for Social Research a link to information about my health and treatment held on the **Hospital Episode Statistics** database.

**Please initial box**

I understand that the link to this information can only be used by researchers who have gained ethical approval for analysing this database. This consent will remain valid until revoked by me in writing.

**Your consent:**

I consent to the National Centre for 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 by **the NHS Central Register** may be used to follow up my health status. I understand that these details will be used for research purposes only.

Respondent name

Date

Respondent Signature

Interviewer name

Date

Interviewer Signature

**You can cancel either permission at any time in the future by writing to us at the following****address:****National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.  
Telephone: 0800 526 397**