

Health Survey for England

2017

Questionnaires and  
showcards



P12095

**The Health Survey for England 2017**  
**Program Documentation**  
**Household Questionnaire**

Household Questionnaire..... 1

## Questionnaire

### Point

SAMPLE POINT NUMBER.

Range:1..9999

### Address

ADDRESS NUMBER.

Range: 1..99

### Hhold

HOUSEHOLD NUMBER.

Range: 1..9

### First

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

Point no: (Point number)

Address no: (Address number)

Household no: (Household number)

### DateOK

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

- 1 Yes
- 2 No

### WhoHere

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

### HHSize

Derived household size.

**Range: 1..12**

### SizeConf

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

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

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

### Person

***Person number in Household Grid***

**Range: 1..12**

### Name

***First name from WhoHere***

### Sex

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

- 1 Male
- 2

**DoB**

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

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

**AgeOf**

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

Range: 0..120

**{IF AgeOf = NONRESPONSE}**

**AgeEstB**

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

IF NOT KNOWN, TRY TO GET BEST ESTIMATE.

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

**IF DOB=non response and AgeOf=non response and AgeEst=non response**

**WhtAge**

INTERVIEWER: PLEASE GIVE YOUR BEST ESTIMATE AS TO WHETHER ^LName's is an :

IF YOU ARE UNSURE WHETHER A CHILD FALLS INTO THE INFANT/CHILD CATEGORY - CODE AS CHILD (2-15 years old).

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

**{IF Aged 16 or over}**

**MarStatD**

Are you (is he/she)

ASK OR RECORD. CODE FIRST THAT APPLIES.

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

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

**Couple**

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

ASK OR RECORD

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

**{IF AgeOf = 16 – 17}**

**LegPar**

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

- 1 Yes
- 2 No

**{IF Aged 0 – 15}**

**Par1**

Which of the people in this household are (*name of respondent's*) parents or have legal parental responsibility for *him/her* on a permanent basis?

CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE 97

Range:1...97

**{IF Par1 = 1..12}**

**Par2**

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

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

Range:1...97

**SelCh**

INTERVIEWER: Is this child selected for an individual interview?

UP TO 4 CHILDREN CAN BE SELECTED. TWO AGED 0-12 AND TWO AGED 13-15.

- 1 Yes
- 2 No

**Nat1Par**

SHOW CARD A2

From this card, please tell me what is the relationship of (*name of respondent*) to (*name 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)}**

**Nat2Par**

SHOW CARD A2

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

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

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

## **RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL**

**Relationship**

SHOW CARD A1

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

ARRAY [1..12]

- 1 husband/wife

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

**{If spouse = same sex}**

**Soft Check: INTERVIEWER: As of 29 March 2014 same sex couples can marry in England and Wales. These are also plans to allow the conversion of civil partnerships to marriages by the end of 2014. Please check whether the couple are married or are in a civil partnership, and code appropriately.**

**ASK ALL**

**HHldr**

In whose name is the accommodation owned or rented? Anyone else?

CODE ALL THAT APPLY.

*(Codeframe of all household members)*

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

**HHResp**

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

*(Codeframe of adult household members)*

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

**{IF More than one person coded at HHldr}**

**HiHNum**

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

ENTER PERSON'S NUMBER – IF TWO PEOPLE HAVE THE SAME INCOME, ENTER 13

*(Codeframe of joint householders)*

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

**{IF 2 people have the same income}**

**JntEldA**

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

ASK OR RECORD.

*(Codeframe of joint householders)*

1-12 Person numbers of household members

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

**JntEldB**

ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.

ASK OR RECORD.

*(Codeframe of joint householders)*

**HRP**

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:

*(Displays name of Household Reference Person)*

**DVHRPNum**

***Person number of Household Reference Person***

**ASK ALL**

**Tenure1**

SHOW CARD A3

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

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

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

**JobAccom**

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

- 1 Yes
- 2 No

**LandLord**

Who is your landlord?

READ OUT AND CODE FIRST THAT APPLIES.

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

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



**Furn1**

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

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

**ASK ALL**

**Bedrooms**

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

Range: 0..20

**ENDIF**

**ASK ALL**

**PasSm**

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

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

EXCLUDE HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE THE HOUSE OR FLAT.

- 1 Yes
- 2 No

**{IF PasSm = Yes}**

**NumSm**

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

Range:1..20

**ASK ALL**

**Car**

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

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

- 1 Yes
- 2 No

**{IF Car= Yes}**

**NumCars**

How many are available?

- 1 One
- 2 Two
- 3 Three or more

**SrcInc**

SHOW CARD A4. There has been a lot of talk about health and income. We would like to get some idea of your household's income. This card shows various possible sources of income. Can you please tell me which of these you (*and your husband/wife/partner*) receive?

PROBE: FOR ALL SOURCES. CODE ALL THAT APPLY

- 1 Earnings from employment or self-employment
- 2 State retirement pension
- 3 Pension from former employer
- 4 Personal Pensions

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

**AttDisab**

SHOW CARD A5

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

CODE ALL THAT APPLY

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

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

**AtDisWho**

SHOW CARD A5

Please could you tell me who receives these allowances in your household?

List people from household grid aged 16+

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

**AtDisAmt**

SHOW CARD A6 {Weekly rates from 6<sup>th</sup> April 2015-2nd April 2017}

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

CODE ALL THAT APPLY.

**Attendance Allowance**

- 1 Higher rate for attendance during day AND night - £82.30
- 2 Lower rate for day OR night - £55.10

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

- 3 Highest rate - £82.30
- 4 Middle rate - £55.10
- 5 Lowest rate – £21.80

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

- 6 Highest rate - £57.45
- 7 Lower rate – £21.80

**Personal Independence Payments (PIP) – Daily Living Component**

- 8 Enhanced rate - £82.30
- 9 Standard rate – £55.10

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**Personal Independence Payments (PIP) – Mobility Component**

- 10 Enhanced rate – £57.45
- 11 Standard rate - £21.80

SHOW CARD A7 {Weekly rates from 3<sup>rd</sup> April 2017}

**Attendance Allowance**

- 1 Higher rate for attendance during day AND night - £83.10
- 2 Lower rate for day OR night - £55.65

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

- 3 Highest rate - £83.10
- 4 Middle rate - £55.65
- 5 Lowest rate – £22.00

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

- 6 Highest rate - £58.00
- 7 Lower rate – £22.00

**Personal Independence Payments (PIP) – Daily Living Component**

- 8 Enhanced rate - £83.10
- 9 Standard rate – £55.65

**Personal Independence Payments (PIP) – Mobility Component**

- 10 Enhanced rate – £58.00
- 11 Standard rate - £22.00

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

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

**NJntInc**

SHOW CARD A8

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

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

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

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

**OthInc**

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

- 1 Yes
- 2 No

**{IF Yes THEN}**

**HHInc**

SHOW CARD A8

Thinking of the income of your household as a whole, which of the groups on this card represents the

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total income of the whole household before deductions for income tax, National Insurance, etc.?  
ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.  
Range:band numbers as given by showcard A8, 96, 97

## EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED

### NHActiv

SHOW CARD A9

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

CODE **FIRST** TO APPLY.

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

**{IF NHActiv = Doing something else}**

**NHActivO**

OTHER: PLEASE SPECIFY.

Text: Maximum 60 characters

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

**HStWork**

Did *you/name* (Household Reference Person) do any paid work in the seven days ending (*date last Sunday*), either as an employee or self-employed?

- 1 Yes
- 2 No

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

**H4WkLook**

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

- 1 Yes
- 2 No

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

**H2WkStrt**

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

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- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

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

Apart from the job *you/name* are waiting to take up, have *you/name* (Household Reference Person) ever been in paid employment or self-employed?

- 1 Yes
- 2 No

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

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

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

**ENDIF**

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

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

Numeric: 1920..2015 Decimals: 0

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

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

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

**{IF (H2WkStrt = No) OR (H4WkLook = No) }**

**HWkBar**

SHOW CARD A10

Are you prevented from working or looking for work by any of the things listed on this card?

- 1 Own disability or illness
- 2 Caring for a disabled or elderly person
- 3 Looking after child(ren)
- 4 No work available
- 5 Better off not working
- 6 Pregnant
- 7 Don't need employment
- 8 Retired
- 9 (None of these)

**{IF (HWKBar = Retired) OR (NHActiv = Retired from paid work) }**

**HRetReas**

Could I just check whether you retired because a disability or illness meant that you were unable to work?

- 1 Yes
- 2 No

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

**HJobTitl**

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

Text: Maximum 60 characters

**HFtPtime**

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

- 1 Full-time
- 2 Part-time

**HWtWork**

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

**HMatUsed**

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

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

**HSkilNee**

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

**HEmploye**

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

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

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

**{IF HEmploye = self employed}**

**HDirctr**

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

- 1 Yes
- 2 No

**{IF Employee OR Director of a limited company}**

**HEmpStat**

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

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

**HNEmployee**

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

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

**{ELSEIF (HEmploye = SelfEmp) AND (HDirctr = No)}**

**HSNEmple**

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

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

**{IF Employee}**

**HInd**

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

Text: Maximum 100 characters

**Sector**

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

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

**{IF Self Employed}**

**HSIfWtMa**

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

Text: Maximum 100 characters

**HRPOcc**

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

1 Yes

2 No

**{If a reissue case}**

Bring up conditional gift card module (one per household)

**GiftL**

Please get a gift card ready for the respondent. Write £10 in the top right-hand corner. Enter the last eight digits of the gift card number.

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



## **The Health Survey for England 2017**

### **Program Documentation**

### **Individual Questionnaire**

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## General Health

### ASK ALL

#### OwnDoB

What is your date of birth?

I'm just checking that I got this right in the household questionnaire.

#### OwnAge

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

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

### ASK ALL

#### GenHelf

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

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

#### ILL12m

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

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

**{IF ILL12m = Yes THEN RECORD UP TO SIX CONDITIONS OR ILLNESSES}**

#### IllsTxt[i]

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

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.

'If vague answer given, such as 'bad back', ASK 'can you say a little more about that?'

Open Answer: up to 100 characters

***Variable names for text are IllsTxt[1]-IllsTxt[6]***

#### More[i]

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

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

**{IF ILL12m = Yes}**

#### IIIAff

SHOW CARD B1

Do any of your conditions or illnesses affect you in any of the following areas? Please consider whether you are affected in any of these areas while receiving any treatment or medication or using devices to help you such as a hearing aid for example.

Please read out the number that applies.

CODE ALL THAT APPLY

- |   |  |
|---|--|
| 1 | Vision (e.g. blindness or partial sight)   |
| 2 | Hearing (e.g. deafness or partial hearing) |

- 3 Mobility (e.g. walking short distances or climbing stairs)
- 4 Dexterity (e.g. lifting and carrying objects, using a keyboard)
- 5 Learning or understanding or concentrating
- 6 Memory
- 7 Mental health
- 8 Stamina or breathing or fatigue
- 9 Socially or behaviourally (e.g. associated with autism, Attention Deficit Disorder or Asperger's syndrome)
- 10 Other (PLEASE SPECIFY)
- 11 None of the above (spontaneous only)
- 12 Refusal (spontaneous only)

**{IF IIIAff = Other}**

**ILLOth**

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

Text : Maximum 100 characters

**{If ILL12m = Yes}**

**ReducAct**

Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?  
Please consider whether you are affected while receiving any treatment or medication for your condition or illness and/or using any devices such as a hearing aid, for example.

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

**{If ReducAct=1 (yes a lot) or 2 (yes a little)}**

**AffLng**

For how long has your ability to carry out day-to-day activities been reduced... READ OUT...

- 1 ...Less than six months,
- 2 six months but less than 12 months,
- 3 or, 12 months or more?

**{IF More[1] = yes AND (ReducAct = yes a lot OR yes a little) THEN ask RedAct up to 6 times for all conditions listed in IllsTxt[1] - IllsTxt[6]}**

**RedAct1-10**

Does your <textfill answer from IllsTxt1,2,3 etc> reduce your ability to carry out day-to-day activities...READ OUT

- 1 yes, a lot
- 2 yes, a little
- 3 not at all

**REPEAT FOR EACH ILLNESS/CONDITION (UP TO SIX).**

**ASK ALL**

**LastFort**

Now I'd like you to think about the two weeks ending yesterday.

During those two weeks did you have to cut down on any of the things you usually do about the house or ^at school\* or work or in your free time because of **{If illness mentioned at ILL12m}** ^a condition you have just told me about or some other illness or injury/ **{If no illness mentioned at ILL12m}** ^illness or injury?

\*Text fill ^at school {if aged 5-15}.

- 1 Yes
- 2 No

**{IF Lastfort = Yes}**

**DaysCut**

How many days was this in all during these 2 weeks, including Saturdays and Sundays?

Range: 1..14

## Chronic Pain

INTERVIEWER: Now follows some questions about pain.

### AnyPain

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

- 1 Yes
- 2 No

IF 'No' END

IF 'Yes' AT AnyPain

### More3m

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

- 1 Yes
- 2 No

IF 'No' END

IF 'Yes' AT More3m

### 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

[Info screen] 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**? Please include the effects of any medication taken

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

0....10

### WorstP

In the last three months, how would you rate your **worst** pain? Please include the effects of any medication taken

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

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. Please include the effects of any medication taken

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

0....10

SHOW CARD C1

### ImpactP

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

- |    |            |
|----|------------|
| 0  | None       |
| 1  | 1 day      |
| 2  | 2 days     |
| 3  | 3-4 days   |
| 4  | 5-6 days   |
| 5  | 7-10 days  |
| 6  | 11-14 days |
| 7  | 15-24 days |
| 8  | 25-30 days |
| 9  | 31-60 days |
| 10 | 61-75 days |
| 11 | 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"

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"

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"

0.....10

ENDIF

### SeenP

#### SHOW CARD C2

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, ASK

**SeenPX**

Please describe who

Open response\_\_\_\_\_

**SHOWCARD C3**

**SupGrp**

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

## Cardiovascular disease

### NOTES:

- 1 Changes from the 2011 CVD module are tracked.
- 2 Questions includes in the core questionnaire are highlighted in yellow.

### ASK ALL AGE 16+

#### 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

##### LegPain

Do you get a pain or discomfort in either of your legs which comes on when you walk?

INTERVIEWER: EXCLUDE ANY NON-CARDIOVASCULAR PROBLEMS SUCH AS RHEUMATISM AND SCIATICA.

- |   |             |
|---|-------------|
| 1 | Yes         |
| 2 | No          |
| 1 | Cannot walk |

### IF LegPain = Yes THEN

#### StanSit

Does this pain ever begin when you are standing still or sitting?

- 1 Yes
- 2 No

**WalkLeg**

Do you get it if you walk uphill or hurry?

- 1 Yes
- 2 No
- 3 Never walks uphill or hurries

**LevelPac**

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

- 1 Yes
- 2 No
- 3 Never walks uphill or hurries

**Still**

What happens if you stand still? Does the pain usually...READ OUT...

- 1 ... continues for more than 10 minutes,
- 2 or disappear in 10 minutes or less?

**WhereP**

Where do you usually get this pain or discomfort?

- 1 Calf muscle
- 2 Thigh or buttocks
- 3 Other area

**ENDIF**

**ASK ALL**

**BPMeas**

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

- 1 Yes
- 2 No

**IF BPMeas = 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?

INTERVIEWER: MEASUREMENT AT A PHARMACY IS ASKED AT THE NEXT QUESTION

- 1 Yes
- 2 No

**CHMeas2**

Have you ever had your blood cholesterol level measured at a pharmacy or by another health professional?

- 1 Yes
- 2 No

**IF CHMeas = Yes OR CHMeas2 = Yes THEN**

**LastCH**

When was the last time your blood cholesterol level was measured by a health professional? 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**

**IF (NormBP = High) THEN CVD1 prefilled with 'Yes'**

**ELSE ASK**

**CVD1**

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

- 1 Yes
- 2 No

**IF (NormCH = High) THEN CVDChol prefilled with 'Yes'**

**ELSE ASK**

**CVDChol**

Have you ever had high cholesterol (sometimes called hypercholesterolaemia)?

- 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

**IF (DocWhat2 =Stroke or TIA/mini stroke) THEN CVD7 is prefilled with 'Yes'**

**ELSE ASK**

**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 EverlReg.

**IF CVDChol = Yes THEN**

**ToldChol**

You said that you had high cholesterol. Were you told by a health professional that you had high cholesterol?

- 1 Yes
- 2 No

**IF ToldChol =YES THEN**

**AgeHC2**

Approximately how old were you when you were first told by a health professional that you had high cholesterol?

Interviewer: Type in age in years.

**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**

**Irreg**

Was this an irregular rhythm?

- 1 Yes
- 2 No

**AtrFib**

Have you ever been told by a doctor that you have a heart rhythm disturbance called atrial fibrillation (or AF)?

- 1 Yes

2 No

IF AtrFib=Yes

**AFFreq**

Is your heart rhythm in atrial fibrillation (AF) all the time, does it come and go or is it completely managed with medication?

- 1 All the time
- 2 It comes and goes
- 3 It is completely managed with medication

**AFCard**

Has your atrial fibrillation required cardioversion (electric shock treatment) in the past?

- 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 (CVD7 = Yes) THEN**

**IF (DocWhat2 IN [Stroke,TIA/Mini stroke]) THEN DocTold7 prefilled with 'Yes'**

**ELSE ASK**

**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 Balloon angioplasty and/or stenting of a coronary artery
- 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)**

**SHOW CARD D1**

**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 (CVD1 = Yes) THEN IF (NormBP = High) THEN DocBP prefilled with 'Yes'**

**ELSE ASK**

**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 D2

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 CVD8 = Yes THEN**

**Diabetes**

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

- 1 Yes
- 2 No

**TypeD**

Have you been told by a doctor or nurse that you have Type 1 or Type 2 diabetes?

- 1 Yes, Type 1 diabetes
- 2 Yes, Type 2 diabetes
- 3 Not been told
- 4 Not sure which type

**IF (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
- 3 Regular check-up with GP/hospital/clinic
- 4 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) OR (CVD6=Yes) THEN**

**AorSten**

Have you ever been told that you have a narrowing of the aortic valve (or aortic stenosis)?

- 1        Yes
- 2        No

**IF AorSten=Yes THEN**

**AorStenFol**

Are you currently receiving any medical follow up for the narrowing of your aortic valve (or aortic stenosis)?

- 1        Yes
- 2        No

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

**ConDM17**

Which condition was the consultation about? CODE ALL THAT APPLY

Response codes only shown if condition selected IF (CVD1=Yes) OR (CVD2=Yes) OR (CVD3=Yes) OR (CVD4=Yes) OR (CVD5=Yes) OR (CVD6=Yes) OR (CVD7=Yes) or (CVD8=Yes) or (CVDChol=Yes) or (AtrFib=Yes)

- 1 high blood pressure
- 2 angina
- 3 heart attack
- 4 heart murmur
- 5 abnormal heart rhythm
- 6 other heart trouble
- 7 stroke
- 8 diabetes
- 9 cholesterol
- 10 atrial fibrillation (or AF)

**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, CVDChol, AtrFib) THEN**

**ConCons17**

Which condition was the consultation about? CODE ALL THAT APPLY

Response codes only shown if condition selected IF (CVD1=Yes) OR (CVD2=Yes) OR (CVD3=Yes) OR (CVD4=Yes) OR (CVD5=Yes) OR (CVD6=Yes) OR (CVD7=Yes) or (CVD8=Yes) or (CVDChol=Yes) or (AtrFib=Yes)

- 1 high blood pressure
- 2 angina
- 3 heart attack
- 4 heart murmur
- 5 abnormal heart rhythm
- 6 other heart trouble
- 7 stroke
- 8 diabetes
- 9 cholesterol
- 10 atrial fibrillation (or AF)

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**

**NP Nur**

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**

**PNurCons17**

Which condition was the consultation about? CODE ALL THAT APPLY

Response codes only shown if condition selected IF (CVD1=Yes) OR (CVD2=Yes) OR (CVD3=Yes) OR (CVD4=Yes) OR (CVD5=Yes) OR (CVD6=Yes) OR (CVD7=Yes) or (CVD8=Yes) or (CVDChol=Yes) or (AtrFib=Yes)

- 1 high blood pressure
- 2 angina
- 3 heart attack
- 4 heart murmur
- 5 abnormal heart rhythm
- 6 other heart trouble
- 7 stroke
- 8 diabetes
- 9 cholesterol
- 10 atrial fibrillation (or AF)

**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**

**OpatCons17**

Which conditions did you visit the hospital for?

CODE ALL THAT APPLY

Response codes only shown if condition selected IF (CVD1=Yes) OR (CVD2=Yes) OR (CVD3=Yes) OR (CVD4=Yes) OR (CVD5=Yes) OR (CVD6=Yes) OR (CVD7=Yes) or (CVD8=Yes) or (CVDChol=Yes) or (AtrFib=Yes)

- 1 high blood pressure
- 2 angina
- 3 heart attack

- 4 heart murmur
- 5 abnormal heart rhythm
- 6 other heart trouble
- 7 stroke
- 8 diabetes
- 9 cholesterol
- 10 atrial fibrillation (or AF)

**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**

**IpatCons17**

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
- 9 cholesterol
- 10 atrial fibrillation (or AF)

## Social care - Receipt

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

### HELP NEEDED AND HELP RECEIVED

#### ASK ALL AGED 65+

##### Intro

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

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

1 Continue

##### TasksA

###### SHOW CARD E1

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

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

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

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

###### TasksB-TasksM

Still looking at Showcard E1, what about...

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

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

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

(E) **using the toilet**

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

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

(H) **getting around indoors**

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

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

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

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

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

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

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

For following tasks include additional instruction:

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

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

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

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

**{TaskHlpA section asked if any TasksA-M variables are 2-4. If all TasksA-M=1 THEN skip}**

**TIntro**

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

- 1 Continue

**TaskHlpA**

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

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

- 1 Yes
- 2 No

**[Repeat for tasks B to M]**

**TaskHlpB-TaskHlpM**

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

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

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

- 1 Yes
- 2 No

If (TaskHlpK=Yes) OR (TaskHlpL=Yes) OR (TaskHlpM = Yes) AND no other tasks (A-J) were mentioned.

**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**

**Questions omitted in alternate years (2017 and 2019)**

**{ASK ALL AGE 65}**

**BladPrb**

Do you suffer from problems with your bladder?

SHOWCARD C2

Please tell me the number which best applies to you.

EXPLANATION ON SHOWCARD - ONLY READ OUT IF NECESSARY: This could be things like accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or problems using aids or appliances to manage bladder

problems or incontinence. (If you can manage a catheter without assistance and manage this without problems please select 'No, no problems').

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

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

**{ASK ALL AGE 65+}**

**BowelPrb**

Do you suffer from problems with controlling your bowels?

SHOWCARD C3

Please tell me the number which best applies to you.

EXPLANATION ON SHOWCARD - ONLY READ OUT IF NECESSARY: This could be things like accidentally having soiled pants, leakage from the bowel, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or problems using aids or appliances to manage bowel or incontinence.

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

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

**WHO PROVIDES WITH CARE**

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

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

**IF Yes to any of TaskHlpA – TaskHlpM**

**Intro**

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

**HelpInf**

SHOW CARD E2

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

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

INTERVIEWER: Probe fully. CODE ALL THAT APPLY:

- 1 Husband/Wife/Partner

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

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

**HelpForm**

SHOW CARD E3

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

INTERVIEWER: Probe fully.

CODE ALL THAT APPLY.

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

**IF HelpForm = Other THEN**

**HelpFormo**

Who was the other person that helped you?

Text: Maximum 100 characters

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

**If Helpinf = Response 1-8 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

**Questions omitted in alternate years (2017 and 2019)**

**(HelpFam = No) AND (Helpinf = Response 1-10) THEN**

**NamFam**

What is your *(person who helped)* name?

Text: Maximum 20 characters

**ENDIF**

**{IF Helpinfo = Response 4 to 10 and Helpfam<>1}**



### SexFam

INTERVIEWER CODE OR ASK SEX OF PERSON WHO HELPS

- 1 Male
- 2 Female

ENDIF

ENDIF

### MoreFam

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

### Questions omitted in alternate years (2017 and 2019)

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

**Hours of care**

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

{ASK FOR EVERYONE IDENTIFIED AT HelpForm}

**HrsForm**

Thinking about [person who helps], in the last week how many hours have they helped you in person with these kinds of tasks?

INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet

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

ENTER NUMBER OF HOURS AND MINUTES.

IF RESPONDENT DOES NOT GIVE PRECISE ANSWER INTERVIEWER CODE DK

**ASK FOR EVERYONE IDENTIFIED AT HelpInf AND ANY AT HelpForm WHERE**

**HrsForm=DK/REFUSED**

**HelpHours**

**SHOW CARD E4**

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

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

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

[Add in alternate years] IF MORE THAN ONE PERSON IN CATEGORY (EG 2 DAUGHTERS), ASK ABOUT THE ONE THAT HELPS FOR THE MOST HOURS

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

INTERVIEWER NOTE:

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

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

[If identified at HelpForm:

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

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

**IF HelpHours = don't know or refusal 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 ALL RECEIVING HELP AT TaskHlpA**

**Duration**

How long have you been receiving any of the kinds of help we have been talking about? Would you say it is for less than a year, or one year or more?

INTERVIEWER EXPLAIN IF NECESSARY: Help from [insert formal/informal helpers]

- 1 Less than one year
- 2 One year or more

**ASK IF Yes to any of TaskHlpA – TaskHlpM**

Intro

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

*New question*

{IF HelpHours=1

(no help in last week}

SHOW CARD E5

**HlpUsHrs**

How many hours does (helper's name/role) help you in a **usual** week?

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

## **Payment**

*New section of questions on payment for care, to be asked every year*

**ASK IF Yes to any of TaskHlpA – TaskHlpM**

### **CareAss**

Has the council or local authority made an assessment or review of your care needs in the last 12 months?

- 1 Yes
- 2 No

### **PersBudg**

SHOW CARD E6

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

- 1 Yes
- 2 No

#### **CARD DESCRIPTIONS**

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

IF PersBudg= 1

### **BudgVal**

What is the value of your [Personal budget] per week or per month?

ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION

RECORD AMOUNT £:

### **BudgPer**

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

- 1 Per week
- 2 Per month

IF PersBudg=1

### **AnyDP**

SHOW CARD E7

Are you taking any of your Personal Budget as a Direct Payment?

IF YES, PROBE: Is that all or your Personal Budget or part of it?

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

#### **CARD DESCRIPTION**

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

IF PersBudg=1

**UserChg**

How much do you contribute in user charges for your Personal Budget?

ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION

RECORD AMOUNT £:

OR CODE 0.00 for 'None'

IF UserChg is greater than 0.00

**UserPer**

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

- 1 Per week
- 2 Per month

IF PersBudg=1

**PBTopUp**

[{IF UserChg is greater than 0.00 then} "In addition to your user charges,"] do you pay to top up your Personal Budget at all? This might be to pay for a more expensive option than the council has allowed for, or to pay for more care than the council suggested.

- 1 Yes
- 2 No

IF PBTopUp=1

**TopUpVal**

How much do you pay per week or per month to top up your Personal Budget?

ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION

RECORD AMOUNT £:

IF answer given at TopUpVal

**TopUpPer**

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

- 1 Per week
- 2 Per month

IF PersBudg NOT 1

**LAcare**

Do you receive any care paid for by the council or the Local Authority?

- 1 Yes
- 2 No

IF LAcare = 1

**LAVal**

Do you know how much the local authority pays for your care, per week or per month?

ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION

RECORD AMOUNT £:

OR RECORD: Don't know

**LAPer**

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

- 1 Per week
- 2 Per month

ASK ALL AGED 65+

**PayPriv**

[[{IF LACare=1 THEN} “Apart from any care paid for by the local authority,] Do you pay for any care privately at the moment?

- 1 Yes
- 2 No

IF Yes AT PayPriv

**PrivVal**

How much do you pay for the care you purchase privately?

ASK FOR AMOUNT PER WEEK/MONTH, RECORD PERIOD AT NEXT QUESTION

RECORD AMOUNT £:

**PrivPer**

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

- 1 Per week
- 2 Per month

IF HelpInf=1-10) (any help from informal carers in the last month)

**UnpdIntr**

SHOW CARD E8

Now I'd like to ask you about all the hours of **unpaid care** that you receive from the people on this card.

**IF OTHER ADULTS IN HOUSEHOLD**

**HrsUnpd**

First of all, I'd like you to think about anyone who lives here with you. In a typical week, how many hours of **unpaid care** do you receive from others living here?

RECORD NO. OF HOURS. IF NONE, ENTER '0'

IF HelpInf=1-10

**UnpdOth**

And in a typical week, how many hours of **unpaid care** do you receive from people who do not live in the same household as you?

RECORD NO. OF HOURS. IF NONE, ENTER '0'

### Whoans

INTERVIEWER: WHO ANSWERED THE QUESTIONS IN THIS SECTION ON PAYMENTS?

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

### Comments

INTERVIEWER: Do you have any comments about this section?

- 1 Yes
- 2 No

IF Comments = Yes THEN

### CommentX

INTERVIEWER: PLEASE ENTER COMMENTS HERE.

Text: Maximum 100 characters

END IF

## Care services use

Questions omitted in alternate years (2017)

ASK ALL AGED 65+

### Intro

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

- 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 C11

Who provided your meals? PROBE: Who else?

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

CODE ALL THAT APPLY

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

### LnchClub

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

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

**DayCen**

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

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



## Social care - Provision

### ASK ALL AGED 16+

#### Intro

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

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

**IF HelpNo >=1**

**PrRel**

**SHOWCARD E9**

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

They are my...

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

**IF PrRel = Other THEN**

**RelOth**

Please specify the other relationship.

Text: Maximum 50 characters

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

**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

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

**IF AskInt=Yes**

**IntroB**

**SHOWCARD E10**

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 E11**

Thinking only about the types of tasks and activities I showed you on Showcard E10, how many hours did you spend helping (name of person respondent helps) in the last week?

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

INTERVIEWER EXPLAIN IF NECESSARY: Please exclude travel time

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

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

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

**If PrHours= don't know or refusal THEN**

**PrHoursB**

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

INTERVIEWER EXPLAIN IF NECESSARY: Please exclude travel time."

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

**If PrHours= no help in the last week THEN**

**PrUsHrs**

**SHOWCARD E12**

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

INTERVIEWER EXPLAIN IF NECESSARY: Please exclude travel time

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

Repeated for each person respondent helps

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

**PrAllHour**

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

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

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

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

**IF RrAllHour=Don't know**

**PRAIRng**

**SHOWCARD E12**

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

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

**IF (PrRel <> 12) [i.e. not a professional carer for this person] AND (PrHours =>10 hours in the last week) OR (PrHoursB =>10 hours in the last week) OR (PrUsHrs =>10 hours in the last week)**

**Prtask**

**SHOWCARD E13**

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  |

**IF (PrRel <> 12) [i.e. not a professional carer for this person] AND (PrHours =>10 hours in the last week) OR (PrHoursB =>10 hours in the last week) OR (PrUsHrs =>10 hours in the last week)**

**Recpay**

{THIS QUESTION IS IN A LOOP FOR UP TO TWO PEOPLE}

SHOWCARD E14

Do you receive any money for helping [your answer at PrRel]/ [answer from PrName1/2/3]?

INTERVIEWER DO NOT INCLUDE GIFTS, TREATS OR OCCASIONAL PAYMENTS OF EXPENSES SUCH AS PETROL MONEY OR LUNCH

CODE ALL THAT APPLY

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

**{IF Recpay=1,2,3 or 4}**

**RecPAmt17**

How much do you receive per week or per month?

**{IF RecPAmt17 = RESPONSE}**

**RecPFrq17**

ASK OR RECORD. Is that per week or per month?

- 1 Per week
- 2 Per month

Repeated for up to 3 people respondent helps

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 E15

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

Please read out the numbers that apply from this card

CODE ALL THAT APPLY

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

Repeat for one or all people respondent helps

**IF HelpNo = RESPONSE THEN**

**HealthA**

**SHOWCARD E16**

In the last three months, has your own health been affected, in any of the ways listed on this card, by the help or support that you give {IF HelpNo=1} *^textfill relation from PrRel* {IF HelpNo>=2} *^to the people you care for?*

Please read out the numbers that apply from this card

**CODE ALL THAT APPLY**

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

**IF(HealthA=1 -10) AND (IF HelpNo=RESPONSE) THEN**

**HealthGP**

Have you seen your GP because your health has been affected by the support you give to {IF HelpNo=1} *^textfill relation from PrRel* {IF HelpNo>=2} *^the people that you care for?*

- 1        Yes
- 2        No

**ASK IF AGE 16-65**

**IF HelpNo = 1 THEN**

**HlthEmp**

**SHOWCARD E17**

Has your ability to take up or stay in employment been affected, in any of the ways listed on this card, by the help or support that you give to your {IF HelpNo=1} *^textfill relation from PrRel* {IF HelpNo>=2} *^the people you care for?*

Please read out the numbers that apply from this card

**CODE ALL THAT APPLY**

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

**ASK ONCE FOR ALL WHO CARE FOR SOMEONE**

**IF HelpNo=RESPONSE THEN**

**LAass**

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

- 1 Yes
- 2 No

## Fruit and vegetable consumption

**ASK ALL AGED 5+**

### VFInt

Now we are moving on to a different topic, and I'd like to ask you a few questions about some of the things you ate and drank yesterday.

By yesterday I mean 24 hours from midnight to midnight. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten.

1 Continue

### VegSal

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

INTERVIEWER: SALADS MADE MAINLY FROM BEANS CAN **EITHER** BE INCLUDED HERE **OR** AT THE NEXT QUESTION. YOU CAN RECORD HALF BOWLS OF SALAD, SUCH AS 1.5, 0.5 ETC.

1 Yes  
2 No

**{IF VegSal = Yes}**

### VegSalQ

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

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

Range: 0.5 - 50.0

### VegPul

Did you eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans.

Don't count pulses in foods like Chilli con carne.

1 Yes  
2 No

**{IF VegPul = Yes}**

### VegPulQ

SHOWCARD F1

How many tablespoons of pulses did you eat yesterday?

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

Range: 0.5 - 50.0

**ENDIF**

### VegVeg

Not counting potatoes, did you eat any vegetables yesterday?

Include fresh, raw, tinned and frozen vegetables.

1 Yes  
2 No

**{IF VegVeg = Yes}**

### VegVegQ

SHOW CARD F1

How many tablespoons of vegetables did you eat yesterday?

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

Range: 0.5 - 50.0

**ENDIF**



## VegDish

*Apart from anything you have already told me about, did /Did you eat any other dishes made mainly from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry? Don't count vegetable soups or dishes made mainly from potatoes.*

- 1 Yes
- 2 No

**{IF VegDish = Yes}**

## VegDishQ

SHOW CARD F1

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

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

Range: 0.5 - 50.0

**ENDIF**

## VegUsual

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

...READ OUT...

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

## FrtDrnk

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

- 1 Yes
- 2 No

**{IF FrtDrnk = Yes}**

## FrtDrnkQ

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

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

Range: 0.5-.50.0

**ENDIF**

## Frt

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

- 1 Yes
- 2 No

**{IF Frt = Yes THEN**

**FOR idx:= 1 TO 15 DO**

**IF (idx = 1) OR (FrtMor[idx-1] = Yes) THEN}**

## FrtC[idx]

What kind of fresh fruit did you eat yesterday?

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

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

**{IF FrtC[idx] IN [VLge..VSml] THEN**

**IF FrtC[idx] = VLge THEN**

**much:= 'many average slices'**

**ELSEIF FrtC[idx] IN [Lge..Sml] THEN**

**much:= 'much'**

**ELSEIF FrtC[idx] = VSml THEN**

**much:= 'many average handfuls'**

**ENDIF}**

**FrtQ[idx]**

How *much* of this fruit did you eat yesterday?

Range: 0.5.-.50.0

**{ELSEIF FrtC[idx] = NotLst THEN}**

**FrtOth[idx]**

What was the name of this fruit?

Text: Maximum 50 characters

**FrtNotQ[idx]**

How much of this fruit did you eat?

Text: Maximum 50 characters

**ENDIF**

**{IF idx < 15 THEN}**

**FrtMor[idx]**

Did you eat any other fresh fruit yesterday?

1 Yes

2 No

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

**FrtDry**

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

1 Yes

2 No

**{IF FrtDry = Yes}**

**FrtDryQ**

SHOW CARD F1

How many tablespoons of dried fruit did you eat yesterday?

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

Range: 0.5.-.50.0

**ENDIF**

**FrtFrz15**

Did you eat any frozen fruit yesterday?

1 Yes

2 No

**{IF FrtFrz = Yes}**

**FrtFrzQ15**

SHOW CARD F1

How many tablespoons of frozen fruit did you eat yesterday?

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

Range: 0.5.-.50.0

**ENDIF**

**FrtTin**

Did you eat any tinned fruit yesterday?

1 Yes

2 No

**{IF FrtTin = Yes}**

**FrtTinQ**

SHOW CARD F1

How many tablespoons of tinned fruit did you eat yesterday?

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

Range: 0.5.-.50.0

**ENDIF**

**FrtDish**

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

1 Yes

2 No

**{IF FrtDish = Yes}**

**FrtDishQ**

sSHOW CARD F1

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

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

Range: 0.5.-.50.0

**ENDIF**

**FrtUsual**

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

...READ OUT...

1 less than usual,

2 more than usual,

3 or about the same as usual?

**END**

## End of Life Care

### Intro

Now some questions of a sensitive nature .

The next set of questions are about your experiences of end of life care.

Press <1> Continue

ASK ALL AGED 16+

### TermIII

In the past five years, has anyone close to you died of a terminal illness like cancer, motor neurone disease, or emphysema?

- 1 Yes
- 2 No

{IF TermIII = Yes}

### Skip

INTERVIEWER: DO NOT READ OUT LOUD.

You may skip this module if it is clear that the respondent is distressed.

It is important that as many people as possible answer these questions, so please only use this option if genuinely necessary.

- 1 Continue
- 2 Respondent is too distressed - skip these questions

{IF TermIII=Yes AND IF concurrent interviewing AND TermIII=Yes for previous respondent in the same session}

### SamePers

INTERVIEWER: ASK OR CODE

Is this the same person we've talked about already?

INTERVIEWER: If more than one person close to this respondent has died this question applies to whoever died most recently.

- 1 Yes
- 2 No

{IF TermIII = Yes}

### WhatIII

SHOW CARD G1

{IF SamePers = Yes, , textfill interviewer instruction } INTERVIEWER: ASK OR CODE

Please could you say what that illness was?

INTERVIEWER: If more than one person, ask about the person who died most recently.

- 1 Emphysema/other lung disease
- 2 End stage heart failure
- 3 End stage liver failure
- 4 Cancer
- 5 Motor neurone disease/multiple sclerosis
- 6 End stage kidney failure
- 7 HIV/AIDS
- 8 Other (PLEASE SPECIFY)
- 9 Don't know illness

{IF WhatIII = Other}

### OthIII

{IF SamePers = Yes, , textfill interviewer instruction } INTERVIEWER: ASK OR CODE

INTERVIEWER: Please enter the other illness.

Text: maximum 100 characters.

{IF TermIII = Yes}

**WherDie**

SHOW CARD G2

Where did they die?

{IF SamePers = Yes, , textfill interviewer instruction } INTERVIEWER: ASK OR CODE

- |   |                          |
|---|--------------------------|
| 1 | Home (we lived together) |
| 2 | Home (theirs)            |
| 3 | Home (yours)             |
| 4 | Hospital                 |
| 5 | Hospice                  |
| 6 | Nursing care home        |
| 7 | Residential care home    |
| 8 | Other (please specify)   |

{IF WherDie = Other}

**DieOth**

INTERVIEWER: Please specify other place.

{IF SamePers = Yes, , textfill interviewer instruction } INTERVIEWER: ASK OR CODE

Text: maximum 50 characters.

**RelIII**

What was your relationship to this person?

SHOW CARD G3

INTERVIEWER: If more than one person, ask about the person who died most recently.

This person was my....

- |   |   |
|---|---|
| 1 | Spouse/partner  |
| 2 | Parent  |
| 3 | Child   |
| 4 | Brother/sister (including half or step brother or sister) |
| 5 | Other relative  |
| 6 | Friend  |
| 7 | Other (PLEASE SPECIFY)                                    |

{IF RelIII = Other}

**RelOth**

INTERVIEWER: Please specify other relationship.

Text: maximum 50 characters.

{IF TermIII = Yes}

**CareInvB**

SHOW CARD G4

I'd like to ask you about any care and help you may have given this person. First I'm going to ask about **personal care** like the things listed at the top of on this card. Then I'm going to ask about other **general help**, like the things listed at the bottom of the card.

Did you provide **personal care** to this person, like those listed at the top of this card?

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

SHOW CARD XX

**Personal care examples:**

Help with washing  
Help with dressing  
Help with going to the toilet  
Help with eating  
Other help with physical needs

**General help examples:**

Keeping company / visiting  
Running errands  
Doing laundry  
Shopping  
Giving lifts  
Helping with money or legal issues Taking to appointments or out for recreation  
Other help or support

{If CareInvB = Yes}

**LngCareB**

SHOW CARD G5

Thinking about the time when you were providing **personal care**, how long was this for?

- 1 A week or less
- 2 More than a week, up to a month
- 3 More than a month, up to 3 months
- 4 More than 3 months, up to 6 months
- 5 More than 6 months, up to 9 months
- 6 More than 9 months, up to a year
- 7 More than a year, up to two years
- 8 More than two years, up to five years
- 9 More than five years

{If CareInvB = Yes}

**CareFreq**

SHOW CARD G6

{IF LngCareB=a year or more: ^Thinking about the last year of care} {If LngCareB=less than a year: ^And}, in general, how often did you provide personal care?

- 1 Every day
- 2 At least once a week
- 3 At least once a month
- 4 Less than once a month
- 5 SPONTANEOUS: It varied too much to say

{If CareFreq= less than every day or varied}

**CareFreqB**

{IF LngCareB=a year or more: ^Still thinking about the last year of care} {IF CareFreq=weekly/monthly: ^In general, on / IF CareFreq=less freq: ^Roughly,} how many days {^each week/^each month/^in total} did you provide personal care?

INTERVIEWER: IF VARIES TOO MUCH TO SAY CODE 97

NUMERIC

{If CareInvB = Yes}

**CareTime**

SHOW CARD G7

{IF LngCareB=a year or more: ^Still thinking about the last year of care} in general what time of day did you provide personal care? Please tell me all that apply.

- 1 Morning
- 2 Afternoon
- 3 Evening
- 4 Night
- 5 SPONTANEOUS: It varied too much to say

{If CareTime = Morning}

**CrHrsMorn**

Roughly how long did you spend giving personal care **each morning**?

INTERVIEWER: ROUND TO NEAREST NUMBER OF HOURS.

IF LESS THAN 1 HOUR CODE 0.

IF VARIES TOO MUCH TO SAY CODE 97

'ALL MORNING' CODE 6

'SEVERAL HOURS' CODE 4

'A FEW HOURS' CODE 3

'A COUPLE OF HOURS' CODE 2

NUMERIC

{If CareTime = Afternoon}

**CrHrsAft**

Roughly how long did you spend giving personal care **during the afternoon**?

INTERVIEWER: ROUND TO NEAREST NUMBER OF HOURS.

IF LESS THAN 1 HOUR CODE 0.

IF VARIES TOO MUCH TO SAY CODE 97

'ALL AFTERNOON' CODE 6

'SEVERAL HOURS' CODE 4

'A FEW HOURS' CODE 3

'A COUPLE OF HOURS' CODE 2

NUMERIC

{If CareTime = Evening}

**CrHrsEve**

Roughly how long hours did you spend giving personal care **during the evening**?

INTERVIEWER: ROUND TO NEAREST NUMBER OF HOURS

IF LESS THAN 1 HOUR CODE 0.

IF VARIES TOO MUCH TO SAY CODE 97

'ALL EVENING' CODE 4

'A FEW HOURS' CODE 3

'A COUPLE OF HOURS' CODE 2

NUMERIC

{If CareTime = Night}

**CrHrsNt**

Roughly how long did you spend giving personal care **during the night**?

INTERVIEWER: ROUND TO NEAREST NUMBER OF HOURS.

IF LESS THAN 1 HOUR CODE 0.

IF VARIES TOO MUCH TO SAY CODE 97

IF 'ALL NIGHT' CODE 8

'SEVERAL HOURS' CODE 4

'A FEW HOURS' CODE 3

'A COUPLE OF HOURS' CODE 2

NUMERIC

{If CareTime = Varied}

**CrHrsVar**

Roughly how long did you spend giving personal care on those occasions?

INTERVIEWER: ROUND TO NEAREST NUMBER OF HOURS.

IF LESS THAN 1 HOUR CODE 0.

IF VARIES TOO MUCH TO SAY CODE 97

'SEVERAL HOURS' CODE 4

'A FEW HOURS' CODE 3

'A COUPLE OF HOURS' CODE 2

NUMERIC

{IF TermIII = Yes}

**SpeHelpB**

SHOW CARD G4

Did you look after or give other **general help** to them like the things listed at the bottom of this card?

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

{If SpeHelpB = Yes}

**LngHelpB**

SHOW CARD G5

Thinking about the time when you were providing general help like this, how long was this for?

- |   |                                       |
|---|---------------------------------------|
| 1 | A week or less                        |
| 2 | More than a week, up to a month       |
| 3 | More than a month, up to 3 months     |
| 4 | More than 3 months, up to 6 months    |
| 5 | More than 6 months, up to 9 months    |
| 6 | More than 9 months, up to a year      |
| 7 | More than a year, up to two years     |
| 8 | More than two years, up to five years |
| 9 | More than five years                  |

{If LngHelpB = response}

**HelpFreq**

SHOW CARD G6

{IF LngHelpB=a year or more: ^Thinking about the last year } {If LngHelpB=less than a year: ^And}, in general, how often did you help like this?

- |   |                      |
|---|----------------------|
| 1 | Every day            |
| 2 | At least once a week |



- 3 At least once a month
- 4 Less than once a month
- 5 SPONTANEOUS: It varied too much to say

{If HelpFreq= less than every day or varied}

**HelpFreqB**

{IF HelpFreq=weekly/monthly: ^In general, on / IF HelpFreq=less freq: ^Roughly,} how many days  
{IF helpfreq=2 ^each week/ IF helpfreq=3 ^each month/ IF helpfreq=4 ^in total} did you help like  
this?

INTERVIEWER: IF VARIES TOO MUCH TO SAY CODE 97  
NUMERIC

{If SpeHelpB = Yes}

**HelpTime**

SHOW CARD G7

{IF LngCareB=a year or more: ^Still thinking about the last year of providing help } {If  
LngHelpB=less than a year: ^And} in general what time of day did you provide this kind of help?  
Please tell me all that apply.

- 1 Morning
- 2 Afternoon
- 3 Evening
- 4 Night
- 5 SPONTANEOUS: It varied too much to say

{If HelpTime = Morning}

**HlpHrsMor**

Roughly how long did you spend providing help like this **during the morning**?

INTERVIEWER: ROUND TO NEAREST NUMBER OF HOURS.

IF 'ALL MORNING' CODE 6

IF LESS THAN 1 HOUR CODE 0.

INTERVIEWER: IF VARIES TOO MUCH TO SAY CODE 97

NUMERIC

{If HelpTime = Afternoon}

**HlpHrsAft**

Roughly how long did you spend providing help like this **during the afternoon**?

INTERVIEWER: ROUND TO NEAREST NUMBER OF HOURS.

IF 'ALL AFTERNOON' CODE 6

IF LESS THAN 1 HOUR CODE 0.

INTERVIEWER: IF VARIES TOO MUCH TO SAY CODE 97

NUMERIC

{If HelpTime = Evening}

**HlpHrsEve**

Roughly how long did you spend providing help like this **during the evening**?

INTERVIEWER: ROUND TO NEAREST NUMBER OF HOURS.

IF 'ALL EVENING' CODE 4

IF LESS THAN 1 HOUR CODE 0.

INTERVIEWER: IF VARIES TOO MUCH TO SAY CODE 97

NUMERIC

{If HelpTime = Night}

**HlpHrsNt**

Roughly how long did you spend providing help like this **during the night**?

INTERVIEWER: ROUND TO NEAREST NUMBER OF HOURS.

IF 'ALL NIGHT' CODE 8

IF LESS THAN 1 HOUR CODE 0.

INTERVIEWER: IF VARIES TOO MUCH TO SAY CODE 97

NUMERIC

{If HelpTime = Varied}

**HlpHrsVar**

Roughly how long did you spend providing help like this on those occasions?

INTERVIEWER: ROUND TO NEAREST NUMBER OF HOURS.

IF LESS THAN 1 HOUR CODE 0.

INTERVIEWER: IF VARIES TOO MUCH TO SAY CODE 97

'SEVERAL HOURS' CODE 4

'A FEW HOURS' CODE 3

'A COUPLE OF HOURS' CODE 2

NUMERIC

{IF TermIII = Yes}

**PalCare**

Was a palliative care service used for this person?

{IF SamePers = Yes, , textfill interviewer instruction } INTERVIEWER: ASK OR CODE

INTERVIEWER: "A palliative care service aims to comfort, not to cure, to relieve pain and distress for people who are dying and to support patients, families and friends in approaching death and coping with grief. Typical services include: hospice, visits from Marie Curie or/and Macmillan nurses."

1 Yes

2 No

{IF TermIII = Yes}

**CarServ**

Were any other care services used?

{IF SamePers = Yes, , textfill interviewer instruction } INTERVIEWER: ASK OR CODE

INTERVIEWER: For example social services, a private care company, meals on wheels, voluntary groups.

1 Yes

2 No

{IF TermIII = Yes}

**ContLife**

SHOW CARD G8

Since this person died, have you been able to continue with your life?

1 I have been able to continue with my life

2 I am starting to continue with my life

3 I have not been able to continue with my life

{If CareInvB = Yes}

**CareAgn**

SHOW CARD G9

Would you take on the role of caring again **in similar circumstances**?

- 1 I would definitely take on the caring role again
- 2 I would probably take on the caring role again
- 3 I would probably not take on the caring role again
- 4 I would not take on the caring role again

**Who**

Do you wish to continue with (name of respondent)?

- 1 Continue
- 2 Suspend/Abort

## Smoking (Aged 16+)

**{IF Age of Respondent = 18 to 24}**

**BookChk**

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

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

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

**SmokEver**

Now we are moving on to a different topic. May I just check, have you ever smoked a cigarette, a cigar or a pipe? We are referring here to tobacco cigarettes, not e-cigarettes or other vaping devices that use e-liquids

- 1 Yes
- 2 No

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

**{IF SmokEver = Yes}**

**SmokeNow**

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

**{IF SmokeNow = Yes}**

**DlySmoke**

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

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

Range: 0..97

**DHRoll**

And about how many of these are hand-rolled?

Range: 0-97

**ENDIF**

**WKndSmok**

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

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

Range: 0..97

**WEHRoll**

And about how many of these are hand-rolled?

Range: 0..97

**CigType**

Do you mainly smoke ...READ OUT...CODE ONE

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

**{IF SmokeNow=Yes}**

**SmokPI**

SHOW CARD H1

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

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

**FirstCig**

How soon after waking do you **usually** smoke your first cigarette of the day?

PROMPT AS NECESSARY.

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

**SmYrAgo**

Would you say that you are smoking about the same number of cigarettes as a year ago, or more than a year ago or fewer than a year ago?

- 1 Same as a year ago
- 2 More than a year ago
- 3 Fewer than a year ago

**{IF SmokeNow = Yes}**

**SmNoDay**

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

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

**GiveUp**

Would you like to give up smoking altogether?

- 1 Yes
- 2 No

**{IF SmokeNow=Yes AND GiveUp=Response}**

**WhenStop2**

SHOW CARD H2

Which of the statements on this card best describes you?

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

**SerQuit**

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

- 1 Never
- 2 Yes, in the last 12 months
- 3 Yes, but not in the last 12 months

**IF SerQuit = Yes in last 12 months**

**NumQuit**

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

Range: 1-25

**{IF GiveUp = YES}**

**GvUpWhy**

SHOWCARD H3

What are your main reasons for wanting to give up?

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

**Moved earlier**

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

**SmokeCig**

Have you ever smoked cigarettes?

- 1 Yes
- 2 No

**{IF SmokeCig = Yes}**

**ResQuit**

SHOW CARD H4

Why did you decide to give up smoking?

CODE ALL THAT APPLY

- 1 For health reasons
- 2 Pregnancy
- 3 Financial reasons/ couldn't afford it
- 4 Family or friends wanted me to stop
- 5 Worried about the effect on other people
- 6 My own motivation
- 7 Something else
- 8 Cannot remember (spontaneous)

**{IF SmokeCig = Yes}**

**SmokeReg**

Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally?

- 1 Smoked cigarettes regularly, at least 1 per day
- 2 Smoked them only occasionally
- 3 SPONTANEOUS: Never really smoked cigarettes, just tried them once or twice

**{IF SmokeReg = Smoked cigarettes regularly}**

**NumSmok**

About how many cigarettes did you smoke in a day?

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

Range: 0..97

**XDHRoll**

And about how many of those were hand-rolled?

Range: 0-97

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

**StartSmk**

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

INTERVIEWER: IF 'Never smoked regularly' CODE 97.

Range: 1..97

**ENDIF**

**{IF SmokeReg=[Regularly OR Occasionally]}**

**EndSmoke**

How long ago did you stop smoking cigarettes?

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

Range: 0..97

**ENDIF**

**{IF EndSmoke=0}**

**LongEnd2**

How long ago was that?

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

**ENDIF**

**SmokYrs**

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

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

Range: 0..97

## New questions about shisha and smokeless tobacco

### ASK ALL AGED 16+

#### Hookah

#### SHOW CARD H5

May I just check, have you ever smoked hookah/shisha? INTERVIEWER: IF ASKED 'This **does not** include e-cigarettes or other vaping devices that use e-liquids.'

- 1 Yes
- 2 No

#### If Hookah=Yes

#### HookNow

Have you used hookah/shisha in the last month?

- 1 Yes
- 2 No

### ASK ALL

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

- 1 Yes
- 2 No

#### If SmLss =Yes

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

- 1 Yes
- 2 No

## New section about e-cigarettes

### ASK ALL

#### EvVape

Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?

EXPLAIN IF NECESSARY: A vaping device is any product that you can use to inhale vapour rather like you would a cigarette. It includes ones that have a battery as well as ones that do not such as voke.

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

#### IF EvVape =Yes OR Yes - Only tried once or twice

#### VapeNow

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

- 1 Yes
- 2 No

#### IF EvVape =Yes OR Yes - Only tried once or twice

#### VapeTm

#### SHOW CARD H6

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

- 1 In the last 6 months
- 2 More than 6 months, up to 12 months ago
- 3 More than a year, up to 2 years ago
- 4 More than 2 years up to 5 years ago
- 5 More than 5 years ago

#### IF VapeNow= YES



**VapeFrq**

**SHOW CARD H7**

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

- 1 Less than once a month
- 2 At least once a month but less than once a week
- 3 At least once a week but less than every day
- 4 Every day

**IF VapeNow= YES**

**FirstVp**

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

PROMPT AS NECESSARY.

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

**IF VapeNow= YES**

**WeekVp**

**SHOW CARD H8**

How many times do you use your e-cigarette or vaping device on a typical weekday?

INTERVIEWER READ OUT: 'How many times' refers to a 'session' i.e. picking it up, taking some puffs and putting it down again, NOT the number of puffs a day.

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

**IF VapeNow= YES**

**WkVpTm**

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

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

**IF VapeNow= YES**

**WkendVp**

**SHOW CARD H8**

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

INTERVIEWER READ OUT: 'How many times' refers to a 'session' i.e. picking it up, taking some puffs and putting it down again, NOT the number of puffs a day.

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

**IF VapeNow= YES**

**WEVpTm**

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

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

**IF VapeNow= YES**

**ECigTyp**

**SHOW CARD H9**

Which of these do you mainly use?

- 1 A disposable electronic cigarette (non-rechargeable)
- 2 An electronic cigarette kit which is refillable with pre-filled cartridges
- 3 An electronic cigarette kit which is refillable with liquids
- 4 A modular system (I use my own combination of separate devices: batteries, atomizers, etc.)

**If ECigTyp=2 (An electronic cigarette kit which is refillable with pre-filled cartridges)**

**ECigCart**

**SHOW CARD H10**

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

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

**IF VapeNow= YES**

**VapeStp**

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

- 1 Yes
- 2 No

**IF (SmokeNow=Yes OR SmokeReg=1 or 2) AND (EvVape=1 or 2)**

**WhchFrst**

Can I just check, did you start regularly smoking tobacco cigarettes before or after first trying e-cigarettes/vaping devices?

- 1 started regularly smoking tobacco cigarettes **before** first trying e-cigarettes/vaping devices
- 2 started regularly smoking tobacco cigarettes **after** first trying e-cigarettes/vaping devices first

**ASK ALL**

**NRNow**

SHOW CARD H11

[Textfill: If SmokeEver=No: 'Some people who have never regularly smoked sometimes use nicotine replacement products. Can I just check...'] Are you using any of these products nowadays?

PROBE: Which others? PROBE UNTIL RESPONDENT SAYS 'NO OTHERS'.

CODE ALL THAT APPLY

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

IF NOT (all of 1-8) AT NRNow

**NREv**

SHOW CARD H11

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

PROBE FULLY: Which others? PROBE FULLY. CODE ALL THAT APPLY

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

ENDIF

ENDIF

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

IF (Gum IN NRNow) OR (Lozenge IN NRNow) OR (Patch IN NRNow) OR (Inhaler IN NRNow)  
OR (Spray IN NRNow) OR (Nasal IN NRNow) OR (OthNic IN NRNow) OR (Elect IN NRNow)  
THEN

AnyProd := Yes

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

**IF (SmokeEver = Yes) THEN**

**IF (SmokeNow <> Yes) AND (SmokeCig=Yes) AND (AnyProd=Yes)**

**HelpQuit**

SHOWCARD H11

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

PROBE: Which others? CODE ALL THAT APPLY

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

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

ENDIF

**IF (SmokeNow=Yes) AND (AnyProd=Yes)**

**CutDwn**

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

- 1 Yes
- 2 No

**{IF CutDwn = Yes}**

**NRCut**

SHOW CARD H11

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

PROBE FULLY: Which others? PROBE UNTIL RESPONDENT SAYS NO OTHERS, CODE ALL THAT APPLY

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

**IF (SmokeNow=Yes) AND (AnyProd=Yes)**

**NRTemp**

SHOWCARD H11

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

PROBE FULLY : Which others? PROBE UNTIL RESPONDENT SAYS NO OTHERS

CODE ALL THAT APPLY

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

**IF (SmokeNow=Yes) AND (AnyProd=Yes)**

**PastQuit**

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

SHOWCARD H11

PROBE: Which others? CODE ALL THAT APPLY

- 1 Nicotine chewing gum
- 2 Nicotine lozenge/mini lozenge
- 3 Nicotine patch
- 4 Nicotine inhaler/ inhalator
- 5 Nicotine mouthspray
- 6 Nicotine nasal spray

- 7 Another nicotine product
- 8 Electronic cigarette
- 9 None

**IF (SmokeNow = Yes) THEN**

**DrSmk12**

In the last 12 months, has a medical person, for example a doctor or nurse advised you to stop smoking completely?

- 1 Yes
- 2 No

**IF (SmokEver = Yes)**

**CigarNow**

Do you smoke cigars at all nowadays?

- 1 Yes
- 2 No

**{IF CigarNow = Yes}**

**CigarReg**

Do you smoke cigars regularly, that is at least one cigar a month, or do you smoke them only occasionally?

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

**IF (SmokEver = Yes)**

**PipeNowA**

Do you smoke a pipe at all nowadays?

- 1 Yes
- 2 No

**IF (PAge >= 25) OR (BookChk[PNo] = Asked) THEN**

**FathSm**

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

- 1 Yes
- 2 No

**IF (PAge >= 25) OR (BookChk[PNo] = Asked) THEN**

**MothSm**

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

- 1 Yes
- 2 No

**IF (PAge IN [0..15]) OR (PAge >= 25) OR (BookChk[PNo] = Asked)**

**ExpSm**

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

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

Range: 0..168

**{IF age = 0-12}**

**ChExpSm**

Is (name of child) looked after for more than two hours per week by anyone who smokes while looking after (him/her), including anyone in this household?

- 1 Yes
- 2 No

**IF (PAge >= 25 OR BookChk[PNo] = Asked smoking/drinking questions) THEN**

**Passive**

SHOW CARD H12

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

PROBE: Where else? CODE ALL THAT APPLY.

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

**{IF Passive=1-6}**

**Bother**

Does this bother you at all?

- 1        Yes
- 2        No

**IF (PAge >= 25 OR BookChk[PNo] = Asked smoking/drinking questions) THEN**

**EPassv**

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

- 1        Yes
- 2        No

**{IF EPassv=YES}**

**EBother**

Does this bother you at all?

- 1        Yes
- 2        No

## Drinking (Aged 18+)

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

**Drink**

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

- 1 Yes
- 2 No

**{IF Drink = No}**

**DrinkAny**

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

- 1 Very occasionally
- 2 Never

**{IF DrinkAny = Never}**

**AlwaysTT**

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

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

**{IF AlwaysTT = Used to drink but stopped}**

**WhyTT**

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

INTERVIEWER: If respondent says pregnancy, code Yes.

- 1 Yes
- 2 No

**{IF (Drink = Yes) OR (DrinkAny = very occasionally)}**

**DrinkOft**

SHOW CARD 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}**

**DrinkL7**

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

- 1 Yes
- 2 No

**{IF DrinkL7 = Yes}**

**DrnkDay**

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

Range: 1..7

**{IF DrnkDay = 2 to 7 days}**

**DrnkSame**

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

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

### WhichDay

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

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

### DrnkType

SHOW CARD 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/stout/cider/shandy
- 2 Strong beer/lager/stout/cider
- 3 Spirits or liqueurs
- 4 Sherry or martini
- 5 Wine
- 6 Alcopops/pre-mixed alcoholic drinks
- 7 Other alcoholic drinks
- 8 Low alcohol drinks only

**{IF DrnkType = Normal strength beer/lager/cider/shandy}**

### NBrL7

Still thinking about last (*answer to WhichDay*), how much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day? INTERVIEWER:

Code measures that you are going to use..

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

**{IF NBrL7=Half pints}**

### NBrL7Q(1)

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

Range: 1..97

**{IF NBrL7Q = Small cans}**

### NBrL7Q(2)

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

Range: 1..97

**{IF NBrL7=Large cans}**

### NBrL7Q(3)

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

Range: 1..97



**{IF NBrL7=Bottles}**

**NBrL7Q(4)**

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

Range: 1..97

**NBotL7**

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

Text: Maximum 21 characters

**{IF DrnkType = Strong beer/lager/cider}**

**SBrL7**

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

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

**{IF SBrL7=Half pints}**

**SBrL7Q(1)**

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

Range: 1..97

**{IF SBrL7=Small cans}**

**SBrL7Q(2)**

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

Range: 1..97

**{IF SBrL7=Large cans}**

**SBrL7Q(3)**

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

Range: 1..97

**{IF SBrL7=Bottles}**

**SBrL7Q(4)**

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

Range: 1..97

**SBotL7**

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

Text: Maximum 21 characters

**{IF DrnkType = Spirits}**

### **SpirL7**

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

Code the number of singles – count doubles as two singles.

Range: 1..97

### **{IF DrnkType = Sherry}**

#### **ShryL7**

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

Range: 1..97

### **{IF DrnkType = Wine}**

#### **WineL7**

Still thinking about last (*answer to WhichDay*), how much wine, including Babycham and champagne, did you drink on that day?

INTERVIEWER: Code the measure the respondent used.

Please note that respondent may give answer in bottles and glasses.

Please code the relevant option.

- |   |  |
|---|--|
| 1 | Bottle or parts of bottle                    |
| 2 | Glasses                                      |
| 3 | Both bottles or parts of bottle, and glasses |

### **{IF WineL7= 1 (Bottles or part of bottle)}**

#### **WL7Bt**

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

CODE THE NUMBER OF GLASSES.

1 BOTTLE =6 GLASSES

½ BOTTLE=3 GLASSES

1/3 BOTTLE=2 GLASSES

¼ BOTTLE=1.5 GLASSES

1 LITRE =8 GLASSES

½ LITRE=4 GLASSES

1/3 LITRE=2.5 GLASSES

¼ LITRE=2 GLASSES

Range: 1..97 (ALLOW FRACTIONS)

### **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**

INTERVIEWER: Code the number of glasses (**drunk as glasses**).

Range: 1..97 (ALLOW FRACTIONS)

### **WL7GIz**

SHOWCARD G3 {Picture of WGI125ml, WGI175ml, WGI250ml}

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

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

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

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

**{IF WL7Glz=1 and other}**

**ml250Glz**

How many large glasses (250 ml) did you drink?

**{IF WL7Glz=2 and other}**

**ml175mGlzI**

How many standard glasses (175 ml) did you drink?

**{IF WL7Glz=3 and other}**

**ml125Glz**

How many small glasses (125 ml) did you drink?

**{IF DrnkType = Alcopops/pre-mixed alcoholic drink}**

**PopsL711**

Still thinking about last (*answer to WhichDay*), how much **alcoholic soft drink** ('alcopop') did you drink on that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE

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

**{IF PopsL711 = Small cans}**

**PopsL7Q(1)**

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

Range: 1..97

**{IF PopsL7= standard sized Bottles}**

**PopsL7Q(2)**

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

Range: 1..97

**{IF PopsL7= LargeBottles}**

**PopsL7Q(3)**

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

Range: 1..97

**{IF DrnkType=Other}**

**OthL7TA**

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

Text: Maximum 30 characters

**OthL7QA**

How much (*name of 'other' alcoholic drink*) did you drink on that day?

INTERVIEWER: Write in how much. Remember to specify half pints/ singles/ glasses/ bottles.

Text: Maximum 30 characters

**OthL7B**

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

- 1 Yes
- 2 No

**{IF OthL7B=Yes}**

**OthL7TB**

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

Text: Maximum 30 characters

**OthL7QB**

How much (*name of 'other' alcoholic drink*) did you drink on that day?

INTERVIEWER: Write in how much. Remember to specify half pints/ singles/ glasses/ bottles.

Text: Maximum 30 characters

**OthL7C**

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

- 1 Yes
- 2 No

**{IF OthL7C=Yes}**

**OthL7TC**

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

Code first mentioned only.

**OthL7QC**

How much (*name of 'other' alcoholic drink*) did you drink on that day?

INTERVIEWER: Write in how much. Remember to specify half pints/ singles/ glasses/ bottles. Text: Maximum 30 characters

**DrAmount**

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

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

**ENDIF**

**ENDIF**

**{IF Drink = 1 or DrinkAny = 1}**

**Intro**

I'd like to ask you whether you have drunk different types of alcoholic drink in the **last 12 months**.

I'd like to hear about ALL types of alcoholic drinks you have had.

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

INTERVIEWER: PRESS <F9> AT FOLLOWING QUESTIONS FOR MORE INFORMATION ABOUT WHAT SHOULD BE INCLUDED AT THE DIFFERENT DRINKS CATEGORIES.

**NBeer**

**SHOWCARD 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.)

<F9> FOR INFO ON DRINKS TO BE INCLUDED HERE.

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week

- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in last 12 months

**{IF NBeer = 1 – 7}**

**NBeerM**

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

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

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

**{IF NBeerM=half pints / 2=small cans / 3=large cans / 4=bottles}**

**NBeerQ**

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

Range 1..97

**{IF Drinknow = 1 or DrinkAny = 1}**

**SBeer**

SHOWCARD I1

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

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

**{IF SBeer = 1 – 7}**

**SBeerM**

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

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

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

**{IF SBeerM = 1 – 4}**

**SBeerQ**

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

Range: 1..97

**{IF Drinknow = 1 or DrinkAny = 1}**

**Spirits**

SHOWCARD 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?

<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.

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

**{IF Spirits = 1 – 7}**

**SpritsQ**

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

Range: 1..97

**{IF Drinknow = 1 or DrinkAny = 1}**

**Sherry**

SHOWCARD I1

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

<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.

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

**{IF Sherry = 1 – 7}**

**SherryQ**

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

Range: 1..97

**{IF Drinknow = 1 or DrinkAny = 1}**

**Wine**

SHOWCARD I1

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

<F9> FOR OTHER DRINKS TO BE INCLUDED HERE.

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

**{IF Wine = 1 – 7}**

### **WineQ**

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

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

CODE THE NUMBER OF GLASSES.

1 BOTTLE =6 GLASSES

½ BOTTLE=3 GLASSES

1/3 BOTTLE=2 GLASSES

¼ BOTTLE=1.5 GLASSES

1 LITRE=8 GLASSES

½ LITRE=4 GLASSES

1/3 LITRE=2.5 GLASSES

¼ LITRE=2 GLASSES

Range: 1..97

### **BWineQ2**

SHOW CARD I3

Were those mainly ...READ OUT...

INTERVIEWER: IF RESPONDENT USUALLY DRINKS IN A PUB OR WINE BAR AND HAD A SMALL GLASS, THIS WOULD USUALLY BE 175ML.

- |   |                                  |
|---|----------------------------------|
| 1 | Small Glasses (approx. 125ml)    |
| 2 | Standard (approx. 175ml)         |
| 3 | Or Large Glasses (approx. 250ml) |
| 4 | Bottles (Spontaneous Only)       |

**{IF Drinknow = 1 or DrinkAny = 1}**

### **Pops**

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

**{IF Pops = 1 – 7 }**

### **PopsLY11**

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

INTERVIEWER: Code the measure(s) that you are going to use.

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

**{IF PopsLY11 = Small cans}**

### **PopsQ11[1]**

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

Range: 1..97

**{IF PopsLY11=standard Bottles}**

**PopsQ11[2]**

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

Range: 1..97

**{IF PopsLY11= large Bottles}**

**PopsQ11[3]**

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

Range: 1..97



## Classification (socio-demographic questions)

**IF RESPONDENT AGED 16+ AND NOT HOUSEHOLD REFERENCE PERSON or IF  
RESPONDENT IS HOUSEHOLD REFERENCE PERSON BUT DID NOT ANSWER  
OCCUPATION QUESTIONS IN HOUSEHOLD QUESTIONNAIRE  
(IF (Age of Respondent is >=16) AND NOT (PerNum=PHRPNo AND PHRPOcc=Yes))**

**NActiv**

SHOW CARD J1

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

CODE FIRST TO APPLY

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

**{IF NActiv=Doing something else}**

**NActivO**

INTERVIEWER: Please specify

Text: Maximum 60 characters

**ENDIF**

**{IF (NActiv=School)}**

**StWork**

Did you do any paid work in the seven days ending (*date last Sunday*), either as an employee or self-employed?

- 1 Yes
- 2 No

**{IF ((NActiv=Intending to look for work, Retired from paid work, Looking after the home or family or Doing something else OR StWork=No) AND ((Age = 16 to 65 years AND Sex=Male) OR (Age = 16 to 62 years AND Sex=Female)))}**

**I4WkLook**

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

- 1 Yes
- 2 No

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

**I2WkStrt**

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

- 1 Yes
- 2 No

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

**EverJob**

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

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

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

**OthPaid**

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

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

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

**HowLong**

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

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

**{IF (Everjob=Yes)}**

**PayLast**

Which year did you leave your last **paid** job?

WRITE IN.

Range: 1920..2014

**{IF Last paid job less than or equal to 8 years ago (from PayLast)}**

**PayMon**

Which month in that year did you leave?

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

**PayAge**

*Computed: Age when last had a paid job.*

**{IF (I2WkStrt = No) OR (I4WkLook = No) }**

**WkBar**

SHOW CARD J2

Are you prevented from working or looking for work by any of the things listed on this card?

- 1 Own disability or illness
- 2 Caring for a disabled or elderly person
- 3 Looking after child(ren)
- 4 No work available
- 5 Better off not working
- 6 Pregnant
- 7 Don't need employment
- 8 Retired
- 9 (None of these)

**{IF (WkBar = Retired) OR (NActive = Retired from paid work) }**

**RetReas**

Could I just check whether you retired because a disability or illness meant that you were unable to work?

- 1 Yes
- 2 No

**{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 Everjob=Yes) OR (Respondent is Female and PayAgel>=50)}**

**JobTitle**

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

Text: Maximum 60 characters

**FtPTime**

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

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

- 1 Full-time
- 2 Part-time

**WtWork**

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

Text: Maximum 50 characters

**MatUsed**

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

INTERVIEWER: If none used, write in 'None'.

Text: Maximum 50 characters

**SkilNee**

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

Text: Maximum 120 characters

**Employe**

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

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

INTERVIEWER: If in doubt, check how this employment is treated for tax & NI purposes.

**{IF Employe = Self-employed}**

**Dirctr**

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

- 1 Yes
- 2 No

**ENDIF**

**{IF Employee=an employee OR Dirctr=Yes}**

**EmpStat**

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

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

**NEmplee**

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

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

**{ELSEIF Employee = Self-employed AND Dirctr=No}**

**SNEmplee**

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

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

**{IF Employee=Employee}**

**Ind**

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

Text: Maximum 100 characters

**ISector**

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

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

**SlfWtMad**

What do/did ^you make or do in your business?

**{IF Age of Respondent is 16+ }**

**EducEnd**

At what age did you finish your continuous full-time education at school or college?

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

8 19 or over

**Qual**

SHOW CARD J3

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

- 1 Yes
- 2 No

**{IF Qual = Yes }**

**QualA**

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

**{If QualA = code 1 OR 2 }**

**Degree**

SHOWCARD J4

And do you have any of the following qualifications listed on this card?

CODE ALL THAT APPLY

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

**{IF NOT (Degree IN QualA)}**

**OthQual**

Do you have any qualifications not listed on this card?

- 1 Yes
- 2 No

**{IF OthQual = Yes}**

**QualB**

What qualifications are these?

INTERVIEWER: Record all other qualifications in full. PROBE: Any others?

Text: maximum 60 characters

**ASK ALL**

**NatID**

SHOWCARD J5

How would you describe your national identity?

Choose your answer from this card. Choose as many or as few answers as apply.

INTERVIEWER: RECORD ALL THAT APPLY.

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

**{IF National id = Other }**

**XNational id**

Please describe.

Text: Maximum 60 characters

**Origin**

SHOW CARD J6

What is your ethnic group? Please choose your answer from this card.

- 1 White – English / Welsh / Scottish / Northern Irish / British
- 2 White – Irish
- 3 White – Gypsy or Irish Traveller
- 4 Any other white background (please describe)
- 
- 5 Mixed / multiple ethnic groups:
  - White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other mixed / multiple ethnic background (please describe)
- 
- 9 Asian / Asian British:
  - Indian
  - Pakistani
  - Bangladeshi
  - Chinese
  - Any other Asian background (please describe)
- 
- 14 Black / African / Caribbean / Black British:
  - African
  - Caribbean
  - Any other Black / African / Caribbean background (please describe)
- 
- 17 Other ethnic group
  - Arab
  - Any other ethnic group (please describe)
- 18

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

## Self-completion placement (Aged 8+)

**{IF Age of Respondent is 8 years and over and BookChk=Given}**

### **SCIntro**

PREPARE (*colour*) SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 8-12/13-15/FOR YOUNG ADULTS /FOR ADULTS) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

**{IF Age of Respondent is 8 years or over}**

### **SComp2**

I would now like you to answer some more questions by completing this booklet on your own.

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

{If age <15} If asked, show booklet to parent(s).

### **SCCheck**

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

**ENDIF**

**{IF Age of respondent is 8 years or over}**

### **SComp3**

INTERVIEWER CHECK: Was the (*colour*) booklet for adults completed?

- |   |                     |
|---|---------------------|
| 1 | Fully completed     |
| 2 | Partially completed |
| 3 | Not completed       |

**{IF SComp3 = Fully completed OR Partially completed}**

### **SC3Acc**

Was it completed without assistance?

- |   |  |
|---|--|
| 1 | Completed independently                |
| 3 | Assistance from other household member |
| 4 | Assistance from interviewer            |
| 5 | Interviewer administered               |

**{IF SComp3 = Partially completed OR Not completed}**

### **SComp6**

INTERVIEWER: RECORD WHY BOOKLET NOT COMPLETED / PARTIALLY COMPLETED.

CODE ALL THAT APPLY:

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

**{IF SComp6=Other}**



**SComp60**

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

**{IF SComp3 = Fully completed OR Partially completed}**

**SComp5A**

INTERVIEWER: CODE WHO WAS PRESENT IN ROOM WHILE *(name of respondent)* COMPLETED SELF-COMPLETION. INCLUDE YOURSELF, ANYONE INTERVIEWED AT THE SAME TIME AS RESPONDENT, PARENT ANSWERING ON BEHALF OF 8-12 YEAR OLDS OR OTHERS IN THE ROOM.

CODE ALL THAT APPLY.

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

## Measurements

### ASK ALL

#### Intro

PREAMBLE: I would now like to measure your height and weight. There is interest in how people's weight, given their height, is associated with their health.

INTERVIEWER: Make out (colour) MRC for each person.

#### {IF Age >=2}

##### RespHts

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

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

#### {IF RespHts = Height measured}

##### Height

ENTER HEIGHT.

Range: 60.0..244.0

##### RelHite

INTERVIEWER CODE ONE ONLY

- |   |  |
|---|--|
| 1 | No problems experienced reliable height measurement obtained |
|---|--|

Problems experienced - measurement likely to be:

- |   |            |
|---|------------|
| 2 | Reliable   |
| 3 | Unreliable |

#### {IF RelHite = Unreliable}

##### HiNRel

INTERVIEWER: WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

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

#### {IF HiNRel = Other}

##### OHINRel

INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 60 characters

##### MBookHt

INTERVIEWER: CHECK HEIGHT RECORDED ON 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}  
NoHtBC**

INTERVIEWER: CODE REASON FOR NOT OBTAINING HEIGHT.

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

**{IF OTHER IN NoHtBC}**

**NoHitCO**

PLEASE SPECIFY OTHER REASON

Text: Maximum 60 characters

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

**PregNowB**

May I check, are you pregnant now?

- 1 Yes
- 2 No

**ENDIF**

**{IF Age >=2}**

**RespWts**

INTERVIEWER: Measure weight and code.

Include 'disguised' refusals such as 'It will take too long', 'I have to go out' etc. at code 2: Weight refused.

If respondent weighs more than 200 kg (31 ½ stones) do not weigh. Code as weight not attempted. Include 'disguised' refusals such as 'It will take too long', 'I have to go out' etc. at code 2: Weight refused.

- 1 Weight obtained
- 2 Weight refused
- 3 Weight attempted, not obtained
- 4 Weight not attempted

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

**XWeight**

RECORD WEIGHT.

Range: 10.0..200.0

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

**WtAdult**

ENTER WEIGHT OF ADULT ON HIS/HER OWN.

Range: 15.0..200.0

**WtChAd**

ENTER WEIGHT OF ADULT HOLDING CHILD.

Range: 15.0..200.0

**ENDIF**

**Weight**

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

*Range: 0.0..140.0*

**FloorC**

SCALES PLACED ON?

- |   |              |
|---|--------------|
| 1 | Uneven floor |
| 2 | Carpet       |
| 3 | Neither      |

**RelWaitB**

INTERVIEWER CODE ONE ONLY.

- |   |   |
|---|---|
| 1 | No problems experienced, reliable weight measurement obtained |
|   | Problems experienced - measurement likely to be:              |
| 2 | Reliable  |
| 3 | Unreliable  |

**MBookWt**

INTERVIEWER: CHECK WEIGHT RECORDED ON 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}**

**ResNWt**

INTERVIEWER: Give reasons for refusal.

- |    |  |
|----|--|
| 2  | Cannot see point/Weight already known/Doctor has measurement |
| 3  | Too busy/Taken long enough already/No time                   |
| 4  | Respondent too ill/frail/tired                               |
| 5  | Considered intrusive information                             |
| 6  | Respondent too anxious/nervous/shy/embarrassed               |
| 7  | Child refused to be held by parent                           |
| 8  | Parent refused to hold child                                 |
| 9  | Refused (no other reason given)                              |
| 10 | Other  |

**{IF RespWts = Weight attempted, not obtained OR Weight not attempted}**

**NoWtBC**

INTERVIEWER: Code reason for not obtaining weight.

- |    |  |
|----|--|
| 1  | Child 0-13: away from home during fieldwork period (specify in a Note) |
| 2  | Respondent is unsteady on feet   |
| 3  | Respondent cannot stand upright  |
| 4  | Respondent is unable to get out of a chair/in a wheelchair             |
| 5  | Confined to bed  |
| 6  | Respondent unable to remove shoes                                      |
| 7  | Respondent weighs more than 200 kg                                     |
| 8  | Ill or in pain/has disability (physical or mental)                     |
| 9  | Scales not working/not available/couldn't be used                      |
| 10 | Parent unable to hold child  |
| 11 | Child 0-13 asleep  |
| 12 | Not in/not available (for child 0-13, use codes 01 or 11 if possible)  |
| 13 | Proxy refusal  |
| 95 | Other - specify  |

**{IF NoWtBC = Other}**

**NoWatCO**

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

## Self-reported height and weight

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

**EHtCh**

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

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

- 1 Metres
- 2 Feet and inches

**{IF EHtCh = Metres}**

**EHtM**

INTERVIEWER: PLEASE RECORD HEIGHT IN METRES.

Range: 0.01..2.44

**{ELSE IF EHtCh = Feet and inches}**

**EHtFt**

INTERVIEWER: PLEASE RECORD HEIGHT. ENTER FEET.

Range: 0..7

**EHtIn**

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

Range: 0..11

**ENDIF**

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

**EWtCh**

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

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

- 1 Kilograms
- 2 Stones and pounds

**{IF EWtCh = Kilograms}**

**EWtKg**

INTERVIEWER: PLEASE RECORD WEIGHT IN KILOGRAMS.

Range: 1.0..210.0

**{ELSE IF EWtCh = Stones and pounds}**

**EWtSt**

INTERVIEWER: PLEASE RECORD WEIGHT. ENTER STONES.

Range: 1..32

**EWtL**

INTERVIEWER: PLEASE RECORD WEIGHT. ENTER POUNDS.

Range: 0..13

**ENDIF**

## Nurse Appointment

**{IF Age of respondent < 16 AND No legal parent in household}**

**NurseA**

Now follows the Nurse Appointment module. 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 <F9> for help explaining about the nurse visit.

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

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

**{IF Nurse = Agreed nurse could contact}**

**NrsAppt**

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

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

**{IF NrsAppt = Agreed nurse could contact OR Maybe – agreed nurse could contact}**

**NrsDate**

INTERVIEWER: ENTER DATE OF THE NURSE APPOINTMENT

**NrsDate**

INTERVIEWER: ENTER TIME OF THE NURSE APPOINTMENT.

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

**AptRec**

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

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

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

**{IF Nurse = Refused nurse contact}**

**NurseRef**

INTERVIEWER: RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT **F1** ON A.R.F

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

95 Other (record at next question)

**{IF NurseRef=Other reason}**

**NrsRefO**

PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT **F1** ON A.R.F.

Text: Maximum 60 characters



## Consents

### ASK ALL AGED 16+

#### NHSCan

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

INTERVIEWER: Give the respondent the **(colour)** consent form (linking survey answers to other information) and allow them time to read the information. Use the “**Linking survey answers to other information**” showcard to explain the process, if required

- 1 Consent given
- 2 Consent not given

#### {IF NHSCAN = Consent given}

#### NHSSig

Before I can pass your details on, I have to obtain written consent from you.

INTERVIEWER: Enter the respondent's serial number on the top of the consent form.

Ask the respondent to **initial** the box and sign the form.

Give the white copy of the form to the respondent.

Code whether signed consent obtained.

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

#### ResNHSD

In the future, NatCen or NHS Digital may want to carry out follow-up research about health or health services.

Please read this form, it explains more about what is involved.

INTERVIEWER: USE @|COLOUR@| FOLLOW-UP RESEARCH CONSENT FORM.

Would you be happy for NatCen to pass your contact details **to NHS Digital** to re-contact you about research in the future?

- 1 Yes
- 2 No

ASK IF ResNHSD=Yes

#### OthHRes

And would you be happy for NatCen or NHS Digital to pass your contact details to **other health researchers** to re-contact you about research in the future?

NHS Digital will carefully review all applications to conduct follow-up research and will make sure your privacy is protected. Your data will never be used for commercial purposes.

INTERVIEWER: ADD IF NECCESARY: Examples of follow-up research include:

- ELSA (English Longitudinal Study of Aging)
- Economic barriers to physical activity (Brunel University)
- Children's mental health (King's Collage London)
- Testing and developing new HSE questions
- Department of Health (evaluation of plain cigarette packaging)
- Farr Institute of Health Informatics Research, University College London (flu follow-up study)

- 1 Yes
- 2 No

If ResNHSD=yes or OthHRes=yes

**ResSig17**

Before I can pass on your details, I have to obtain written consent from you.

INTERVIEWER: Enter the respondent's serial number on the top of the follow-up research consent form.

AName.....Point...Address...Hhold ...Person...Check letter

^SCLine

Ask the respondent to @Binitial@B the relevant boxes and sign the form.

Give the white copy of the form to the respondent.

Code which consents obtained."

**CODE ALL THAT APPLY**

- 1 Consent given to pass details to NHS Digital (initialled box 1)
- 2 Consent given to pass details to other health researchers (initialled box 2)
- 3 Consent form signed
- 4 No consent obtained

**Thank**

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

**TPhone**

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

INTERVIEWER: If given, enter telephone number (landline or mobile) as well as writing it on the front of the ARF.

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

**{IF TPhone=Number given}**

**TelNo**

INTERVIEWER: ENTER THE TELEPHONE NUMBER GIVEN

**NHSSat**

SHOW CARD J7

All in all, how satisfied or dissatisfied would you say you are with the way in which the NHS runs nowadays?

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

**ASK ALL AGED 16+**

**OpenCom**

Just before we finish, do you have any comments you would like to make?

INTERVIEWER: IF NO COMMENTS, PRESS <ENTER>."

STRING [250]

**INDEND**

This is the end of the interview. Use to compute outcome codes and end of interview time stamp

PRESS 1 AND ENTER

**ASK ALL**

**FstNm**

INTERVIEWER: At the Household Grid you recorded the first name of this person as: ^textfill name  
Is this the respondent's full, complete, first name (ie not initials, not abbreviated, not a nickname)?

ASK IF NECESSARY: Can I check, is ^textfill name your complete first name?

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

**{IF FstNm = 2}**

**NewNm**

INTERVIEWER: Please type in the complete first name of this person.

**SurnmChk**

INTERVIEWER: Check whether the surname is the same for <respondent>.

Person 1: <Respondent's first name>

Is this the same surname?

**END IF**

**SurNam**

Can I check, {^first name from HH grid}, what is your surname?

**{ResSig17=consent given to NHSD or consent given to other health researchers}**

**– Loop until no further numbers to enter**

**FiltTel**

Do you have any other number we can contact you on? This would only be used for research purposes.

- 1 Yes
- 2 No

**{IF FilTel=Yes}**

**OtherTel**

ENTER NUMBER

**{IF OtherTel = Number entered}**

**TypeTel**

INTERVIEWER: CODE TYPE OF TELEPHONE NUMBER

- 1 Home phone
- 2 Work phone
- 3 Mobile (any)

**{IF PNurse = agree AND (TelNo=response OR OtherTel=response)}**

**NurCon**

Would it be okay to pass these phone numbers(s) on to the nurse that will be contacting you?

- 1 Yes
- 2 No

**{ResSig17=consent given to NHSD or consent given to other health researchers}**

**Email**

Do you have an email address we can contact you on? This would only be used for research purposes.

- 1 Yes
- 2 No

**{IF Email = Yes}**

**EmaAdd**

ENTER EMAIL ADDRESS

INTERVIEWER: enter email address or ask respondent to type it in. Check with the respondent that it is correct.

Text: Maximum 100 characters

**{IF Email = Yes}**

**EmaChk**

Just to make sure the email address is correct, please enter again.

INTERVIEWER: enter email address or ask respondent to type it in. Check with the respondent that it is correct.

Text: Maximum 100 characters

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

**ENDIF**

**{ASK ALL}**

**FullNme**

**INTERVIEWER: At ARF AA GRID A:**

- Record the person number and age of each respondent.
- Record their full name (Initials and Surname).
- Record the outcome code for each person.
- Record if nurse visit agreed or not.

**At ARF AA GRID B:**

- Record details of non-respondents.

Press <1> and <Enter> to continue.

# **HSE 2017**

# **SHOWCARDS**

# CARD A1

1. **Husband / Wife**
2. **Partner / Cohabitee**
3. **Natural son / daughter**
4. **Adopted son / daughter**
5. **Foster son / daughter**
6. **Stepson / Stepdaughter / Child of partner**
7. **Son-in-law / Daughter-in-law**
8. **Natural parent**
9. **Adoptive parent**
10. **Foster parent**
11. **Stepparent**
12. **Parent-in-law**
13. **Natural brother / Natural sister** (i.e. both natural parents the same)
14. **Half-brother / Half-sister** (i.e. one natural parent the same)
15. **Step-brother / Step-sister** (i.e. no natural parents the same)
16. **Adopted brother / Adopted sister**
17. **Foster brother / Foster sister**
18. **Brother-in-law / Sister-in-law**
19. **Grandchild**
20. **Grandparent**
21. **Other relative**
22. **Other non-relative**

## **CARD A2**

**1. Own natural child**

**2. Other**

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

## **CARD A3**

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



# CARD A4

- 1. Earnings from employment or self-employment**
- 2. State retirement pension**
- 3. Pension from former employer**
- 4. Personal pensions**
- 5. Job-Seekers Allowance**
- 6. Employment and Support Allowance**
- 7. Income Support**
- 8. Pension credit**
- 9. Working Tax Credit**
- 10. Child Tax Credit**
- 11. Child Benefit**
- 12. Housing Benefit**
- 13. Council Tax Benefit / Reduction**
- 14. Universal Credit**
- 15. Other State Benefits**
- 16. Interest from savings and investments**  
(e.g. stocks and shares)
- 17. Other kinds of regular allowance from outside your household** (e.g. maintenance, student's grants, rent)
- 18. No source of income**

## CARD A5

- 1. Attendance Allowance**
- 2. Disability Living Allowance**
  - care component
- 3. Disability Living Allowance**
  - mobility component
- 4. Personal Independence Payment**
  - daily living component
- 5. Personal Independence Payment**
  - mobility component
- 6. None of these**

**Weekly rates from 6<sup>th</sup> April 2015**

## **CARD A6**

### **Attendance allowance**

- |  |        |
|--|--------|
| 1. Higher rate for attendance during day AND night | £82.30 |
| 2. Lower rate for day OR night                     | £55.10 |

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

- |                 |        |
|-----------------|--------|
| 3. Highest rate | £82.30 |
| 4. Middle rate  | £55.10 |
| 5. Lowest rate  | £21.80 |

### **Disability Living Allowance (DLA) - Mobility Component**

- |                |        |
|----------------|--------|
| 6. Higher rate | £57.45 |
| 7. Lower rate  | £21.80 |

### **Personal Independence Payments (PIP) - Daily Living Component**

- |                  |        |
|------------------|--------|
| 8. Enhanced rate | £82.30 |
| 9. Standard rate | £55.10 |

### **Personal Independence Payments (PIP) - Mobility Component**

- |                   |        |
|-------------------|--------|
| 10. Enhanced rate | £57.45 |
| 11. Standard rate | £21.80 |

**Attendance allowance**

- |  |        |
|--|--------|
| 1. Higher rate for attendance during day AND night | £83.10 |
| 2. Lower rate for day OR night                     | £55.65 |

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

- |                 |        |
|-----------------|--------|
| 3. Highest rate | £83.10 |
| 4. Middle rate  | £55.65 |
| 5. Lowest rate  | £22.00 |

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

- |                |        |
|----------------|--------|
| 6. Higher rate | £58.00 |
| 7. Lower rate  | £22.00 |

**Personal Independence Payments (PIP) - Daily Living Component**

- |                  |        |
|------------------|--------|
| 8. Enhanced rate | £83.10 |
| 9. Standard rate | £55.65 |

**Personal Independence Payments (PIP) - Mobility Component**

- |                   |        |
|-------------------|--------|
| 10. Enhanced rate | £58.00 |
| 11. Standard rate | £22.00 |

## GROSS INCOME FROM ALL SOURCES

(before any deductions for tax, national insurance, etc.)

## CARD A8 (1 OF 2)

WEEKLY	or	MONTHLY	or	ANNUAL	
Less than £10	57	Less than £40	57	Less than £520	57
£10 less than £30	66	£40 less than £130	66	£520 less than £1,600	66
£30 less than £50	55	£130 less than £220	55	£1,600 less than £2,600	55
£50 less than £70	74	£220 less than £300	74	£2,600 less than £3,600	74
£70 less than £100	62	£300 less than £430	62	£3,600 less than £5,200	62
£100 less than £150	73	£430 less than £650	73	£5,200 less than £7,800	73
£150 less than £200	65	£650 less than £870	65	£7,800 less than £10,400	65
£200 less than £250	51	£870 less than £1,100	51	£10,400 less than £13,000	51
£250 less than £300	78	£1,100 less than £1,300	78	£13,000 less than £15,600	78
£300 less than £350	54	£1,300 less than £1,500	54	£15,600 less than £18,200	54
£350 less than £400	76	£1,500 less than £1,700	76	£18,200 less than £20,800	76
£400 less than £450	81	£1,700 less than £2,000	81	£20,800 less than £23,400	81
£450 less than £500	53	£2,000 less than £2,200	53	£23,400 less than £26,000	53
£500 less than £550	72	£2,200 less than £2,400	72	£26,000 less than £28,600	72
£550 less than £600	58	£2,400 less than £2,600	58	£28,600 less than £31,200	58

## CARD A8 (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 A9**

- 1. Going to school or college full-time**  
(including on vacation)
- 2. In paid employment or self-employment**  
(or temporarily away)
- 3. On a Government scheme for employment training**
- 4. Doing unpaid work for a business that you own, or that a relative owns**
- 5. Waiting to take up paid work already obtained**
- 6. Looking for paid work or a Government training scheme**
- 7. Intending to look for work but prevented by temporary sickness or injury**
- 8. Permanently unable to work because of long-term sickness or disability**
- 9. Retired from paid work**
- 10. Looking after the home or family**
- 11. Doing something else (Please say what...)**

## **CARD A10**

- 1. Own disability or illness**
- 2. Caring for a disabled or elderly person**
- 3. Looking after child/children**
- 4. No work available**
- 5. Better off not working**
- 6. Pregnant**
- 7. Don't need employment**
- 8. Retired**
- 9. None of these**



## CARD B1

1. **Vision** (for example blindness or partial sight)
2. **Hearing** (for example deafness or partial hearing)
3. **Mobility** (for example walking short distances or climbing stairs)
4. **Dexterity** (for example lifting and carrying objects, using a keyboard)
5. **Learning or understanding or concentrating**
6. **Memory**
7. **Mental health**
8. **Stamina or breathing or fatigue**
9. **Socially or behaviourally** (for example associated with autism, Attention Deficit Disorder or Asperger's syndrome)
10. **Other** (Please say what...)

## **CARD C1**

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

## **CARD C2**

- 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 C3**

1. Patient Support Group
2. Pain management Programme
3. Psychological programme such as Cognitive Behavioural Therapy
4. None of these

## **CARD D1**

- 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 D2**

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

## CARD E2

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



## **CARD E3**

- 1. Home care worker / Home help /  
Personal assistant**
- 2. A member of the reablement /  
Intermediate care staff team**
- 3. Occupational Therapist /  
Physiotherapist**
- 4. Voluntary helper**
- 5. Warden / Sheltered housing manager**
- 6. Cleaner**
- 7. Council's handyman**
- 8. Other (Please say who...)**
- 9. None of the above**

## **CARD E4**

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

## **CARD E5**

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

## **CARD E6**

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

## CARD E7

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

1. Yes, all of personal budget as a Direct Payment
2. Yes, part of personal budget as a Direct Payment
3. No, none of personal budget as a Direct payment

## **CARD E8**

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

## **CARD E9**

**They are my:**

- 1. Husband / Wife / Partner**
- 2. Mother** (including mother-in-law)
- 3. Father** (including father-in-law)
- 4. Son** (including step son / adopted son / son in law)
- 5. Daughter** (including step daughter / adopted daughter / daughter in law)
- 6. Grandparent**
- 7. Grandchild** (including great grandchild)
- 8. Brother / Sister** (including step / adopted / in laws)
- 9. Other family member**
- 10. Friend**
- 11. Neighbour**
- 12. Somebody I help as a professional carer**
- 13. Somebody I help as a voluntary helper**
- 14. Other** (Please say who...)

# CARD E10

## Tasks you help others with:

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



## **CARD E11**

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

## **CARD E12**

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

## **CARD E13**

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

## **CARD E14**

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

## **CARD E15**

- 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**

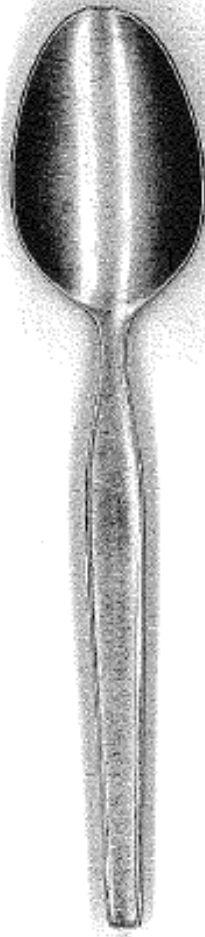
## **CARD E16**

- 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**

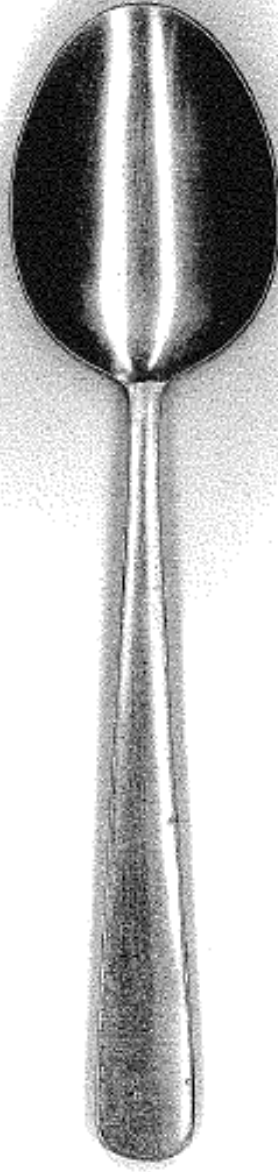
## **CARD E17**

- 1. Left employment altogether**
- 2. Took new job**
- 3. Worked fewer hours**
- 4. Reduced responsibility at work**
- 5. Flexible employment agreed**
- 6. Changed to work at home**
- 7. Other**
- 8. No, employment not affected**

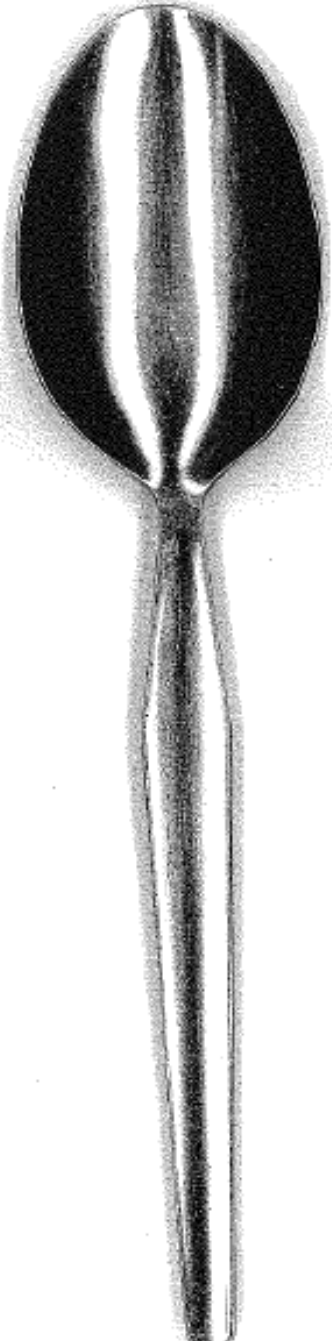
# CARD F1



Teaspoon



Dessertspoon



Tablespoon



## CARD G1

- 1 Emphysema / other lung disease
- 2 End stage heart failure
- 3 End stage liver failure
- 4 Cancer
- 5 Motor neurone disease / multiple sclerosis
- 6 End stage kidney failure
- 7 HIV / AIDS
- 8 Other illness (PLEASE SAY WHAT)
- 9 Don't know illness

## CARD G2

- 1 Home (we lived together)
- 2 Home (theirs)
- 3 Home (yours)
- 4 Hospital
- 5 Hospice
- 6 Nursing care home
- 7 Residential care home
- 8 Other (PLEASE SAY WHAT)

## **CARD G3**

This person was my...

- 1 Spouse / partner
- 2 Parent
- 3 Child
- 4 Brother / sister (including half brother or sister)
- 5 Other relative (including grandparent)
- 6 Friend
- 7 Other (PLEASE SAY WHAT)

## CARD G4

### **Personal care examples:**

- Help with washing
- Help with dressing
- Help with going to the toilet
- Help with eating
- Other help with physical needs

### **General help examples:**

- Keeping company / visiting
- Running errands
- Doing laundry
- Shopping
- Giving lifts
- Helping with money or legal issues
- Taking to appointments or out for recreation
- Other help or support

## CARD G5

1. A week or less
2. More than a week, up to a month
3. More than a month, up to 3 months
4. More than 3 months, up to 6 months
5. More than 6 months, up to 9 months
6. More than 9 months, up to a year
7. More than a year, up to two years
8. More than two years, up to five years
9. More than five years

## **CARD G6**

- 1 Every day
- 2 At least once a week
- 3 At least once a month
- 4 Less than once a month

## **CARD G7**

- 1.** Morning
- 2.** Afternoon
- 3.** Evening
- 4.** Night

## **CARD G8**

- 1 I have been able to continue with my life
- 2 I am starting to continue with my life
- 3 I have not been able to continue with my life



## CARD G9

1. I would definitely take on the caring role again
2. I would probably take on the caring role again
3. I would probably not take on the caring role again
4. I would not take on the caring role again

# CARD H1

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

## **CARD H2**

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

## **CARD H3**

- 1. Better for my health**
- 2. Financial reasons (cannot afford it)**
- 3. Family or friends want me to stop**
- 4. Worried about the effect on other people**
- 5. Something else**

## **CARD H4**

- 1. For health reasons**
- 2. Pregnancy**
- 3. Financial reasons (couldn't afford it)**
- 4. Family or friends wanted me to stop**
- 5. Worried about the effect on other people**
- 6. My own motivation**
- 7. Something else**

# CARD H5



## **CARD H6**

- 1. In the last 6 months**
- 2. More than 6 months, up to 12 months ago**
- 3. More than a year, up to 2 years ago**
- 4. More than 2 years up to 5 years ago**
- 5. More than 5 years ago**

## **CARD H7**

- 1. Less than once a month**
- 2. At least once a month but less than once a week**
- 3. At least once a week but less than every day**
- 4. Every day**



## **CARD H8**

- 1. Less than once a day**
- 2. Once**
- 3. 2 to 3 times**
- 4. 4 to 5 times**
- 5. 6 or more times**

## **CARD H9**

- 1. A disposable electronic cigarette (non-rechargeable)**
- 2. An electronic cigarette kit which is refillable with pre-filled cartridges**
- 3. An electronic cigarette kit which is refillable with liquids**
- 4. A modular system (I use my own combination of separate devices: batteries, atomizers, etc.)**

## CARD H10

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

## **CARD H11**

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

## **CARD H12**

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

## **CARD I1**

- 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 beer, lager, stout, cider or shandy** (less than 6 % alcohol)  
(excluding cans or bottles of shandy)
2. **Strong beer, lager, stout or cider**  
(6% alcohol or more) (eg. Tennents Super, Special Brew, Diamond White)
3. **Spirits or Liqueurs**  
(e.g. Gin, Whisky, Brandy, Rum, Vodka, Advocaat, Cocktails)
4. **Sherry or Martini** (including Port, Vermouth, Cinzano and Dubonnet)
5. **Wine** (including Babycham and Champagne)
6. **Alcoholic soft drinks, 'alcopops' or pre-mixed alcoholic drinks**  
(e.g. Bacardi Breezer, Metz or Smirnoff Ice)
7. **Other alcoholic drinks**
8. **Low alcohol drinks only**

# CARD I3



250ml wine glass

175ml wine glass

125ml wine glass



# CARD J1

- 1. Going to school or college full-time**  
(including on vacation)
- 2. In paid employment or self-employment**  
(or temporarily away)
- 3. On a Government scheme for employment training**
- 4. Doing unpaid work for a business that you own, or that a relative owns**
- 5. Waiting to take up paid work already obtained**
- 6. Looking for paid work or a Government training scheme**
- 7. Intending to look for work but prevented by temporary sickness or injury**
- 8. Permanently unable to work because of long-term sickness or disability**
- 9. Retired from paid work**
- 10. Looking after the home or family**
- 11. Doing something else (Please say what...)**

## **CARD J2**

- 1. Own disability or illness**
- 2. Caring for a disabled or elderly person**
- 3. Looking after child/children**
- 4. No work available**
- 5. Better off not working**
- 6. Pregnant**
- 7. Don't need employment**
- 8. Retired**
- 9. None of these**

# CARD J3

1. Degree or degree level qualification (inc. higher degree)
2. Teaching qualification
3. Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
4. HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTTECH 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 J4**

- 1. Doctorate**
- 2. Masters**
- 3. Undergraduate or first degree**
- 4. Foundation degree**
- 5. Graduate membership of a professional institution**
- 6. Other postgraduate degree or professional qualification**

## **CARD J5**

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

# CARD J6

## **White:**

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

## **Mixed/multiple ethnic groups:**

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

## **Asian/Asian British:**

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian/Asian British background (Please describe...)

## **Black/African/Caribbean/Black British:**

14. African
15. Caribbean
16. Any other Black/African/Caribbean/Black British background (Please describe...)

## **Other ethnic group:**

17. Arab
18. Any other ethnic background (Please describe...)

## **CARD J7**

- 1. Very satisfied**
- 2. Quite satisfied**
- 3. Neither satisfied or dissatisfied**
- 4. Quite dissatisfied**
- 5. Very dissatisfied**





**HSE 2017**

# **INTERVIEWER SHOWCARDS**

**&**

**Coding Frame**

HSE 2017	FRESH FRUIT SIZES
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Name of Fruit	Size of Fruit	Name of Fruit	Size of Fruit
Apple (all types)	Medium	Mango	Large
Apricot	Small	Medlar	Medium
Avocado	Large	Melon (all types)	Very large
Banana	Medium	Mineola	Large
Banana, apple	Small	Nectarine	Medium
Banana, nino	Small	Olive	Very small
Berry (other)	Very small	Orange	Medium
Bilberry	Very small	Passion fruit	Small
Blackcurrant	Very small	Papaya / Paw Paw	Large
Blackberry	Very small	Peach	Medium
Blueberry	Very small	Pear	Medium
Cactus pear	Medium	Persimmon	Medium
Cape gooseberry	Very small	Pitaya	Medium
Carambola / Star fruit	Medium	Pineapple	Very large
Cherry	Very small	Physalis	Very small
Cherry tomatoes	Very small	Plantain	Medium
Chinese gooseberry	Small	Plum	Small
Chinese lantern	Very small	Pomegranate	Medium
Chirimoya / Cherimoya	Medium	Pomelo/Pummelo	Large
Clementine	Medium	Prickly pear	Medium
Custard Apple	Medium	Rambutans	Very small
Damson	Very small	Raspberry	Very small
Date (fresh)	Small	Redcurrants	Very small
Dragon fruit	Large	Satsuma	Medium
Elderberry	Very small	Shaddock	Large
Figs (fresh)	Small	Sharon fruit	Medium
Gooseberry	Very small	Starfruit	Medium
Granadilla / Passion	Small	Strawberry	Very small
Grapes (all types)	Very small	Stonefruit	Very small
Grapefruit	Large	Tamarillo /Tree tomato	Small
Greengage	Small	Tangerine	Medium
Grenadillo	Very small	Tomato	Small
Guava	Medium	Tomato, cherry	Very small
Horned melon/Kiwano	Large	Tomato, beef	Large
Kiwi	Small	Tree tomato/Tamarillo	Small
Kubo	Very small	Ugli fruit	Large
Kumquat	Very small		
Lemon	Medium		
Lime	Medium		
Loquat	Very small		
Lychee	Very small		
Mandarin orange	Medium		

**HEIGHT CONVERSION CHART**

1 inch = 2.54 cm

Centimetres	Feet	Inches
46	1	6
48	1	7
51	1	8
53	1	9
56	1	10
58	1	11
61	2	0
64	2	1
66	2	2
69	2	3
71	2	4
74	2	5
76	2	6
79	2	7
81	2	8
84	2	9
86	2	10
89	2	11
91	3	0
94	3	1
97	3	2
99	3	3
102	3	4
104	3	5
107	3	6
109	3	7
112	3	8
114	3	9
117	3	10
119	3	11
122	4	0
124	4	1
127	4	2
130	4	3
132	4	4
135	4	5
137	4	6
140	4	7
142	4	8
145	4	9
147	4	10
150	4	11
152	5	0
155	5	1
157	5	2
160	5	3
163	5	4
165	5	5
168	5	6
170	5	7

Centimetres	Feet	Inches
173	5	8
175	5	9
178	5	10
180	5	11
183	6	0
185	6	1
188	6	2
191	6	3
193	6	4
196	6	5
198	6	6
201	6	7
203	6	8
206	6	9

**WEIGHT CONVERSION CHART**

1 kg = 2.2 lbs

<b>Kg</b>	<b>st</b>	<b>lbs</b>
6.4	1	0
6.8	1	1
7.3	1	2
7.7	1	3
8.2	1	4
8.6	1	5
9.1	1	6
9.5	1	7
10.0	1	8
10.5	1	9
10.9	1	10
11.4	1	11
11.8	1	12
12.3	1	13
12.7	2	0
13.2	2	1
13.6	2	2
14.1	2	3
14.5	2	4
15.0	2	5
15.5	2	6
15.9	2	7
16.4	2	8
16.8	2	9
17.3	2	10
17.7	2	11
18.2	2	12
18.6	2	13
19.1	3	0
19.5	3	1
20.0	3	2
20.5	3	3
20.9	3	4
21.4	3	5
21.8	3	6
22.3	3	7
22.7	3	8
23.2	3	9
23.6	3	10
24.1	3	11
24.5	3	12
25.0	3	13
25.5	4	0
25.9	4	1
26.4	4	2
26.8	4	3
27.3	4	4
27.7	4	5
28.2	4	6

<b>Kg</b>	<b>st</b>	<b>lbs</b>
28.6	4	7
29.1	4	8
29.5	4	9
30.0	4	10
30.5	4	11
30.9	4	12
31.4	4	13
31.8	5	0
32.3	5	1
32.7	5	2
33.2	5	3
33.6	5	4
34.1	5	5
34.5	5	6
35.0	5	7
35.5	5	8
35.9	5	9
36.4	5	10
36.8	5	11
37.3	5	12
37.7	5	13
38.2	6	0
38.6	6	1
39.1	6	2
39.5	6	3
40.0	6	4
40.5	6	5
40.9	6	6
41.4	6	7
41.8	6	8
42.3	6	9
42.7	6	10
43.2	6	11
43.6	6	12
44.1	6	13
44.5	7	0
45.0	7	1
45.5	7	2
45.9	7	3
46.4	7	4
46.8	7	5
47.3	7	6
47.7	7	7
48.2	7	8
48.6	7	9
49.1	7	10
49.5	7	11
50.0	7	12
50.5	7	13

<b>Kg</b>	<b>st</b>	<b>lbs</b>
50.9	8	0
51.4	8	1
51.8	8	2
52.3	8	3
52.7	8	4
53.2	8	5
53.6	8	6
54.1	8	7
54.5	8	8
55.0	8	9
55.5	8	10
55.9	8	11
56.4	8	12
56.8	8	13
57.3	9	0
57.7	9	1
58.2	9	2
58.6	9	3
59.1	9	4
59.5	9	5
60.0	9	6
60.5	9	7
60.9	9	8
61.4	9	9
61.8	9	10
62.3	9	11
62.7	9	12
63.2	9	13
63.6	10	0
64.1	10	1
64.5	10	2
65.0	10	3
65.5	10	4
65.9	10	5
66.4	10	6
66.8	10	7
67.3	10	8
67.7	10	9
68.2	10	10
68.6	10	11
69.1	10	12
69.5	10	13
70.0	11	0
70.5	11	1
70.9	11	2
71.4	11	3
71.8	11	4
72.3	11	5
72.7	11	6

**WEIGHT CONVERSION CHART**

1 kg = 2.2 lbs

<b>Kg</b>	<b>st</b>	<b>lbs</b>
73.2	11	7
73.6	11	8
74.1	11	9
74.5	11	10
75.0	11	11
75.5	11	12
75.9	11	13
76.4	12	0
76.8	12	1
77.3	12	2
77.7	12	3
78.2	12	4
78.6	12	5
79.1	12	6
79.5	12	7
80.0	12	8
80.5	12	9
80.9	12	10
81.4	12	11
81.8	12	12
82.3	12	13
82.7	13	0
83.2	13	1
83.6	13	2
84.1	13	3
84.5	13	4
85.0	13	5
85.5	13	6
85.9	13	7
86.4	13	8
86.8	13	9
87.3	13	10
87.7	13	11
88.2	13	12
88.6	13	13
89.1	14	0
89.5	14	1
90.0	14	2
90.5	14	3
90.9	14	4
91.4	14	5
91.8	14	6
92.3	14	7
92.7	14	8
93.2	14	9
93.6	14	10
94.1	14	11
94.5	14	12
95.0	14	13
95.5	15	0

<b>Kg</b>	<b>st</b>	<b>lbs</b>
95.9	15	1
96.4	15	2
96.8	15	3
97.3	15	4
97.7	15	5
98.2	15	6
98.6	15	7
99.1	15	8
99.5	15	9
100.0	15	10
100.5	15	11
100.9	15	12
101.4	15	13
101.8	16	0
102.3	16	1
102.7	16	2
103.2	16	3
103.6	16	4
104.1	16	5
104.5	16	6
105.0	16	7
105.5	16	8
105.9	16	9
106.4	16	10
106.8	16	11
107.3	16	12
107.7	16	13
108.2	17	0
108.6	17	1
109.1	17	2
109.5	17	3
110.0	17	4
110.5	17	5
110.9	17	6
111.4	17	7
111.8	17	8
112.3	17	9
112.7	17	10
113.2	17	11
113.6	17	12
114.1	17	13
114.5	18	0
115.0	18	1
115.5	18	2
115.9	18	3
116.4	18	4
116.8	18	5
117.3	18	6
117.7	18	7
118.2	18	8

<b>Kg</b>	<b>st</b>	<b>lbs</b>
118.6	18	9
119.1	18	10
119.5	18	11
120.0	18	12
120.5	18	13
120.9	19	0
121.4	19	1
121.8	19	2
122.3	19	3
122.7	19	4
123.2	19	5
123.6	19	6
124.1	19	7
124.5	19	8
125.0	19	9
125.5	19	10
125.9	19	11
126.4	19	12
126.8	19	13
127.3	20	0
127.7	20	1
128.2	20	2
128.6	20	3
129.1	20	4
129.5	20	5
130.0	20	6
130.5	20	7
130.9	20	8
131.4	20	9
131.8	20	10
132.3	20	11
132.7	20	12
133.2	20	13
133.6	21	0
134.1	21	1
134.5	21	2
135.0	21	3
135.5	21	4
135.9	21	5
136.4	21	6
136.8	21	7
137.3	21	8
137.7	21	9
138.2	21	10
138.6	21	11
139.1	21	12
139.5	21	13

Long standing illnesses
-------------------------

Below is a list of some of the conditions people may mention at the long standing illness question *///12m*. This is to help you with the spelling. It should **not** be used as a prompt for respondents.

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

## **HSE Jargon Buster: Cardiovascular Disease**

### **Aortic stenosis**

**[ey-awr-tik] [ste-no-sis]**

Narrowing of the aortic valve in the heart. This restricts blood flow through the valve. The heart then needs to squeeze (contract) harder to pump blood into the aorta.

### **Atrial fibrillation**

**[fahy-bruh-ley-shuhn]**

A heart condition that causes an irregular and often abnormally fast heart rate.

Also known as AF or A-Fib.

### **Balloon angioplasty**

**[an-jee-uh-plas-tee]**

A method of opening a clogged or narrowed blood vessel in which a small balloon is introduced into the vessel via a catheter and then inflated at the site of blockage.

### **Cardioversion**

**[car-dio-ver-sion]**

Application of an electric shock in order to restore normal heartbeat.

### **Coronary thrombosis**

**[throm-bo'sis]**

A blockage of the flow of blood to the heart, caused by a blood clot in a coronary artery.

### **Hypercholesterolaemia**

**[hy-per-cho-les-ter-ol-emia]**

An excess of cholesterol in the bloodstream.

### **Myocardial infarction**

**[mahy-uh-kahr-dee-al] [in-fahrk-shuh n]**

A heart attack.

### **Rheumatism**

**[roo-muh-tiz-uh m]**

Any disease marked by inflammation and pain in the joints, muscles, or fibrous tissue, especially rheumatoid arthritis.

### **Sciatica**

**[sahy-at-i-kuh]**

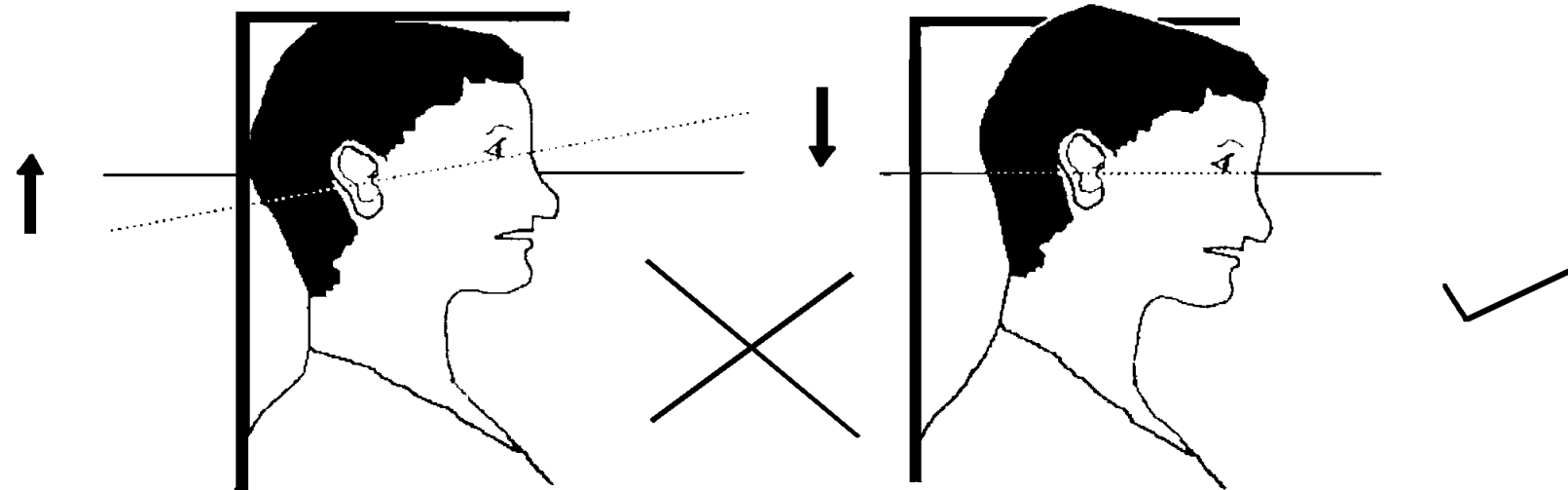
Sciatica is the name given to any sort of pain that is caused by irritation or compression of the sciatic nerve.

### **Transient Ischaemic Attack (TIA)**

**[ih-skee-mik; ih-skem-ik]**

A mini stroke

## FRANKFORT PLANE - ADULTS

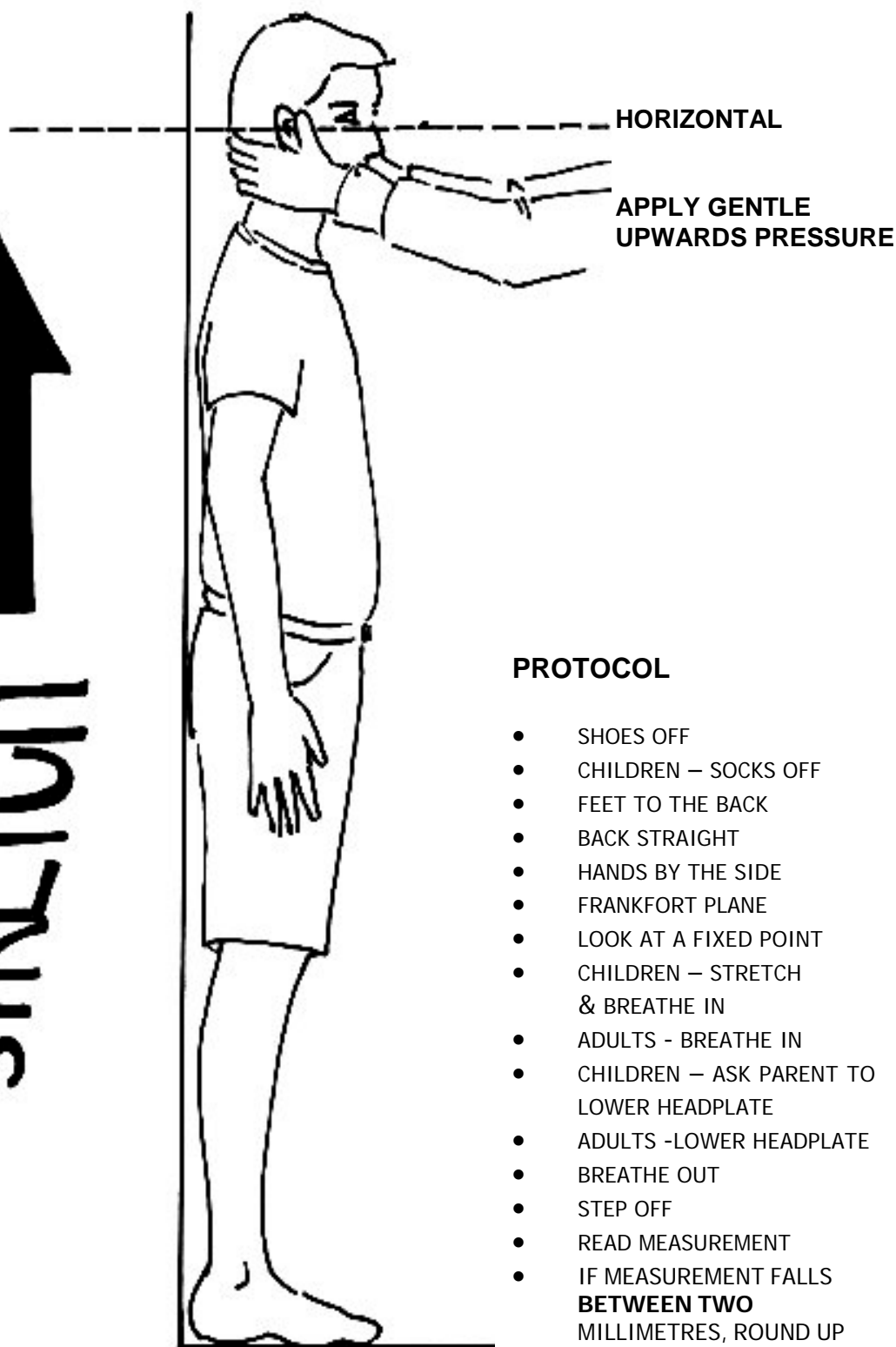




# MEASURING CHILDREN'S HEIGHT

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

↑  
**STRETCH**



## PROTOCOL

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

**For a respondent who is blind or cannot read:**

Add at the bottom of the consent form

**For the respondent:**

*"This form has been read to me and I confirm that I understand the information and give consent."*

*Respondent's signature*

(write in their name if they cannot sign)

**For yourself:**

*"I confirm that I read this consent form word for word to [insert name] who understood the information and gave informed consent."*

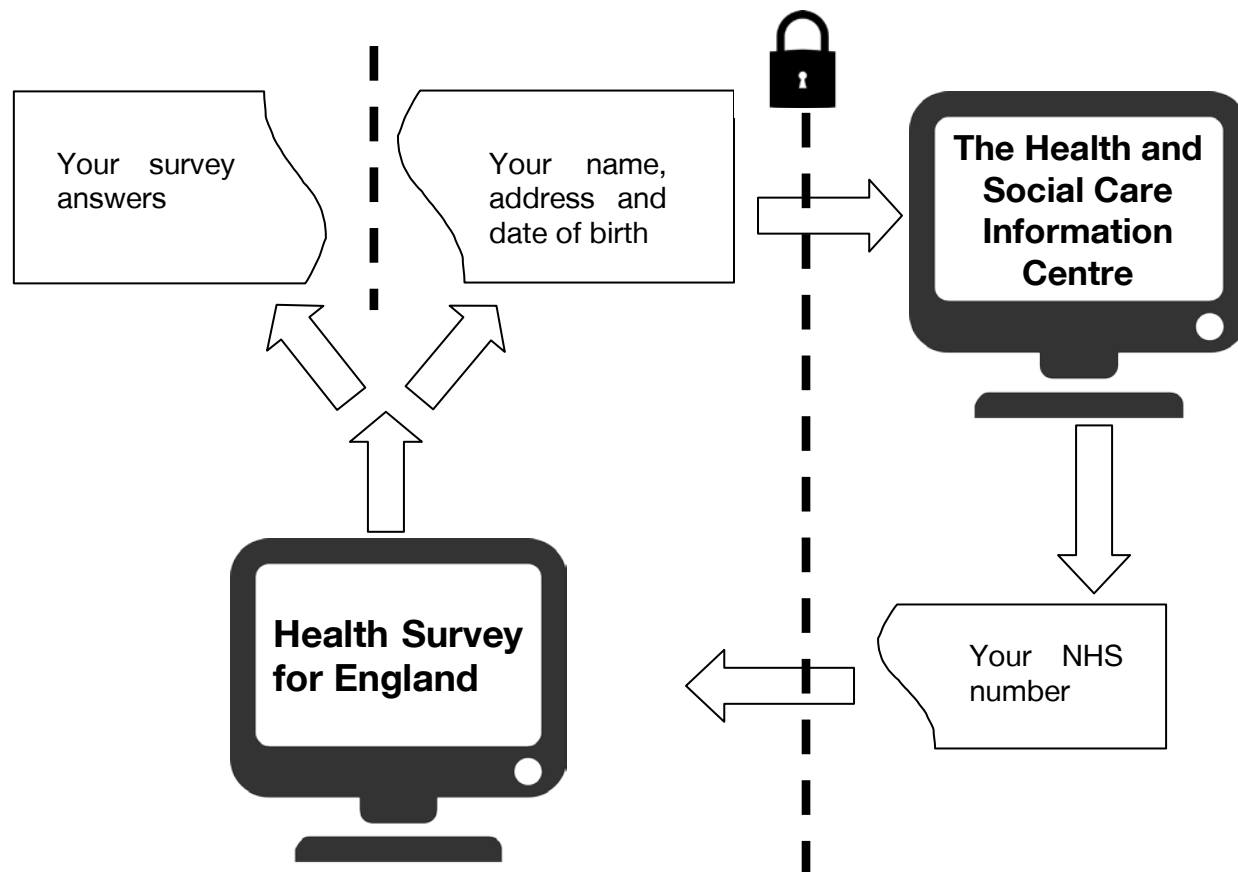
*Interviewer signature and date*

**If someone else is available as a witness:**

*"I confirm that the interviewer read out the form and explained it to [insert name], and that [name] understood and agreed."*

*Witness signature and date*

## Linking survey answers to other information



### What happens at this stage?

- Your name, address and date of birth are sent securely to the Health and Social Care Information Centre
- Your health record is identified
- A flag is added to your record to say you've taken part in the Health Survey for England
- Your NHS number is sent to NatCen

### What happens then?

- NatCen sends NHS numbers (but no other information) to the Hospital Episodes Statistics for updates about people's visits to hospital.
- Each year the Health and Social Care Information Centre sends NatCen information about medical conditions like cancer and causes of deaths for people whose records have been flagged
- This information is added to your survey answers, making it even more useful to researchers in the future to look at how people's lifestyles can affect their future health

P12095  
PALE LILAC

Point

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1 - 4

Address

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5 - 6

HHLD

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7

CKL

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10

Person No

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8 - 9

First  
name

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Interviewer

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Survey  
month

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SPARE 11

Card

3	1	4
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12 - 14

BATCH 15 - 19

## Health Survey for England 2017

### Booklet for Adults

- Please look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

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

SPARE COLUMNS 20 - 450

## 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

	<b>Very healthy life</b>	<b>Fairly healthy life</b>	<b>Not very healthy life</b>	<b>An unhealthy life</b>
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

## General health today

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

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

### Q1 Mobility

Tick ONE box

- |   |                          |   |
|---|--------------------------|---|
| I have no problems in walking about       | <input type="checkbox"/> | 1 |
| I have slight problems in walking about   | <input type="checkbox"/> | 2 |
| I have moderate problems in walking about | <input type="checkbox"/> | 3 |
| I have severe problems in walking about   | <input type="checkbox"/> | 4 |
| I am unable to walk about                 | <input type="checkbox"/> | 5 |

451

### Q2 Self-Care

Tick ONE box

- |   |                          |   |
|---|--------------------------|---|
| I have no problems washing or dressing myself       | <input type="checkbox"/> | 1 |
| I have slight problems washing or dressing myself   | <input type="checkbox"/> | 2 |
| I have moderate problems washing or dressing myself | <input type="checkbox"/> | 3 |
| I have severe problems washing or dressing myself   | <input type="checkbox"/> | 4 |
| I am unable to wash or dress myself                 | <input type="checkbox"/> | 5 |

452

### Q3 Usual activities (e.g. work, study, housework, family or leisure activities)

Tick ONE box

- |  |                          |   |
|--|--------------------------|---|
| I have no problems doing my usual activities       | <input type="checkbox"/> | 1 |
| I have slight problems doing my usual activities   | <input type="checkbox"/> | 2 |
| I have moderate problems doing my usual activities | <input type="checkbox"/> | 3 |
| I have severe problems doing my usual activities   | <input type="checkbox"/> | 4 |
| I am unable to do my usual activities              | <input type="checkbox"/> | 5 |

453

**Q4**      **Pain/Discomfort**

Tick ONE box

- |                                    |                          |   |
|------------------------------------|--------------------------|---|
| I have no pain or discomfort       | <input type="checkbox"/> | 1 |
| I have slight pain or discomfort   | <input type="checkbox"/> | 2 |
| I have moderate pain or discomfort | <input type="checkbox"/> | 3 |
| I have severe pain or discomfort   | <input type="checkbox"/> | 4 |
| I have extreme pain or discomfort  | <input type="checkbox"/> | 5 |

454

**Q5**      **Anxiety/Depression**

Tick ONE box

- |                                      |                          |   |
|--------------------------------------|--------------------------|---|
| I am not anxious or depressed        | <input type="checkbox"/> | 1 |
| I am slightly anxious or depressed   | <input type="checkbox"/> | 2 |
| I am moderately anxious or depressed | <input type="checkbox"/> | 3 |
| I am severely anxious or depressed   | <input type="checkbox"/> | 4 |
| I am extremely anxious or depressed  | <input type="checkbox"/> | 5 |

455

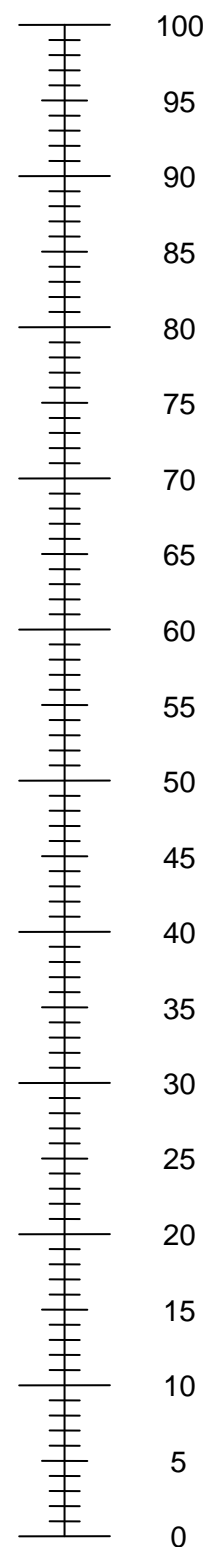
Q6

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.  
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

456 - 458

The best health  
you can imagine



The worst health  
you can imagine

SPARE COLUMNS 459 - 511



**Q7**

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

Not at all

Tick ONE box

Completely

**0**

**1**

**2**

**3**

**4**

**5**

**6**

**7**

**8**

**9**

**10**

☐☐☐☐☐☐☐☐☐☐☐

512 - 513

## Your activities

### EVERYONE PLEASE ANSWER

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

Please think about the activities you do:

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

**Q8**

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

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

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

Tick ALL days that apply

☐ <sub>1</sub>  
Mon

☐ <sub>2</sub>  
Tues

☐ <sub>3</sub>  
Wed

☐ <sub>4</sub>  
Thur

☐ <sub>5</sub>  
Fri

☐ <sub>6</sub>  
Sat

☐ <sub>7</sub>  
Sun

➔ Go to Q9

515 - 521

OR TICK

No walking in the last 7 days

☐ <sub>2</sub>

➔ Go to Q12

514

**Q9**

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

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

522 - 523

Write in hours  
per day

524 - 526

Write in minutes  
per day

**Q10**

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

Tick ONE box

Slow pace ☐ <sub>1</sub>

Average pace ☐ <sub>2</sub>

Fairly brisk pace ☐ <sub>3</sub>

Fast pace - at least 4 miles per hour ☐ <sub>4</sub>

527

Q11

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

Tick ONE box

Yes ☐ <sub>1</sub>

No ☐ <sub>2</sub>

528

EVERYONE PLEASE ANSWER

Q12

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

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

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

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

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

Do not include walking.

Tick ALL days that apply

☐ <sub>1</sub> **Mon**    ☐ <sub>2</sub> **Tues**    ☐ <sub>3</sub> **Wed**    ☐ <sub>4</sub> **Thur**    ☐ <sub>5</sub> **Fri**    ☐ <sub>6</sub> **Sat**    ☐ <sub>7</sub> **Sun**    ➔ **Go to Q13**

530 - 536

OR TICK

No moderate physical activities in the last 7 days ☐ <sub>2</sub> ➔ **Go to Q14**

529

Q13

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

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

537 - 538

**Write in hours  
per day**

539 - 541

**Write in minutes  
per day**

Q14

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

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

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

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

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

Tick ALL days that apply

1

Mon

2

Tues

3

Wed

4

Thur

5

Fri

6

Sat

7

Sun

➔ Go to Q15

543 - 549

OR TICK

No vigorous physical activities in the last 7 days

2

➔ Go to Q16

542

Q15

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

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

550 - 551

Write in hours  
per day

:

552 - 554

Write in minutes  
per day

Q16

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

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

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

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

555 - 556

Write in hours  
per day

:

557 - 559

Write in minutes  
per day

# Information about yourself

## EVERYONE PLEASE ANSWER

**Q17** Which of the following options best describes how you think of yourself? Tick ONE box

- Heterosexual or Straight ☐ 1
- Gay or Lesbian ☐ 2
- Bisexual ☐ 3
- Other ☐ 4
- Prefer not to say ☐ 5

567

**Q18** What is your religion or belief? Tick ONE box

- No religion ☐ 01
- Christian - Catholic ☐ 02
- Christian – all other denominations  
including Church of England, Protestant ☐ 03
- Buddhist ☐ 04
- Hindu ☐ 05
- Jewish ☐ 06
- Muslim ☐ 07
- Sikh ☐ 08
- Any other religion  
(please write in the box below) ☐ 09

568 - 569

570

**Blank page**

**Thank you for answering these questions.**

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

P12095  
WHITE

Point

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1 - 4

Address

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5 - 6

HHLD

--

7

CKL

--

10

Person No

--	--

8 - 9

First  
name

--

Interviewer

--	--	--	--

Survey  
month

--

Card

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

12 - 14

SPARE 11

BATCH 15 - 19

## Health Survey for England 2017

### Booklet for Young Adults

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

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



## 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

	<b>Very healthy life</b>	<b>Fairly healthy life</b>	<b>Not very healthy life</b>	<b>An unhealthy life</b>
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

## Smoking

**Q1**

Have you ever smoked a cigarette, a cigar or a pipe? We are referring here to tobacco cigarettes, not e-cigarettes or other vaping devices.

Tick ONE box

Yes ☐ <sub>1</sub> ➔ **Go to next question** 20

No ☐ <sub>2</sub> ➔ **Go to Q18**

**Q2**

Have you ever smoked a cigarette?

Tick ONE box

Yes ☐ <sub>1</sub> ➔ **Go to next question** 21

No ☐ <sub>2</sub> ➔ **Go to Q18**

**Q3**

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

SPARE 22 - 23

**Write in how old you were then**

24 - 25

**Q4**

Do you smoke cigarettes at all nowadays?

Tick ONE box

Yes ☐ <sub>1</sub> ➔ **Go to Q7** 26

No ☐ <sub>2</sub> ➔ **Go to next question**

Q5

Why did you decide to give up smoking?

Tick ALL that apply

For health reasons ☐ 01

Pregnancy ☐ 02

Financial reasons/couldn't afford it ☐ 03

Family or friends wanted me to stop ☐ 04

Worried about the effect on other people ☐ 05

My own motivation ☐ 06

Something else ☐ 07

Cannot remember ☐ 08

27 - 40

Q6

Did you smoke cigarettes regularly or occasionally?

Tick ONE box

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

Occasionally ☐ 2

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

➔ Go to Q18

41

ANSWER IF YOU ARE A CURRENT SMOKER. IF NOT, PLEASE GO TO Q18.

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

Write in number smoked a day

42 - 43

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

Write in number smoked a day

44 - 45

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

Tick ONE box

Filter-tipped cigarettes

☐

1

46

Plain or untipped cigarettes

☐

2

Hand-rolled cigarettes

☐

3

ANSWER IF YOU SMOKE HAND-ROLLED AND OTHER CIGARETTES. IF NOT, PLEASE GO TO Q12.

**Q10** About how many of the cigarettes you smoke on a **weekday** are hand-rolled?

Hand-rolled cigarettes smoked on a **weekday**

47 - 48

Write in

**Q11** About how many of the cigarettes you smoke on a **weekend** day are hand-rolled?

Hand-rolled cigarettes smoked on a **weekend** day

49 - 50

Write in

ANSWER IF YOU ARE A CURRENT SMOKER. IF NOT, PLEASE GO TO Q18.

**Q12** Would you like to give up smoking altogether?

Tick ONE box

Yes ☐ 1

No ☐ 2

51

**Q13** Which of the following statements best describes you?

Tick ONE box

I REALLY want to stop smoking and intend to in the next month ☐ 1

I REALLY want to stop smoking and intend to in the next 3 months ☐ 2

I want to stop smoking and hope to soon ☐ 3

I REALLY want to stop smoking but I don't know when I will ☐ 4

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

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

I don't want to stop smoking ☐ 7

52

→ Go to next question

→ Go to Q15

**Q14**

What are your main reasons for wanting to give up?

Tick ALL that apply

- Better for my health ☐ 01
- Financial reasons / can't afford it ☐ 02
- Family/friends want me to stop ☐ 03
- Worried about the effect on other people ☐ 04
- Something else ☐ 05

53 - 62

**Q15**

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

Tick ONE box

- Never ☐ 1 ➔ **Go to Q17**
- Yes, in the last 12 months ☐ 2 ➔ **Go to next question**
- Yes, but not in the last 12 months ☐ 3 ➔ **Go to Q17**

63

**Q16**

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

64 - 65

Number of attempts to stop smoking in last 12 months  ➔ **Go to next question**

**Write in**

**Q17**

Would you say that you are smoking about the same number of cigarettes as a year ago, or more than a year ago or fewer than a year ago?

Tick ONE box

- Same as a year ago ☐ 1
- More than a year ago ☐ 2
- Fewer than a year ago ☐ 3

66

EVERYONE PLEASE ANSWER

**Q18** May I just check, have you ever smoked hookah/shisha? This does not include e-cigarettes or other vaping devices.

Tick ONE box

Yes ☐ <sub>1</sub> ➔ Go to next question 67

No ☐ <sub>2</sub> ➔ Go to Q20



**Q19** Have you used hookah/shisha in the last month?

Tick ONE box

Yes ☐ <sub>1</sub> ➔ Go to next question 68

No ☐ <sub>2</sub>

EVERYONE PLEASE ANSWER

**Q20** May I just check, have you ever used any forms of non-smoked tobacco that you put in your mouth, with or without other ingredients? This includes any chewing tobacco, snus, paan, gutka?

Tick ONE box

Yes ☐ <sub>1</sub> ➔ Go to next question 69

No ☐ <sub>2</sub> ➔ Go to Q22

**Q21**

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

Tick ONE box

Yes ☐ <sub>1</sub> **→ Go to next question**

No ☐ <sub>2</sub>

70

## EVERYONE PLEASE ANSWER

**Q22**

Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?

A vaping device is any product that you can use to inhale vapour rather like you would a cigarette. It includes ones that have a battery as well as ones that do not such as voke

Tick ONE box

Yes ☐ <sub>1</sub> **→ Go to next question**

Yes – only tried once or twice ☐ <sub>2</sub> **→ Go to next question**

No ☐ <sub>3</sub> **→ Go to Q35**

71

**Q23**

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

Tick ONE box

Yes ☐ <sub>1</sub> **→ Go to next question**

No ☐ <sub>2</sub> **→ Go to Q34**

72

**Q24**

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

Tick ONE box

In the last 6 months ☐ <sub>1</sub>

More than 6 months, up to 12 months ago ☐ <sub>2</sub>

More than a year, up to 2 years ago ☐ <sub>3</sub>

More than 2 years up to 5 years ago ☐ <sub>4</sub>

More than 5 years ago ☐ <sub>5</sub>

73



**Q25**

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

Tick ONE box

Less than once a month ☐ 1

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

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

Every day ☐ 4

74

**Q26**

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

Tick ONE box

Less than 5 minutes ☐ 1

5-14 minutes ☐ 2

15-29 minutes ☐ 3

30 minutes but less than 1 hour ☐ 4

1 hour but less than 2 hours ☐ 5

2 hours or more ☐ 6

75

**Q27**

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

Tick ONE box

Less than once a day ☐ 1

Once ☐ 2

2 to 3 times ☐ 3

4 to 5 times ☐ 4

6 or more times ☐ 5

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

76

**Q28**

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

Tick ONE box

Less than 5 minutes ☐ 1

5 minutes to 30 minutes ☐ 2

More than 30 minutes but up to 1 hour ☐ 3

More than 1 hour but up to 2 hours ☐ 4

More than 2 hours ☐ 5

77

**Q29**

How many times do you use your e-cigarette or vaping device on a typical **Saturday or Sunday**? 'How many times' refers to a 'session' i.e. picking it up, taking some puffs and putting it down again, NOT the number of puffs a day.

Tick ONE box

Less than once a day ☐ 1

Once ☐ 2

2 to 3 times ☐ 3

4 to 5 times ☐ 4

6 or more times ☐ 5

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

78

**Q30**

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

Tick ONE box

Less than 5 minutes ☐ 1

5 minutes to 30 minutes ☐ 2

More than 30 minutes but up to 1 hour ☐ 3

More than 1 hour but up to 2 hours ☐ 4

More than 2 hours ☐ 5

79

**Q31**

Which of these do you mainly use?

Tick ONE box

An electronic cigarette kit which is refillable with pre-filled cartridges ☐ 1

➔ Go to next question

80

A disposable electronic cigarette (non-rechargeable) ☐ 2

An electronic cigarette kit which is refillable with liquids ☐ 3

➔ Go to Q33

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

**Q32**

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

Tick ONE box

0 mg nicotine ☐ 01

6 mg nicotine – often described as low ☐ 02

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

18 mg nicotine – often described as high or regular ☐ 04

24 mg nicotine- often described as strong ☐ 05

Other ☐ 06  
(please write in the box below)

➔ Go to next question

81 - 82

83

**Q33** Would you like to give up using e-cigarettes or vaping altogether?

Tick ONE box

Yes ☐ 1

No ☐ 2

84

**Q34** Did you start regularly smoking tobacco cigarettes before or after first trying e-cigarettes/vaping devices?

Tick ONE box

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

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

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

85

SPARE 86 - 91

## EVERYONE PLEASE ANSWER

**Q35** Are you using any of these products nowadays?

Tick ALL that apply

Nicotine chewing gum ☐ 01

Nicotine lozenges/mini lozenges ☐ 02

Nicotine patch ☐ 03

Nicotine inhaler/inhalator ☐ 04

Nicotine mouthspray ☐ 05

Nicotine nasal spray ☐ 06

Another nicotine product ☐ 07

Electronic cigarette ☐ 08

None of these ☐ 09

92 - 107

**Q36**

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

Tick ALL that apply

Nicotine chewing gum ☐ 01

Nicotine lozenges/mini lozenges ☐ 02

Nicotine patch ☐ 03

Nicotine inhaler/inhalator ☐ 04

Nicotine mouthspray ☐ 05

Nicotine nasal spray ☐ 06

Another nicotine product ☐ 07

Electronic cigarette ☐ 08

None of these ☐ 09

108 - 123

IF YOU HAVE GIVEN UP SMOKING AND YOU HAVE USED NICOTINE REPLACEMENT PRODUCTS, PLEASE GO TO Q37.

IF YOU CURRENTLY SMOKE AND HAVE USED NICOTINE REPLACEMENT PRODUCTS PLEASE GO TO Q38

OTHERWISE, PLEASE GO TO Q42

IF YOU HAVE GIVEN UP SMOKING

Q37

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

Tick ALL that apply

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

124 - 139

➔ Go to Q42

IF YOU CURRENTLY SMOKE

Q38

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

Tick ONE box

- Yes ☐ 1 ➔ Go to next question
- No ☐ 2 ➔ Go to Q40

140

**Q39**

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

Tick ALL that apply

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

141 - 156

**Q40**

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

Tick ALL that apply

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

157 - 172

**Q41**

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

Tick ALL that apply

Nicotine chewing gum ☐ 01

Nicotine lozenges/mini lozenges ☐ 02

Nicotine patch ☐ 03

Nicotine inhaler/inhalator ☐ 04

Nicotine mouthspray ☐ 05

Nicotine nasal spray ☐ 06

Another nicotine product ☐ 07

Electronic cigarette ☐ 08

None of these ☐ 09

173 - 188

**EVERYONE PLEASE ANSWER**

**Q42**

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

Tick ONE box

Yes ☐ 1

No ☐ 2

Don't know ☐ 8

189

**Q43**

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

Tick ONE box

Yes ☐ 1

No ☐ 2

Don't know ☐ 8

190

**Q44**

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

Number of hours a week

191 - 193

**Write in**



**Q45**

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

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

194 - 199

SPARE 200 - 203

**Q46**

Does this bother you?

Tick ONE box

- Yes ☐ 1
- No ☐ 2

204

**Q47**

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

Tick ONE box

- Yes ☐ 1 → Go to Q48
- No ☐ 2 → Go to Q49

205

**Q48**

Does this bother you?

Tick ONE box

- Yes ☐ 1
- No ☐ 2

206

SPARE 207 - 249

# Drinking

EVERYONE PLEASE ANSWER

**Q49** Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box

Yes ☐ <sub>1</sub> ➔ **Go to Q52** 250

No ☐ <sub>2</sub> ➔ **Go to next question**

**Q50** 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

Very occasionally ☐ <sub>1</sub> ➔ **Go to Q52** 251

Never ☐ <sub>2</sub> ➔ **Go to next question**

**Q51** Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

Always a non-drinker ☐ <sub>1</sub> ☐ ➔ **Go to Q69** 252

Used to drink but stopped ☐ <sub>2</sub>

**Q52** How old were you the first time you ever had a proper alcoholic drink?


**Write in how old you were then**  253 - 254

SPARE COLUMN 255

**Q53**

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

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 at all in the last 12 months	<input type="checkbox"/>	08	<b>→ Go to Q69</b>	

256 - 257

**Q54**

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


Tick ONE box

Yes	<input type="checkbox"/>	1	<b>→ Go to next question</b>	258
No	<input type="checkbox"/>	2	<b>→ Go to Q57</b>	

**Q55**

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

Tick ONE box

One	<input type="checkbox"/>	1		259
Two	<input type="checkbox"/>	2		
Three	<input type="checkbox"/>	3		
Four	<input type="checkbox"/>	4		
Five	<input type="checkbox"/>	5		
Six	<input type="checkbox"/>	6		
Seven	<input type="checkbox"/>	7		

Q56

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

From this list, please tick all the types of alcoholic drink which you drank **on that day**. For the ones you drank, write in how much you drank **on that day**. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

TICK <u>ALL</u> DRINKS YOU DRANK ON THAT DAY		WRITE IN HOW MUCH YOU DRANK ON THAT DAY			
		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.	260 - 275 <input type="text"/> 01	<input type="text"/> 276 - 279	<input type="text"/> 280 - 281	<input type="text"/> 282 - 283	
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennents Super, Special Brew, Diamond White)	<input type="text"/> 02	<input type="text"/> 284 - 287	<input type="text"/> 288 - 289	<input type="text"/> 290 - 291	
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	<input type="text"/> 03	<input type="text"/> 292 - 293			
Sherry or martini (including port, vermouth, Cinzano, Dubonnet)	<input type="text"/> 04	<input type="text"/> 294 - 295			
Wine (including Babycham and champagne)	<input type="text"/> 05	Large glasses (250ml) <input type="text"/> 296 - 297	Standard glasses (175ml) <input type="text"/> 298 - 299	Small glasses (125ml) <input type="text"/> 300 - 301	Bottles (750ml) <input type="text"/> 302 - 304
Alcoholic soft drink ('alcopop') or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice	<input type="text"/> 06		Large bottles (700ml) <input type="text"/> 305 - 306	Standard bottles (275ml) <input type="text"/> 307 - 308	Small cans <input type="text"/> 309 - 310
Other kinds of alcoholic drink <b>WRITE IN NAME OF DRINK</b>					
1. <input type="text"/>	<input type="text"/> 07	<input type="text"/> 311 - 312	<input type="text"/> 313 - 316	<input type="text"/> 317 - 318	<input type="text"/> 319 - 320
2. <input type="text"/>	<input type="text"/> 08	<input type="text"/> 321 - 322	<input type="text"/> 323 - 326	<input type="text"/> 327 - 328	<input type="text"/> 329 - 330

SPARE COLUMNS 331 - 402

Please now think about whether you have drunk different types of alcoholic drink in the **last 12 months**. Please think about **all** types of alcoholic drinks you have had. Each type of alcoholic drink will be asked about separately.

EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

**Q57**

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?

403 - 404

Tick ONE box

Almost every day	<input type="checkbox"/>	01	<div style="border-left: 1px solid black; height: 100px; margin-left: 10px;"></div>	<p>→ Go to next question</p>
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 at all in the last 12 months	<input type="checkbox"/>	08	<p>→ Go to Q59</p>	

**Q58**


How much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

	Pints	Large cans or bottles	Small cans or bottles
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY	<input type="text"/>	<input type="text"/>	<input type="text"/>
	405 - 408	409 - 410	411 - 412

**Q59**

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

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 at all in the last 12 months	<input type="checkbox"/>	08	<b>→ Go to Q61</b>	

413 - 414

**Q60**

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

	Pints	Large cans or bottles	Small cans or bottles
<b>WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	415 - 418	419 - 420	421 - 422

**Q61**

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

- 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 at all in the last 12 months ☐ 08
- Go to next question
- Go to Q63

423 - 424

**Q62**

How much **spirits or liqueurs** such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months?

Glasses  
(count doubles  
as 2 singles)

WRITE IN HOW MUCH YOU HAVE  
USUALLY DRUNK ON ANY ONE DAY

425 - 426

**Q63**

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

- 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 at all in the last 12 months ☐ 08

427 - 428

➔ Go to next question

➔ Go to Q65

**Q64**

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

Small glasses  
(count doubles  
as 2 singles)

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

429 - 430



Q65

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

Tick ONE box

Almost every day

Five or six days a week

Three or four days a week

Once or twice a week

Once or twice a month

Once every couple of months

Once or twice a year

Not at all in the last 12 months

01

02

03

04

05

06

07

08

431 - 432

→ Go to next question

→ Go to Q67

Q66

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

Large glasses (250ml)

Standard glasses (175ml)

Small glasses (125ml)

Bottles (750ml)

WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY

433 - 434

435 - 436

437 - 438

439 - 441

SPARE COLUMN 442

**Q67**

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

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 at all in the last 12 months

☐

08

→ Go to next question

→ Go to Q69

443 - 444

**Q68**

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

Large bottles (700ml)

445 - 446

Standard bottles (275ml)

447 - 448

Small cans or bottles

449 - 450

WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY

## General health today

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

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

### Q69 Mobility

Tick ONE box

- |   |                          |   |
|---|--------------------------|---|
| I have no problems in walking about       | <input type="checkbox"/> | 1 |
| I have slight problems in walking about   | <input type="checkbox"/> | 2 |
| I have moderate problems in walking about | <input type="checkbox"/> | 3 |
| I have severe problems in walking about   | <input type="checkbox"/> | 4 |
| I am unable to walk about                 | <input type="checkbox"/> | 5 |

451

### Q70 Self-Care

Tick ONE box

- |   |                          |   |
|---|--------------------------|---|
| I have no problems washing or dressing myself       | <input type="checkbox"/> | 1 |
| I have slight problems washing or dressing myself   | <input type="checkbox"/> | 2 |
| I have moderate problems washing or dressing myself | <input type="checkbox"/> | 3 |
| I have severe problems washing or dressing myself   | <input type="checkbox"/> | 4 |
| I am unable to wash or dress myself                 | <input type="checkbox"/> | 5 |

452

### Q71 Usual activities (e.g. work, study, housework, family or leisure activities)

Tick ONE box

- |  |                          |   |
|--|--------------------------|---|
| I have no problems doing my usual activities       | <input type="checkbox"/> | 1 |
| I have slight problems doing my usual activities   | <input type="checkbox"/> | 2 |
| I have moderate problems doing my usual activities | <input type="checkbox"/> | 3 |
| I have severe problems doing my usual activities   | <input type="checkbox"/> | 4 |
| I am unable to do my usual activities              | <input type="checkbox"/> | 5 |

453

**Q72**

**Pain/Discomfort**

Tick ONE box

- I have no pain or discomfort

☐

1
- I have slight pain or discomfort

☐

2
- I have moderate pain or discomfort

☐

3
- I have severe pain or discomfort

☐

4
- I have extreme pain or discomfort

☐

5

454

**Q73**

**Anxiety/Depression**

Tick ONE box

- I am not anxious or depressed

☐

1
- I am slightly anxious or depressed

☐

2
- I am moderately anxious or depressed

☐

3
- I am severely anxious or depressed

☐

4
- I am extremely anxious or depressed

☐

5

455

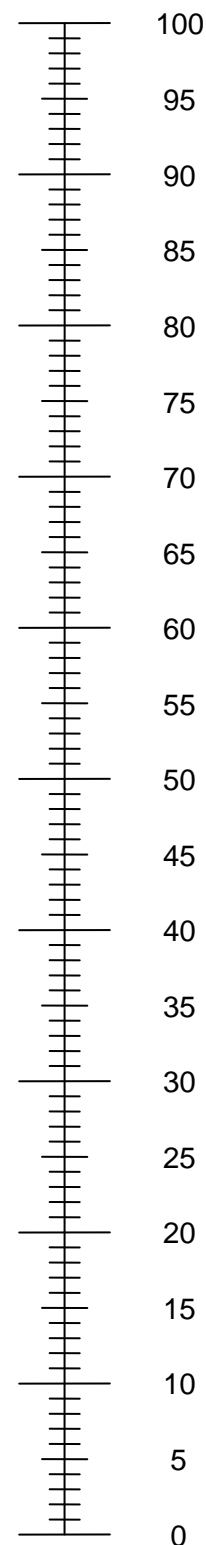
**Q74**

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.  
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

456 - 458

The best health  
you can imagine



The worst health  
you can imagine

SPARE COLUMNS 459 - 511

**Q75**

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

Not at all

012345678910

☐☐☐☐☐☐☐☐☐☐☐

Tick ONE box

Completely

512 - 513

## Your activities

### EVERYONE PLEASE ANSWER

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

Please think about the activities you do:

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

**Q76**

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

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

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

Tick ALL days that apply

☐ <sub>1</sub>  
Mon

☐ <sub>2</sub>  
Tues

☐ <sub>3</sub>  
Wed

☐ <sub>4</sub>  
Thur

☐ <sub>5</sub>  
Fri

☐ <sub>6</sub>  
Sat

☐ <sub>7</sub>  
Sun

➔ Go to Q77

515 - 521

OR TICK

No walking in the last 7 days

☐ <sub>2</sub>

➔ Go to Q80

514

**Q77**

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

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

522 - 523

Write in hours  
per day

524 - 526

Write in minutes  
per day

**Q78**

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

Tick ONE box

Slow pace ☐ <sub>1</sub>

Average pace ☐ <sub>2</sub>

Fairly brisk pace ☐ <sub>3</sub>

Fast pace - at least 4 miles per hour ☐ <sub>4</sub>

527

**Q79**

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

Tick ONE box

Yes ☐ <sub>1</sub>

528

No ☐ <sub>2</sub>

**EVERYONE PLEASE ANSWER**

**Q80**

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

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

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

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

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

Do not include walking.

Tick ALL days that apply

☐ <sub>1</sub>  
**Mon**

☐ <sub>2</sub>  
**Tues**

☐ <sub>3</sub>  
**Wed**

☐ <sub>4</sub>  
**Thur**

☐ <sub>5</sub>  
**Fri**

☐ <sub>6</sub>  
**Sat**

☐ <sub>7</sub>  
**Sun**

➔ Go to Q81

530 - 536

OR TICK

No moderate physical activities in the last 7 days ☐ <sub>2</sub>

➔ Go to Q82

529

**Q81**

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

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

537 - 538

Write in hours  
per day

539 - 541

Write in minutes  
per day



Q82

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

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

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

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

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

Tick ALL days that apply

1

Mon

2

Tues

3

Wed

4

Thur

5

Fri

6

Sat

7

Sun

➔ Go to Q83

543 - 549

OR TICK

No vigorous physical activities in the last 7 days

2

➔ Go to Q84

542

Q83

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

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

550 - 551

Write in hours  
per day

:

552 - 554

Write in minutes  
per day

Q84

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

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

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

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

555 - 556

Write in hours  
per day

:

557 - 559

Write in minutes  
per day

Information about yourself

EVERYONE PLEASE ANSWER

**Q85** Which of the following options best describes how you think of yourself?

Tick ONE box

- Heterosexual or Straight ☐ 1
- Gay or Lesbian ☐ 2
- Bisexual ☐ 3
- Other ☐ 4
- Prefer not to say ☐ 5

567

**Q86** What is your religion or belief?

Tick ONE box

- No religion ☐ 01
- Christian - Catholic ☐ 02
- Christian – all other denominations including Church of England, Protestant ☐ 03
- Buddhist ☐ 04
- Hindu ☐ 05
- Jewish ☐ 06
- Muslim ☐ 07
- Sikh ☐ 08
- Any other religion (please write in the box below) ☐ 09

568 - 569

570

**Thank you for answering these questions.**

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

P12095  
PALE CORAL

Point

--	--	--	--

1 - 4

Address

--	--

5 - 6

HHLD

--

7

CKL

--

10

Person No

--	--

8 - 9

First  
name

--

Interviewer

--	--	--	--

Survey  
month

--

Card

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

12 - 14

SPARE 11

BATCH 15 - 19

## Health Survey for England 2017

### Booklet for 13-15 year olds

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell your answers to anyone you know.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

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

SPARE COLUMNS 20 - 21

**BLANK PAGE**

## Completing the questionnaire

- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you.

**Example:**

Tick ONE box

Yes	<input checked="" type="checkbox"/>	1
No	<input type="checkbox"/>	2

- Sometimes you have to write a number in the box.

**Example:**

I was	<input type="text" value="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.

**Example:**

Tick ONE box

No	<input type="checkbox"/>	2	→ Go to question 2
Yes	<input checked="" type="checkbox"/>	1	↓
	I was	<input type="text" value="10"/>	years old
		Write in	

When you have finished answering the questionnaire, please seal it in the brown envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer.

**THANK YOU AGAIN FOR YOUR HELP**

## Cigarette Smoking

**Q1**

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

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

Tick ONE box

Yes ☐ <sub>1</sub> } **→ Go to next question**

No ☐ <sub>2</sub>

22

**Q2**

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

Tick ONE box

I have never smoked ☐ <sub>1</sub> **→ Go to Q6**

I have only smoked a cigarette once or twice ☐ <sub>2</sub>

I used to smoke sometimes, but I never smoke a cigarette now ☐ <sub>3</sub>

I sometimes smoke cigarettes, but I don't smoke every week ☐ <sub>4</sub> **→ Go to next question**

I smoke between one and six cigarettes a week ☐ <sub>5</sub>

I smoke more than six cigarettes a week ☐ <sub>6</sub>

23

**Q3**

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

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

24 - 25

**Write in**

SPARE 26 - 85

**Q4**

Did you smoke any cigarettes last week?

Tick ONE box

Yes ☐ <sub>1</sub> **→ Go to next question**

No ☐ <sub>2</sub> **→ Go to Q6**

86

**Q5**

How many cigarettes did you smoke last week?

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

87 - 88

**Write in**

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

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

**Q6** Have you ever heard of electronic cigarettes (e-cigarettes)?

Tick ONE box

Yes ☐ <sub>1</sub> → Go to next question

No ☐ <sub>2</sub> → Go to Q9

89

**Q7** Read the following statements carefully and tick the box next to the one which best describes you. Think about times when you may have had a puff or two as well as using whole electronic cigarettes.

Tick ONE box

I have never tried electronic cigarettes

☐ <sub>1</sub>

→ Go to Q9

I have used electronic cigarettes only once or twice

☐ <sub>2</sub>

90

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

☐ <sub>3</sub>

→ Go to next question

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

☐ <sub>4</sub>

I use electronic cigarettes regularly, once a week or more

☐ <sub>5</sub>

**Q8** Did you start regularly smoking tobacco cigarettes before or after first trying e-cigarettes/vaping devices?

Tick ONE box

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

☐ <sub>1</sub>

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

☐ <sub>2</sub>

→ Go to next question

Neither – never **regularly** smoked tobacco cigarettes

☐ <sub>3</sub>

91



Q9

Are you using any of these products nowadays?

Tick ALL that apply

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

92 - 107

Q10

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

Tick ALL that apply

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

108 - 123

**Q11**

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 that apply

- 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 in the box below)

207 - 224

→ Go to next question

225

No, none of these

☐

97

→ Go to Q13

**Q12**

Does this bother you?

Tick ONE box

- Yes ☐ 1
- No ☐ 2

226

→ Go to next question

SPARE 227 - 330

## Drinking

**Q13**

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

Tick ONE box

- Yes ☐ <sub>1</sub> → **Go to Q15**
- No ☐ <sub>2</sub> → **Go to next question**

331

**Q14**

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

Tick ONE box

- Yes ☐ <sub>1</sub> → **Go to next question**
- No ☐ <sub>2</sub> → **Go to Q24**

332

**Q15**

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

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

**Write in**

333 - 334

**Q16**

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

Tick ONE box

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

335

**Q17** When did you **last** have an alcoholic drink or alcopop?

Tick ONE box

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 Q24
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	

336

**Q18** Which, if any, of the drinks shown below, have you drunk in the last 7 days?

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

**For each kind of drink, write in the box how much you drank in the last 7 days.**

**Beer, lager, cider or shandy  
(exclude bottles or cans of shandy)**

Have you drunk this in the last 7 days?

Tick ONE box

No	<input type="checkbox"/>	2	→ Go to Q19
Yes	<input type="checkbox"/>	1	↓

337

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

Write in:

	<input type="text"/>	<b>Pints (if half a pint, write in ½)</b>	338 - 341
AND/OR	<input type="text"/>	<b>Large cans or bottles</b>	342 - 343
AND/OR	<input type="text"/>	<b>Small cans or bottles</b>	344 - 345

SPARE COLUMNS 346 - 354

**Q19** Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails

Have you drunk this in the last 7 days?

Tick ONE box

No ☐ <sub>2</sub> ➔ Go to Q20

Yes ☐ <sub>1</sub> ↴

355

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

Write in:

Glasses (count doubles as two glasses)

356 - 357

**Q20** Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the last 7 days?

Tick ONE box

No ☐ <sub>2</sub> ➔ Go to Q21

Yes ☐ <sub>1</sub> ↴

358

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

Write in:

Glasses (count doubles as two glasses)

359 - 360

**Q21**

**Wine (including babycham and champagne)**

Have you drunk this in the last 7 days?

Tick ONE box

No ☐ <sub>2</sub> ➔ **Go to Q22**

Yes ☐ <sub>1</sub> ↓

361

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

Write in:

**Glasses**

362 - 363

**Q22**

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

Have you drunk this in the last 7 days?

Tick ONE box

No ☐ <sub>2</sub> ➔ **Go to Q23**

Yes ☐ <sub>1</sub> ↓

364

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

Write in:

**Large cans or bottles**

365 - 366

AND/OR  **Small cans or bottles**

367 - 368

Q23

Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick ONE box

No ☐ <sub>2</sub> ➔ **Go to Q24**

Yes ☐ <sub>1</sub> ➔ **Complete details below**

369

Write in name of drink

How much did you drink in the last 7 days?

Write in:

370



371 - 380

381



382 - 391

392



393 - 402

SPARE COLUMNS 403 - 601

About you

EVERYONE PLEASE ANSWER

Q24 Which of these would you say you are?

Tick ALL that apply

English ☐ 1

Welsh ☐ 2

Scottish ☐ 3

Irish ☐ 4

British ☐ 5

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

608

602 - 607

Q25 What is your religion or belief?

Tick ONE box

No religion ☐ 01

Christian - Catholic ☐ 02

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

Buddhist ☐ 04

Hindu ☐ 05

Jewish ☐ 06

Muslim ☐ 07

Sikh ☐ 08

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

611

609 - 610



**BLANK PAGE**

**BLANK PAGE**

**Thank you for answering these questions.**

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

P12095  
PALE YELLOW

Point

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1 - 4

Address

--	--

5 - 6

HHLD

--

7

CKL

--

10

Person No

--	--

8 - 9

First  
name

--

Interviewer

--	--	--	--

Survey  
month

--

SPARE 11

Card

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

12 - 14

BATCH 15 - 19

## Health Survey for England 2017

### Booklet for 8-12 year olds

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell your answers to anyone you know.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

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

SPARE 20 - 21

**BLANK PAGE**

## Completing the questionnaire

- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you.

**Example:**

Tick ONE box

Yes	<input checked="" type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>2</sub>

- Sometimes you have to write a number in the box.

**Example:**

I was  years old

**write in**

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

**Example:**

Tick ONE box

No	<input type="checkbox"/> <sub>2</sub>	➔ Go to Q2
Yes	<input checked="" type="checkbox"/> <sub>1</sub>	⤵

I was  years old

**Write in**

When you have finished answering the questionnaire, please seal it in the brown envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer.

**THANK YOU AGAIN FOR YOUR HELP**

## Cigarette Smoking

**Q1**

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

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

Tick ONE box

Yes ☐ 1  
No ☐ 2

→ Go to next question

22

**Q2**

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

Tick ONE box

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

I have only smoked a cigarette once or twice ☐ 2

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

I sometimes smoke cigarettes, but I don't smoke every week ☐ 4

I smoke between one and six cigarettes a week ☐ 5

I smoke more than six cigarettes a week ☐ 6

→ Go to next question

23

**Q3**

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

I was  years old → Go to next question

24 - 25

Write in

SPARE 26 - 85

**Q4**

Did you smoke any cigarettes last week?

Tick ONE box

Yes ☐ 1 → Go to next question

No ☐ 2 → Go to Q6

86

**Q5**

How many cigarettes did you smoke last week?

I smoked  cigarettes → Go to next question

Write in

87 - 88

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

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

Q6

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

Tick ONE box

Yes

☐

1

→ Go to next question

No

☐

2

→ Go to Q9

89

Q7

Read the following statements carefully and tick the box next to the one which best describes you. Think about times when you may have had a puff or two as well as using whole electronic cigarettes.

Tick ONE box

I have never tried electronic cigarettes

☐

1

→ Go to Q9

I have used electronic cigarettes only once or twice

☐

2

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

☐

3

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

☐

4

I use electronic cigarettes regularly, once a week or more

☐

5

→ Go to next question

90

Q8

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

Tick ONE box

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

☐

1

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

☐

2

Neither – never regularly smoked tobacco cigarettes

☐

3

→ Go to next question

91

SPARE 92 - 206

Page 4 of 10



EVERYONE PLEASE ANSWER

**Q9** Do you find that you are often near people who are smoking in any of these places?

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

Tick ALL boxes that apply

- 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 in the box below)

➔ Go to next question

207 - 224

225

No, none of these ☐ 97 ➔ Go to Q11

**Q10** Does this bother you?

Tick ONE box

- Yes ☐ 1
- No ☐ 2

➔ Go to next question

226

SPARE 227 - 330

## Drinking

**Q11**

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

Tick ONE box

Yes

☐ <sub>1</sub>

➔ Go to Q13

331

No

☐ <sub>2</sub>

➔ Go to next question

**Q12**

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

Tick ONE box

Yes

☐ <sub>1</sub>

➔ Go to next question

332

No

☐ <sub>2</sub>

➔ Go to Q16

**Q13**

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

I was

years old

➔ Go to next question

333 - 334

**Write in**

**Q14**

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

Tick ONE box

Almost every day

☐ <sub>1</sub>

About twice a week

☐ <sub>2</sub>

About once a week

☐ <sub>3</sub>

About once a fortnight

☐ <sub>4</sub>

About once a month

☐ <sub>5</sub>

Only a few times a year

☐ <sub>6</sub>

I never drink alcohol now

☐ <sub>7</sub>

➔ Go to next question

335

**Q15**

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

Tick ONE box

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**

336

SPARE COLUMNS 337 - 601

About you

**Q16** Which of these would you say you are?

Tick ALL boxes that apply

English	<input type="checkbox"/>	1
Welsh	<input type="checkbox"/>	2
Scottish	<input type="checkbox"/>	3
Irish	<input type="checkbox"/>	4
British	<input type="checkbox"/>	5
Or something else? (Please write in the box below)	<input type="checkbox"/>	6

602 - 607

➔ Go to next question

608

**Q17** What is your religion or belief?

Tick ONE box

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 the box below)	<input type="checkbox"/>	09

609 - 610

611

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**Thank you for answering these questions.**

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

**The Health Survey for England 2017**

**Program Documentation**

**Nurse Questionnaire**

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Nicotine replacement products .....	9
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Saliva Sample.....	20
Blood Sample .....	22



## Introduction

### {IF OUTCOME = AGREE TO NURSE VISIT}

#### Info

You are in the Nurse Schedule for:

Person Number:

Name:

Age:

Sex:

Can you interview this person?

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

### {ELSEIF OUTCOME = REFUSED NURSE VISIT}

#### RefInfo

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

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

#### ENDIF

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

#### NurDate

NURSE: ENTER THE DATE OF THIS INTERVIEW.

#### St2Leaf

NURSE: Ask respondent whether they have read the [insert colour] stage 2 leaflet (Information for participants). If the respondent is unable to read the leaflet, please ensure that you have covered the information in it.

- 1 Respondent/parent had read leaflet
- 2 Respondent/parent has not read leaflet but nurse has explained the information

#### NDoBD

Can I just check your date of birth?

NURSE: Enter day, month and year of <Text fill: Respondent's name>'s date of birth separately.

Enter the **day** here.

#### NDoBM

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

#### NDoBY

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

#### DispAge

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

- 1 Yes
- 2 No

**{IF Age of Respondent is 0 to 15 years}**

**CParInt**

NURSE: A CHILD CAN **ONLY** BE INTERVIEWED WITH THE PERMISSION OF, AND IN THE PRESENCE OF, THEIR PARENT OR A PERSON WHO HAS (PERMANENT) LEGAL PARENTAL RESPONSIBILITY, ('PARENT').

NO MEASUREMENTS SHOULD BE CARRIED OUT WITHOUT THE AGREEMENT OF BOTH THE PARENT **AND** THE CHILD.

Press <1> and <Enter> to continue.

**CParNo**

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

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

**ENDIF**

**{IF (Age of respondent is 16 to 55 years) AND (Sex = Female)}**

**PregNTJ**

Can I check, are you pregnant at the moment?

- 1            Yes
- 2            No

**IF age of respondent is 11 to 15 years**

**UPreg**

NURSE: Has the respondent (or her parent/parent) told you that she is pregnant? Do not ask for this information – only code whether or not it has been volunteered.

- 1.        Yes, told me she is pregnant
- 2.        No, has not told me she is pregnant

**ENDIF**

**{ASK ALL ADULTS (16+) IN WINTER MONTHS IF FLU PANDAMEIC AND MODULE TURNED ON}**

**FluVac**

Can I check, have you ever been vaccinated for any type of flu (influenza)?

- 1            Yes
- 2            No
- 3            Not sure

**{IF (FluVac = Yes)}**

**VacWhn**

When was your most recent flu vaccination? Was it ...READ OUT...

- 1            Within the last 12 months,
- 2            More than one year, up to 2 years ago,
- 3            More than two years, up to 3 years ago,
- 4            More than 3 years, up to 5 years ago,
- 5            More than 5, up to 10 years ago,
- 6            or, More than 10 years ago?

**{IF (VacWhn = Within the last 12 months OR More than one year, up to 2 years ago)}**

**VacMth**

In which month did you have your most recent vaccination for flu?

## The Health Survey for England 2017 - Nurse Schedule

NURSE: If respondent is unsure in which month they had their vaccination but knows it was either one month or another, code the earlier of the 2 months (e.g. if 'January or February', code January).

RECORD MONTH:

- |    |           |
|----|-----------|
| 1  | January   |
| 2  | February  |
| 3  | March     |
| 4  | April     |
| 5  | May       |
| 6  | June      |
| 7  | July      |
| 8  | August    |
| 9  | September |
| 10 | October   |
| 11 | November  |
| 12 | December  |

### **VacYr**

In which year did you have your most recent flu vaccination?

RECORD YEAR:

**{IF (FluVac = Yes)}**

**Resplll**

"@/In the last month, have you had a cough, cold or flu which gave you a temperature or made you feel feverish?"

: YesNo

ENDIF

ENDIF

**ENDIF**

**ENDIF**

## Prescribed medicines, drug coding and folic acid

### ALL WITH A NURSE VISIT

#### MedCNJD

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

NURSE: IF STATINS HAVE BEEN PRESCRIBED BY A DOCTOR PLEASE CODE THEM HERE. DO NOT INCLUDE STATINS THAT HAVE BEEN BOUGHT WITHOUT A PRESCRIPTION.

- 1 Yes
- 2 No
- 3 Yes, but unable to code as name of drug(s) not available.

{IF MedCNJD = Yes}

#### MedIntro

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor or nurse?

NURSE: Including the contraceptive pill.

- 1 Continue

### Collect details of up to 22 prescribed medicines

{FOR i:= 1 TO 22 DO

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

#### MedBI[i]

NURSE: Enter name of drug number (1,2,3..etc.).

Ask if you can see the containers for all prescribed medicines currently being taken.

If Aspirin, record dosage as well as name.

Text: Maximum 50 characters

#### MedBIA[i]

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

- 1 Yes
- 2 No

#### MedBIC[i]

NURSE CHECK: Any more drugs to enter?

- 1 Yes
- 2 No

ENDIF

ENDDO

ENDIF

### ASK ALL

#### MedLng

(Apart from any medication you have already told me about) do you have any long acting medication, such as an injection or implant, prescribed by a doctor or nurse?

- 1 Yes
- 2 No

{IF MedLng = Yes}

**MedLngN**

Could I take down the name of the long acting medication prescribed for <Respondent's name> by a doctor or nurse.

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

Text .

**{IF MedLngN = Yes}**

**MedLngH**

How often should <Respondent's name> have <long acting medication>?

- |   |                  |
|---|------------------|
| 1 | Weekly           |
| 2 | 4 weekly/monthly |
| 3 | Every 3 months   |
| 4 | Every 6 months   |
| 5 | Every year       |
| 6 | Every 5 years    |
| 7 | Other (specify)  |

**{IF MedLngN = Yes & MedLngH = Other}**

**MedOth**

Nurse: Record how often the respondent has <long acting medication>.

**{IF MedLngN = Yes}**

**MedLngW**

Has <Respondent's name> had <long acting medication> in the last <period from MedLngH>?

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

**{IF MedLngN = Yes}**

**MedLngO**

NURSE: Check if the respondent is prescribed any more long acting medication.

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

**END IF**

**END IF**

**END IF**

**END IF**

**END IF**

**{IF MedCNJD = Yes}**

***Drug coding block***

**Dintro**

NURSE: PLEASE COMPLETE DRUG CODING FOR

Person (*person no.*) (*person name*).

PRESS 1 AND <Enter> TO CONTINUE.

- |   |          |
|---|----------|
| 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)}**

**YTake1**

Do you take (*name of drug*) because of a heart problem, high blood pressure or for some other reason?

- 1 Heart problem
- 2 High blood pressure
- 3 Other reason

**{IF YTake1 = Other}**

**TakeOth1**

NURSE: GIVE FULL DETAILS OF REASON(S) FOR TAKING (*name of drug*):

Text: Maximum 255 characters

**ENDIF**

**ENDIF**

**ENDDO**

**ENDIF**

**{IF Sex=Female and Age=16-55}**

**WhyFol**

Some people take folic acid supplements. Do you know why people might take these?

DO NOT PROMPT. CODE ALL THAT APPLY.

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

**If WhyFol=8 (Other) THEN**

**WhyFolO**

NURSE: Write in the other reason some people take folic acid supplements

String

**ENDIF**

**{IF Sex=Female and Age=18-55}**

**Folic**

At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start?

- 1 Yes

2 No

**{IF PregNTJ = 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 PregNTJ = No AND Folic = Yes}**

**FolPregHR**

Are you taking folic acid supplements because you hope to become pregnant?

1 Yes

2 No

**ENDIF**

**ENDIF**

## Nicotine replacement products

ASK IF RESPONDENT AGED 16 AND OVER

**SmokeN**

**SHOWCARD A1**

Can I ask, do you smoke or use any of these nicotine products at all these days?

CODE ALL THAT APPLY.

IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO, NONE OF THESE'.

- 1 Yes, cigarettes
- 2 Yes, cigars
- 3 Yes, pipe
- 4 Yes, e-cigarette or vaping device
- 5 Yes, hookah/shisha
- 6 Yes, smokeless tobacco
- 7 No, none of these

**{IF (SmokeN = No)}**

**SmokEvrN**

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

- 1 Yes
- 2 No

**ENDIF**

**{IF (SMOKEN=1-6)}**

**Smok7day**

**SHOWCARD A1**

And have you smoked or used any of these nicotine products in the last 7 days?

CODE ALL THAT APPLY.

IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO, NONE OF THESE'.

- 1 Yes, cigarettes
- 2 Yes, cigars
- 3 Yes, pipe
- 4 Yes, e-cigarette or vaping device
- 5 Yes, hookah/shisha
- 6 Yes, smokeless tobacco
- 7 No, none of these

**END IF**

**{IF (Smok7Day = 1-6)}**

**LastSmok**

**SHOWCARD A1**

How long is it since you last smoked or used any of these??

- 1 Within the last 30 minutes
- 2 Within the last 31-60 minutes
- 3 Over an hour ago, but within the last 2 hours
- 4 Over two hours ago, but within the last 24 hours
- 5 More than 24 hours ago

**ENDIF**



**ASK ALL**

**NR7Day**

**SHOW CARD A2**

Some people who have never smoked sometimes use nicotine replacement products. Can I just check, have you used any of these products in the last 7 days?

**PROBE FULLY: Which others? CODE ALL THAT APPLY**

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

## Blood Pressure

**{IF Age of Respondent 0 to 4 years}**

**NoBP**

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

1 Continue

**ENDIF**

**{IF (PregNTJ = Yes) OR (UPreg = Pregnant)}**

**PregMes**

NURSE: 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}**

**BPIntro**

(As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.

1 Continue

**NameTChk**

NURSE: Explain the need for the consent booklet to the respondent and the importance of having the correct name on the consent booklet.

What is the name by which letters are usually addressed to you?

EXPLAIN IF NECESSARY: We may send your results to you.

Record title here.

**NameSChk**

NURSE: Record surname here

**{If name is different to interviewer CAPI}**

**NameDiff**

NURSE: The name recorded by the interviewer is different from the name you have recorded.

The name recorded by the interviewer for this respondent is (XXX).

Please check the respondent's name with them and record the reason for this difference.

1 Additional names/more formal name (s) used for GP recorded in nurse CAPI

2 Name recorded by interviewer is incorrect, recorded correctly in nurse CAPI

**{ELSE (Respondent aged 5-15)}**

**BPBlurb**

READ OUT TO PARENT/PARENTS:(As I mentioned earlier) we would like to measure (*name of child's*) blood pressure. If you wish, I will write the results on (*his/her*) Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using (*his/her*) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a high blood pressure. However if you would like us to, we will send (*his/her*) results to

(*his/her*) GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for (*his/her*) age and height, we shall advise (*his/her*) GP (with your permission) that (*name of child's*) blood pressure should be measured again.

NURSE: Show [child's name] the 'Blood Pressure' section of the **purple** child information sheet.

1 Continue

**ENDIF**

**BPCConst**

NURSE: Does the respondent agree to blood pressure measurement?

1 Yes, agrees

2 No, refuses

3 Unable to measure BP for reason other than refusal

**{IF BPCConst = Yes, agrees ANDIF Age of Respondent is 13 years or over}**

**ConSubX**

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

CODE ALL THAT APPLY.

1 Eaten

2 Smoked

3 Drunk alcohol

4 Done vigorous exercise

5 (None of these)

**{IF BPCConst = Yes, agrees AND IF Age of Respondent is 13 years or over}**

**Con60Sb**

May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 60 minutes?

CODE ALL THAT APPLY.

1 Eaten

2 Smoked

3 Drunk alcohol

4 Done vigorous exercise

5 (None of these)

**{ELSEIF (Age of Respondent is 5 to 12 years AND BPCConst = Yes, agrees)}**

**ConSubX2**

May I just check, has (*name of child*) eaten, or done any vigorous exercise, in the past 30 minutes?

CODE ALL THAT APPLY.

1 Eaten

2 Done vigorous exercise

3 Neither

**ENDIF**

**{ELSEIF (Age of Respondent is 5 to 12 years AND BPCConst = Yes, agrees)}**

**Con60S2**

May I just check, has (*name of child*) eaten, or done any vigorous exercise, in the past 60 minutes?

CODE ALL THAT APPLY.

1 Eaten

2 Done vigorous exercise

3 Neither

**ENDIF**

### **OMRONNo**

NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:

Range: 001..999

### **CufSize**

SELECT CUFF AND ATTACH TO THE RESPONDENT'S **RIGHT** ARM.

ASK THE RESPONDENT TO SIT STILL FOR FIVE MINUTES.

READ OUT: 'I am going to leave you to sit quietly now for 5 minutes. During that time you must not read and your legs are to remain uncrossed. After the 5 minutes, I will carry out 3 recordings with a minute between them. While I am doing these recordings I will not speak to you, and you must not speak to me. Once I have completed the recordings I will tell you what they are'.

RECORD CUFF SIZE CHOSEN.

- |   |                        |
|---|------------------------|
| 1 | Child (15-22 cm)       |
| 2 | Adult (22-32 cm)       |
| 3 | Large adult (32-42 cm) |

### **AirTemp**

NURSE: RECORD THE AMBIENT AIR TEMPERATURE.

ENTER THE TEMPERATURE **IN CENTIGRADES** TO ONE DECIMAL PLACE.

Range: 00.0..40.0

### **BPReady**

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

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

- |   |          |
|---|----------|
| 1 | Continue |
|---|----------|

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

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

**BPRead1-BPRead3**

NURSE: TAKE THREE MEASUREMENTS FROM RIGHT ARM.

Enter **first/second/third** systolic reading (mmHg).

IF READING NOT OBTAINED, ENTER 999.

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

Range: 001..999

### **Sys[i]**

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

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

### **Dias[i]**

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

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

### **Pulse[i]**

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

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

**ENDDO**

**{IF NO FULL MEASUREMENT OBTAINED (IF AT LEAST ONE '999' RESPONSE IN ALL THREE SETS OF FOUR READINGS)}**

**YNoBP**

NURSE: ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

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

**ENDIF**

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

**NattBPD**

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

- 0 Problems with PC
- 1 Respondent upset/anxious/nervous
- 2 Error reading
- 3 (Code not used)
- 4 (Code not used)
- 5 Problems with cuff fitting/painful
- 6 Problems with equipment (not error reading)
- 95 Other reason(s) (SPECIFY AT NEXT QUESTION)

**{IF NattBP = Other}**

**OthNBP**

NURSE: ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:

Text: Maximum 140 characters

**ENDIF**

**ENDIF**

**{IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED}**

**DifBPC**

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.

- 1 No problems taking blood pressure
- 2 Reading taken on left arm because right arm not suitable
- 3 Respondent was upset/anxious/nervous
- 4 Problems with cuff fitting/painful
- 5 Problems with equipment (not error reading)
- 6 Error reading
- 95 Other problems (SPECIFY AT NEXT QUESTION)

**{IF DifBPC=Other}**

**OthDifBP**

NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.

Text: Maximum 140 characters

**ENDIF**

**ENDIF**

**BPOffer**

NURSE: OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.

- |                                      |                                   |                               |
|--------------------------------------|-----------------------------------|-------------------------------|
| i) <i>(First Systolic reading)</i>   | <i>(First Diastolic reading)</i>  | <i>(First Pulse reading)</i>  |
| ii) <i>(Second Systolic reading)</i> | <i>(Second Diastolic reading)</i> | <i>(Second Pulse reading)</i> |
| iii) <i>(Third Systolic reading)</i> | <i>(Third Diastolic reading)</i>  | <i>(Third Pulse reading)</i>  |

ENTER ON THEIR **MEASUREMENT RECORD CARD** (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING

**{IF Systolic reading >179 OR Diastolic reading >109}**

TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a one-off finding or not.

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

Please report this to the Survey Doctor when you get home

**{IF Systolic reading 160-179 OR Diastolic reading 100-109 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 170-179 OR Diastolic reading 105-109 (Men aged 50+)}**

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

**{IF Systolic reading 140-159 OR Diastolic reading 85-99 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 160-169 OR Diastolic reading 96-104 (Men aged 50+)}**

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

**{IF Systolic reading <140 AND Diastolic reading <85 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading <160 AND Diastolic reading <95 (Men aged 50+)}**

TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

ENDIF

ENDIF

ENDIF

ENDIF

**{IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED}**

**GPRegB**

Are you registered with a GP?

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

**{IF GPreGB = Yes}**

**GPSeD**

May we send your blood pressure readings to your GP?

- 1 Yes
- 2 No

**{IF GPSeD = No}**

**GPRefC**

NURSE: SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO GP. CODE ALL THAT APPLY.

- 1 Hardly/Never sees GP
- 2 GP knows respondent's BP level
- 3 Does not want to bother GP
- 95 Other (SPECIFY AT NEXT QUESTION)

**{IF GPRefM = Other}**

**OthRefC**

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

Text: Maximum 140 characters

**ENDIF**

**ENDIF**

**ENDIF**

**{IF (GPreGB <> Yes) OR (GPSeD = No)}**

**NoBPGP**

CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.

Cross a line through the 'Blood pressure to GP' section inside the consent booklet to make clear that the respondent has not consented to this.

- 1 Continue

**{ELSEIF GPSeD = Yes THEN}**

**ConsFrm1**

In order to send your blood pressure results to your GP, I have to obtain written consent from you.

NURSE:

A) [IF ADULT] ASK RESPONDENT TO READ AND INITIAL THE 'BLOOD PRESSURE TO GP' SECTION OF THE (COLOUR) CONSENT BOOKLET.

A) [IF CHILD UNDER 16] ASK RESPONDENT'S PARENT/"PARENT" TO READ AND INITIAL THE 'BLOOD PRESSURE TO GP' SECTION OF THE (COLOUR) CONSENT BOOKLET. ASK [CHILDS NAME] TO INITIAL THE 'BLOOD PRESSURE TO GP' ASSENT BOX IF THEY CAN. IF NOT, ASK RESPONDENT'S PARENT/"PARENT" TO INITIAL THE BOX ON [CHILD'S NAME] BEHALF.

B) CHECK THAT GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON THE CONSENT FORM.

C) CHECK THE NAME BY WHICH GP KNOWS RESPONDENT.

D) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.

- 1 Continue

**ENDIF**

## Waist and hip circumference

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

### WHMod

NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.

- 1 Continue

### WHIntro

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

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

### {IF WHIntro=Agree}

Repeat for up to three waist-hip measurements. Third measurement taken only if difference between first two measurements is greater than 3cm.

### {FOR Loop:= 1 TO 3 DO}

{IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2].Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3))}

### Waist

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

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 45.0..1000.0

**ENDIF**

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

### Hip

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

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 75.0..1000.0

**ENDIF**

**ENDDO**

{IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9)}

**YNoWH**

ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS

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

**ENDIF**

**ENDIF**



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

**WHPNABM**

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

- 1 Respondent is in a wheelchair
- 2 Respondent is confined to bed
- 3 Respondent is too stooped
- 4 Respondent did not understand the procedure
- 5 Respondent is embarrassed / sensitive about their size
- 6 No time/ busy/ already spent enough time on this survey
- 7 Measurement tape not long enough
- 95 Other (SPECIFY AT NEXT QUESTION)

**{IF WHPNABM = Other}**

**OthWH**

GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP MEASUREMENT:

Text: Maximum 140 characters

**ENDIF**

**ENDIF**

**{IF AT LEAST ONE WAIST MEASUREMENT OBTAINED}**

**WJRel**

Record any problems with **waist** measurement (include here restrictions from type of clothing worn such as saris or religious/cultural items worn on the body):

- 1 No problems experienced, **reliable** waist measurement
- 2 Problems experienced - waist measurement **likely to be reliable**
- 3 Problems experienced - waist measurement likely to be **slightly unreliable**
- 4 Problems experienced - waist measurement **likely to be unreliable**

**{IF WJRel = Problems experienced}**

**ProbWst**

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

- 1 Increases measurement (e.g. bulky clothing)
- 2 Decreases measurement (e.g. very tight clothing)
- 3 Measurement not affected
- 4 Other (Specify at next question)

**{IF ProbWst = Other}**

**ProbWstO**

NURSE: Enter full details of other way problems experienced are likely to affect **waist** measurement.

**ENDIF**

**ENDIF**

**{IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY))}**

**HJRel**

RECORD ANY PROBLEMS WITH **HIP** MEASUREMENT (include here restrictions from type of clothing worn such as saris or religious/cultural items worn on the body):

- 1 No problems experienced, **reliable** hip measurement
- 2 Problems experienced - hip measurement **likely to be reliable**

- 3 Problems experienced - hip measurement likely to be **slightly unreliable**
- 4 Problems experienced - hip measurement **likely to be unreliable**

**{IF HJRel = Problems experienced}**

**ProbHip**

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE HIP MEASUREMENT.

- 1 Increases measurement (e.g. bulky clothing)
- 2 Decreases measurement (e.g. very tight clothing)
- 3 Measurement not affected
- 4 Other (unknown) – other reasons
- 5 Other (Specify at next question)

**{IF ProbHip = Other}**

**ProbHipO**

NURSE: Enter full details of other way problems experienced are likely to affect hip measurement.

**ENDIF**

**ENDIF**

**{IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED}**

**WHRes**

NURSE: OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist: *(Waist measurements cm and inches)*

Hip: *(Hip measurements cm and inches)*

Press <1> and <Enter> to continue.

**ENDIF**

**ENDIF**

## Saliva Sample

### IF Respondent aged 4 + AND PregNTJ=No

#### SalInt1

NURSE: NOW FOLLOWS THE SALIVA SAMPLE.

1 Continue

#### SalIntr1

NURSE: ASK RESPONDENT FOR A SALIVA SAMPLE.

READ OUT: I would like to take a sample of saliva (spit). This simply involves... (If Age=16+) keeping an absorbent swab in your mouth for a few minutes (If Age=under 16) using a straw to dribble saliva into a tube.

The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking.

(If Age=16+) IF NECESSARY: Offer respondent straw method if they are not comfortable with using the absorbent swab.

IF CHILD: NURSE: Show ' + Respondent name ' the "Saliva sample" section of the @COLOUR@I child information sheet.'

NURSE CODE:

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

**ENDIF**

**{IF SalIntr1=Agree AND Age=over 16}**

#### SalWrit

"/NURSE:

Ask the respondent to read and complete the 'Saliva sample' section of the ^colour adult consent booklet.

Circle code 03 on front of the Consent Booklet.

Turn to the lab despatch note and at Smoking status circle 'One' (If SmokeN=1-6) or 'Two' (If SmokeN is not 1-6).

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

**{IF SalIntr1=Agree AND Age=under 16}**

#### SalWritC

**READ OUT: In order to take a saliva sample I need to obtain written consent from you**

NURSE:

- Ask the parent to read and initial the 'Saliva sample' section of the child [colour] consent booklet.
- Ask [participant's name] to initial the 'Saliva sample' assent box if they can. If not, ask respondent's parent to initial the box on [participant name]'s behalf.
- Circle code 03 on front of the Consent Booklet.

Press <1> and <Enter> to continue.

**ENDIF**

**{IF SalIntr1=Refuse}**

**SalCode**

NURSE: Circle code 04 on front of the Consent Booklet

Cross a line through the 'Saliva sample' section inside the consent booklet to make clear that the respondent has not consented to this.

Press <1> and <Enter> to continue.

**ENDIF**

**{IF SalIntr1=Agree}**

**SalInst**

NURSE: Ask respondent to... (If age=over 16) keep swab in her mouth for a few minutes (If age=under16) dribble through straw into the tube.

Write the serial number and date of birth on the (colour) label using a biro.

Serial number:

Date of birth:

Make sure the serial number and date of birth are recorded on the **dispatch note** on the inside of the back cover of the (colour) adult consent booklet.

Press <1> and <Enter> to continue.

**ENDIF**

**SalObt1**

NURSE CHECK:

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

**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}**

**OthNObt**

NURSE: Give full details of reason(s) why saliva sample not obtained.

Text: Maximum 140 characters

**ENDIF**

**ENDIF**

**ENDIF**

## Blood Sample

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

### BIIntro

NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE.

PRESS <1> AND <ENTER> TO CONTINUE.

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. See F9 for more information)

1 Yes

2 No

**{IF ClotB = No}**

### Fit

May I just check, have you had a fit (including epileptic fit, convulsion) in the last five years?

1 Yes

2 No

**ENDIF**

### CBSCnst

Ask Parent: <Name> Are you willing for your child to have a blood sample taken?

1 Yes

2 No

**{IF Fit = No}**

### BSWill

NURSE: EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.

Would you be willing to have a blood sample taken?

1 Yes

2 No

3 Respondent unable to give blood sample for reason other than refusal (PLEASE SPECIFY)

**{IF BSWill = 3}**

### B1NotOb

NURSE: Give full details of reason(s) why blood sample not obtained.

**{IF BSWill = No}**

### RefBSC

NURSE: RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.

1 Previous difficulties with venepuncture

2 Dislike/fear of needles

3 Respondent recently had blood test/health check

4 Refused because of current illness

5 Worried about HIV or AIDS

95 Other (SPECIFY AT NEXT QUESTION)

**{IF RefBS = Other THEN}**

### OthRefBS

NURSE: GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.

Text: Maximum 135 characters

**ENDIF**

**{ELSEIF BSWill = Yes}**

**BSConsC**

NURSE: EXPLAIN NEED FOR WRITTEN CONSENT: Before I can take any blood, I have to obtain written consent from you.

PRESS <1> AND <ENTER> TO CONTINUE.

1 Continue

**ENDIF**

**ENDIF**

**{IF BSWill = Yes}**

**BSCons**

NURSE:

- ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER ONE IN THE 'BLOOD SAMPLE' SECTION OF THE (COLOUR) **ADULT** CONSENT BOOKLET.

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

Press <1> and <Enter> to continue.

**IF (BSWill = Yes)**

**AND ((Age IN [2..15] AND BSConst = Yes)**

**OR (Age IN [16..120])) THEN**

**IF (RespBPS IN [Tried..Refused]) THEN**

**GPSam**

NURSE CHECK:

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

**{IF GPreGB = Yes OR GPSam = GP}**

**SendSam**

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

- 1 Yes
- 2 No

**{IF SendSam = Yes}**

**BSSign**

NURSE:

-ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER TWO IN THE 'BLOOD SAMPLE' SECTION OF THE (COLOUR) **ADULT** CONSENT BOOKLET.

-CHECK NAME BY WHICH GP KNOWS RESPONDENT.

-CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON FRONT OF THE CONSENT BOOKLET.

-CIRCLE CONSENT CODE **07** ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

**{ELSEIF SendSam = No}**

**SenSam**

Why do you not want your blood sample results sent to your GP?

- 1 Hardly/never sees GP
- 2 GP recently took blood sample
- 3 Does not want to bother GP
- 95 Other (SPECIFY AT NEXT QUESTION)

**{IF SenSam = Other}**

**OthSam**

NURSE: GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.

Text: Maximum 140 characters

**ENDIF**  
**ENDIF**

**{IF (GPSam = No GP OR SendSam = No)}**

**NoBSGP**

NURSE: CIRCLE CONSENT CODE **08** ON FRONT OF THE CONSENT BOOKLET.

Cross a line through point number 2 of the 'Blood sample' section inside the consent booklet to make clear that the respondent has not consented to this.

PRESS <1> AND <ENTER> TO CONTINUE.

**ENDIF**

**ConStorB**

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

- 1           Storage consent given
- 2           Consent refused

**{IF ConStorB = Yes}**

**BSStor**

NURSE:

-ASK THE RESPONDENT TO READ AND COMPLETE POINT NUMBER THREE IN THE 'BLOOD SAMPLE' SECTION OF THE (COLOUR) ADULT CONSENT BOOKLET.

-CIRCLE CONSENT CODE **09** ON FRONT OF THE CONSENT BOOKLET.

Press <1> and <Enter> to continue.

**{ELSEIF ConStorB = No}**

**NoBSStr**

NURSE: CIRCLE CONSENT **CODE 10** ON FRONT OF THE CONSENT BOOKLET.

Cross a line through point number 3 of the 'Blood sample' section inside the consent booklet to make clear that the respondent has not consented to this.

PRESS <1> AND <ENTER> TO CONTINUE.

**ENDIF**

**TakeSam**

{NOTE – In winter months AND IF (VacWhn = Within the last 12 months OR More than one year, up to 2 years ago) AND (ConStorB = storage consent given) THEN <text fill> below = 2 plain red tubes, else = 1 plain red tube}

NURSE:

-CHECK YOU HAVE ALL APPLICABLE SIGNATURES.

-TAKE BLOOD SAMPLES:

FILL <1 OR 2> PLAIN (RED) TUBE AND 1 EDTA (PURPLE) TUBE.

-WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE COLOUR LABEL USING A BIRO. (ONE LABEL PER TUBE.)

Serial number:                   *(displays serial number)*

Date of birth:                   *(displays date of birth)*

**-MAKE SURE THE SERIAL NUMBER AND DATE OF BIRTH ARE RECORDED ON THE DISPATCH NOTE ON THE INSIDE OF THE BACK COVER OF THE GREEN CONSENT BOOKLET**

**-CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT.**

**-STICK THE COLOUR LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.**

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

**SampF1**

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

- 1 Yes
- 2 No

**SampF2**

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

- 1 Yes
- 2 No

**{IF SampF1 = Yes OR SampF2 = Yes}**

**SampTak:= Yes**

**ELSEIF**

**SampTak:= No**

**ENDIF**

**SampTak**

**Computed: Blood sample outcome.**

- 1 Blood sample obtained
- 2 No blood sample obtained

**{IF SampTak = Yes}**

**SampArm**

NURSE: CODE FROM WHICH ARM THE BLOOD WAS TAKEN:

- 1 Right
- 2 Left
- 3 Both

**SamDifC**

NURSE: RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE. CODE ALL THAT APPLY.

- 1 No problem
- 2 Incomplete sample
- 3 Collapsing/poor veins
- 4 Second attempt necessary
- 5 Some blood obtained, but respondent felt faint/fainted
- 6 Unable to use tourniquet
- 95 Other (SPECIFY AT NEXT QUESTION)

**{IF SamDif = Other}**

**OthBDif**

NURSE: GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.

Text: Maximum 140 characters

**ENDIF**

**SnDrSam**

Would you like to be sent the results of your blood sample analysis?

- 1 Yes
- 2 No

**{IF SnDrSam = Yes}**

**BSResp**

NURSE: CIRCLE CONSENT **CODE 11** ON FRONT OF THE CONSENT BOOKLET.

PRESS <1> AND <ENTER> TO CONTINUE.

**{ELSEIF SnDrSam = No}**

**NoBSRsp**

NURSE: CIRCLE CONSENT **CODE 12** ON FRONT OF THE CONSENT BOOKLET.

PRESS <1> AND <ENTER> TO CONTINUE.

**ENDIF**



**{ELSEIF SampTak = No}**

**NoBSM**

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

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

**{IF NoBSM = Other}**

**OthNoBSM**

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

Text: Maximum 140 characters

**ENDIF**

**NoBObt**

NURSE: CROSS OUT CONSENT CODES **05, 07, 09, AND 11** IF ALREADY CIRCLED ON THE FRONT OF THE CONSENT BOOKLET. REPLACE WITH CONSENT CODES **06, 08, 10, AND 12** ON THE FRONT OF THE CONSENT BOOKLET. Complete the venepuncture information box on the inside cover of the consent booklet. PRESS <1> AND <ENTER> TO CONTINUE.

**ENDIF**

**ENDIF**

**ENDIF**

**{IF FLU MODULE TURNED ON}**

**DisNote**

NURSE: Complete the details on the *green* laboratory dispatch note:

- ..Serial number: ^SerStr
- ..Date of birth: ^NDoB
- ..Sex: ^sextxt
- ..Region: ^LACode
- ..Date of last flu vaccination: ^FluTxt
- ..Respiratory illness: ^IITxt

- check the date of birth again with the respondent

Press <1> and <Enter> to continue

**ENDIF**

**Venepuncture checklist**

**VpSys**

NURSE: Which system did you use to take blood?

- 1 Vacutainer needle
- 2 Butterfly needle

**VpHand**

NURSE: Was the respondent left handed or right handed?

- 1 Left handed
- 2 Right handed

**VpArm**

NURSE: Which arm did you use to take blood?

- 1 Right arm
- 2 Left arm
- 3 Both

**VpSkin**

NURSE: Code the skin condition of the arm used.

- 1 Skin intact
- 2 Skin not intact

**VpAlco**

NURSE: Did you use an alcohol wipe?

- 1 Yes
- 2 No – water based wipe used
- 3 No wipe used

**VpSam**

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

- 1 Sample taken on first attempt
- 2 Sample taken on second attempt
- 3 Both attempts failed
- 4 First attempt failed, did not make second attempt

**VpPress**

NURSE: Code who applied pressure to the puncture site.

CODE ALL THAT APPLY

- 1 Nurse
- 2 Respondent
- 3 Partner or spouse

**VpSens**

NURSE: Was the respondent sensitive to the tape or plaster?

- 1 Sensitive to tape/plaster
- 2 **Not** sensitive to tape/plaster
- 3 (Did not check)

**VpProb**

NURSE: Was there any abnormality noted after 5 minutes?

(Please remember to recheck the site after completion of the blood sample module)

CODE ALL THAT APPLY

- 1 Sensory deficit
- 2 Haematoma
- 3 Swelling
- 95 Other (describe at next question)
- 96 None

**{IF VpProb = Other}**

**VpOther**

NURSE: Record the details of the other abnormality fully.

Text: Maximum 140 characters

**ENDIF**

**{IF VpProb= Sensory deficit, Haematoma, Swelling or Other}**

**VpDetail**

NURSE: You have coded that an abnormality was noted after 5 minutes.

Please record the action you took when you noticed this abnormality on the office despatch note.

There is a space provided on the inside front cover of the adult consent booklet for you to write up these details fully.

PRESS <1> AND <ENTER> TO CONTINUE.

**ENDIF**

**VpCheck**

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

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

**ASK ALL**

**AllCheck**

**CHECK BEFORE LEAVING THE RESPONDENT:**

1. PUNCTURE SITE AFTER TAKING BLOOD (IF APPLICABLE)
2. CONSENT BOOKLET PRESENT IF APPLICABLE
3. CHECK BOOKLET FOR:
  - INITIALS FOR ALL SECTIONS RESPONDENT AGREED TO
  - SIGNATURES
  - FULL GP AND RESPONDENT DETAILS
  - CONSENT CODES [for measures agreed/not agreed] ARE CIRCLED ON THE FRONT
4. TEAR OUT THE WHITE COPY OF THE CONSENT BOOKLET PAGES AND LEAVE WITH THE RESPONDENT

PRESS <1> AND <ENTER> TO CONTINUE.

**HSE 2017**

**NURSE  
SHOWCARDS**

## CARD A1

- 1 Cigarettes
- 2 Cigars
- 3 Pipe
- 4 E-cigarette or vaping device
- 5 Hookah/shisha
- 6 Smokeless tobacco
- 7 None of these

## CARD A2

- 1 Nicotine chewing gum
- 2 Nicotine lozenges/mini lozenges
- 3 Nicotine patches
- 4 Nicotine inhaler or inhalator
- 5 Nicotine mouthspray
- 6 Nicotine nasal spray
- 7 Another nicotine product
- 8 Electronic cigarette
- 9 None of these