

The Health Survey for England 2010 – Household Questionnaire

P3027

**The Health Survey for England 2010**

**Programme Documentation**

**Household Questionnaire**

**Point2**

SAMPLE POINT NUMBER.

Range:1..997

**Address**

ADDRESS NUMBER.

Range: 1..97

**Hhold**

HOUSEHOLD NUMBER.

Range: 1..9

**First**

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

Point no: (Point number)

Address no: (Address number)

Household no: (Household number)

**DateOK**

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

- 1 Yes
- 2 No

**WhoHere**

INTERVIEWER: Collect the names of the people in this household.

- 1 Continue

**IF First person in household OR More=Yes THEN**

**Name**

What is the name of person number (1-12)?

**More**

Is there anyone else in this household?

- 1 Yes
- 2 No

**ENDIF**

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

***Hysize***

***Derived household size.***

Range: 1..12

**SizeConf**

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

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

**HOUSEHOLD COMPOSITION GRID FOR ALL HOUSEHOLD MEMBERS  
(MAXIMUM 12)**

***Person***

**Person number in Household Grid**

Range: 1..12

**Name**

**First name from WhoHere**

**Sex**

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

- 1 Male
- 2 Female

**DoB**

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

**AgeOf**

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

Range: 0..120

**IF AgeOf = NONRESPONSE THEN**

**AgeEst**

INTERVIEWER CODE: Ask if necessary: Are *you / is he/she* aged under 2 years , at least 2 up to 15 years, or 16 years or older.

INTERVIEWER: If not known, try to get best estimate.

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

**ENDIF**

**IF (AgeOf >=16) OR (AgeEst = 16 years or older) THEN**

**MarStat**

Are you (*is he/she*)

Ask or record. Code first that applies.

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

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

**Couple**

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

ASK OR RECORD

1 Yes  
2 No  
3 **Spontaneous only** - same sex couple but not in a formal registered civil partnership  
**ENDIF**  
**ENDIF**

**IF AgeOf = 16 - 17 THEN**

**LegPar**

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

1 Yes

2 No

**ENDIF**

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

**Par1**

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

**INTERVIEWER:** Code first person at this question.

(*Codeframe of all household members*)

1-12 Person numbers of household members

97: Not a household member / dead

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

**Par2**

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

**Interviewer:** Code second person at this question.

IF no-one else in the household.

(*Codeframe of all household members*)

1-12 Person numbers of household members

97: No-one else in the household

**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*).

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

**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*)).

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

**IF more than 2 children THEN**

**SelCh**

**Interviewer: Is this child selected for an individual interview?**

**ENDIF**

**ENDIF**

**ENDIF**

**NoneElig**

INTERVIEWER: There are no eligible respondents in this household.

Press <Ctrl Enter > and select **Admin** to complete the Admin details.

**RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL**

**IF Person > 1 THEN**

**SHOW CARD A**

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

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

**ASK ALL**

**HHldr**

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

**CODE ALL THAT APPLY.**

(*Codeframe of all household members*)

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

**HHResp**

INTERVIEWER CODE: Who was the person responsible for answering the grids in this questionnaire?

(Codeframe of adult household members)

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

**IF More than one person coded at HHldr THEN**

**HiHNum**

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

(INTERVIEWER: See instructions <F9> for help, then press <Esc>)

These are the joint householders:

Enter Person number if two people have the same income, enter 13.

(Codeframe of joint householders)

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

**IF HiHNum=13 THEN**

**JntEldA**

Enter person number of the **eldest** joint householder from those with the highest income.

Ask or record.

(Codeframe of joint householders)

- 1-12 Person numbers of household members

**ENDIF**

**ELSEIF HiHNum=Don't know or Refused**

**JntEldB**

Enter person number of the eldest joint householder.

Ask or record.

(Codeframe of joint householders)

**ENDIF**

**ENDIF**

**HRP**

INTERVIEWER: The household reference person is:

(Displays name of Household Reference Person)

Press <1> and <Enter> to continue.

**DVHRPNum**

**Person number of Household Reference Person**

**Eligible**

Interviewer: For your information the persons in this household eligible for individual interview are:

(List of eligible respondents)

**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 Tenure1=Pay part rent/part mortgage OR Rent it OR Live here rent free THEN**

**JobAccom**

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

- 1 Yes
- 2 No

**LandLord**

Who is your landlord?

INTERVIEWER: Read out and code first that applies.

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

**Furn1**

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

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

**ENDIF**

**ASK ALL**

**Bedrooms**

How many bedrooms does your household have, including bedsitting rooms and spare bedrooms?

INTERVIEWER: 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**

**Heaters**

**SHOWCARD A4.**

In your accommodation do you have any of the heating or cooking appliances on this card which you regularly use?

INTERVIEWER: If the respondent has one of the heating appliances listed on the card, regular refers to use in winter or when it is cold.

- 1 Yes
- 2 No

## ASK ALL

### HeatType

SHOWCARD A4

Which of the types of heating or cooking appliances on this card do you use?

PROBE: What others?

CODE ALL THAT APPLY

- 1 Gas fired boiler for central heating or hot water
- 2 Oil fired boiler for central heating or hot water
- 3 Coal or coke boiler or stove
- 4 Wood burning stove
- 5 Gas or calor gas fire in fireplace with flue or chimney
- 6 Other gas or calor gas fire
- 7 Open coal fire
- 8 Gas hob or cooking rings
- 9 Gas oven
- 10 Paraffin heater
- 11 None of these

### Damp

During the winter months, does condensation form on the windows or walls of any room in your home apart from the bathrooms or toilets?

- 1 Yes
- 2 No

### Fungus

During the winter months, are there patches of mould or fungus in any room in your home, apart from bathrooms or toilets?

- 1 Yes
- 2 No

### Petho

Do you keep any household pets inside your house/ flat?

- 1 Yes
- 2 No

### IF Petho= Yes THEN

#### WtPet

What pets do you keep inside your house/ flat?

PROBE: What others?

CODE ALL THAT APPLY

- 1 Dog
- 2 Cat
- 3 Bird
- 4 Other furry pets
- 5 Other

**ENDIF**

**ASK ALL**

**PasSm**

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

INTERVIEWER: Include non-household members who smoke inside the house or flat.

Exclude household members who only smoke outside the house or flat.

1 Yes

2 No

**IF PasSm = Yes THEN**

**NumSm**

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

Range: 1..20

**ENDIF**

**ASK ALL**

**Car**

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

INTERVIEWER: Include any provided by employers if normally available for private use by respondent or members of household.

1 Yes

2 No

**IF Car = Yes THEN**

**NumCars**

How many are available?

1 One

2 Two

3 Three or more

**ENDIF**

**SrcInc**

Please look at SHOW CARD A5.

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

PROBE: For all sources.

**CODE ALL THAT APPLY**

1 Earnings from employment or self-employment

2 State retirement pension

3 Pension from former employer

4 Personal Pensions

5 Child Benefit

6 Job-Seekers Allowance

7 Pension Credit

8 Income Support

9 Working Tax Credit

10 Child Tax Credit

11 Housing Benefit

12 Other state benefits

- 13 Interest from savings and investments (e.g. stocks & shares)
- 14 Other kinds of regular allowance from outside your household (e.g. maintenance, student's grants, rent)
- 15 No source of income

**NJntInc**

SHOW CARD A6

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

Just tell me the number beside the row that applies to (*you/your joint incomes*).

INTERVIEWER: Enter the band number. Don't know = 96, Refused = 97

Range: 1..31, 96, 97

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

**THEN**

**OthInc**

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

- 1 Yes
- 2 No

**IF OthInc = Yes THEN**

**NHHInc**

SHOW CARD A6

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

INTERVIEWER: Enter band number. Don't know = 96, Refused = 97

Range: 1..31, 96, 97

**ENDIF**

**ENDIF**

**ENDIF**

**EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED**

**NHActiv**

SHOW CARD A7

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

CODE **first** to apply.

- 1 Going to school or college full-time (including on vacation)
- 2 In paid employment or self-employed (or 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- 64 OR WOMEN AGED 16-59)
- 9 Retired from paid work
- 10 Looking after home or family
- 11 Doing something else (SPECIFY)

**IF NHActiv=Doing something else THEN**

**NHActivO**

OTHER: PLEASE SPECIFY.

Text: Maximum 60 characters

**ENDIF**

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

**HStWork**

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

- 1 Yes
- 2 No

**ENDIF**

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

**H4WkLook**

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

- 1 Yes
- 2 No

**ENDIF**

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

**H2WkStrt**

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

- 1 Yes
- 2 No

**ENDIF**

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

**HEverJob**

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

- 1 Yes
- 2 No

**ENDIF**

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

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

- 1 Yes
- 2 No

**ENDIF**

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

**HHowLong**

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

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

**ENDIF**

**IF HEverJob = Yes THEN**

**HPayLast**

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

WRITE IN.

Numeric: 1920..2999 Decimals: 0

**IF HPayLast <= 8 years ago THEN**

**HPayMon**

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

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

**ENDIF**

**ENDIF**

**ENDIF**

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

**HJobTitl**

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

Text: Maximum 60 characters

**HFtPtime**

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

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

- 1 Full-time
- 2 Part-time

**HWtWork**

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

Text: Maximum 50 characters

**HMatUsed**

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

Text: Maximum 50 characters

**HSkilNee**

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

Text: Maximum 120 characters

**HEmploye**

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

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

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

**IF HEmploye = self employed THEN**

**HDircr**

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

- 1 Yes
- 2 No

**ENDIF**

**IF (HEmploye = Employee) OR (HDircr = Yes) THEN**

**HEmpStat**

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

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

**HNEmplee**

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

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

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

**HSNEmp**

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

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

**ENDIF**

**IF HEmploye = Employee THEN**

**HInd**

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

Text: Maximum 100 characters

**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 health service, or a non-profit organisation such as a charity?

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

**ELSEIF HEmploye = Self Employed THEN**

**HSIfWtMa**

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

Text: Maximum 100 characters

**ENDIF**

**ENDIF**

**ASK ALL**

**HRPOcc**

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

- 1 Yes
- 2 No

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

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**The Health Survey for England 2010**  
**Program Documentation**  
**Individual Questionnaire**

**General Health****ASK ALL****OwnDoB**

What is your date of birth?

ENTER DATE IN NUMBERS , E.G. 02/01/1972.

IF (Name) DOES NOT KNOW HIS/HER DATE OF BIRTH, PLEASE GET AN ESTIMATE.

**IF OwnDoB = Response THEN****OwnAge**Can I just check, your age is (*computed age*)?

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

**ENDIF****IF OwnDoB = Not known/Refused THEN****OwnAgeE**

Can you tell me your age last birthday? IF NECESSARY: What do you estimate your age to be?

Range: 1..120

**IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid >=16) THEN****AgeAEst**

INTERVIEWER: ESTIMATE NEAREST AGE

- |    |                    |
|----|--------------------|
| 18 | (ie between 16-19) |
| 25 | (ie between 20-29) |
| 35 | (ie between 30-39) |
| 45 | (ie between 40-49) |
| 55 | (ie between 50-59) |
| 65 | (ie between 60-69) |
| 75 | (ie between 70-79) |
| 85 | (ie 80+)           |

**ELSE IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid < 16)****THEN****AgeCEst**

INTERVIEWER: ESTIMATE NEAREST AGE:

- |    |          |
|----|----------|
| 1  | 1 year   |
| 3  | 3 years  |
| 5  | 5 years  |
| 7  | 7 years  |
| 9  | 9 years  |
| 11 | 11 years |
| 13 | 13 years |
| 15 | 15 years |

**ENDIF****ENDIF****ASK ALL****GenHelp**

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?    |

**LongIll**

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

- 1 Yes
- 2 No

**IF LongIll = Yes THEN**

**FOR i = 1 TO 6 DO**

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

**Records up to six long-standing illnesses**

**IllsTxt[i]**

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

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.

Open Answer: up to 60 characters

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

**IF (i < 6) THEN**

**More[i]**

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

- 1 Yes

- 2 No

**ENDIF**

**ENDIF**

**ENDDO**

**IF LongIll = Yes THEN**

**LimitAct**

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

- 1 Yes

- 2 No

**ENDIF**

**ASK ALL**

**LastFort**

Now I'd like you to think about the **two weeks** ending yesterday. During those two weeks did you have to cut down on any of the things you **usually** do about the house or at *school/work/or in your free time* because of *a condition you have just told me about or some other illness or injury?*

- 1 Yes
- 2 No

**IF Lastfort = Yes THEN**

**DaysCut**

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

Range: 1..14

**ENDIF**

**Personal Care Plans****IF Age16+ AND LongIll = Yes THEN****ConvDoc**

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

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

1. Yes
2. No
3. Not sure

**IF ConvDoc=Yes****LastYr**

Was this in the last 12 months or longer ago?

1. In last 12 months
2. Longer ago

**IF Age16+ AND LongIll = Yes THEN****PlanAg**

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

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

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

**IF PlanAg = No THEN****OffPlan**

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

1. Yes
2. No

**IF OffPlan = Yes THEN****WhyNoPl**

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

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

**IF WhyNoPl = Other THEN****NoPlOth**

INTERVIEWER: Specify other reason.

**IF OffPlan = No THEN****LikePlan**

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

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

### **CareImpr**

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

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

SINGLE CODE ONLY.

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

### **ASK ALL WHO HAVE A LONG-TERM CONDITION**

#### **OptOff**

#### SHOWCARD B1

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

PROBE FULLY: Which others?

CODE ALL THAT APPLY.

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

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

#### **OpOffOt**

INTERVIEWER: Please specify.

#### **OptDone**

#### SHOWCARD B2

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

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

CODE ALL THAT APPLY

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

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

#### **OpDonOt**

INTERVIEWER: Please specify.

**Dental Health****ASK ALL****DenHlth**

SHOW CARD C1

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

EXPLAIN IF NECESSARY: Crowns are included as natural teeth.

I have...

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

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

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

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

READ OUT...

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

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

**ENDIF****DenHlth2**

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

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

**DenProb**

SHOW CARD C2

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

CODE ALL THAT APPLY.

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

**Doctor-Diagnosed Hypertension**

---

**IF Age>=16****EverBP**

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

- 1 Yes
- 2 No

**IF EverBP = Yes THEN****DocNurBP**

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

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

**IF PregBP = Yes THEN****NoPregBP**

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

- 1 Yes
- 2 No

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

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

Numeric: 0..100

**MedcinBP**

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

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

**PastAbBP**

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

- 1 Yes
- 2 No

**IF PastAbBP = Yes THEN****FinTaBC**

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

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

**95 Other reason**

**IF FinTaBC=6 THEN**

**FinTaOth**

INTERVIEWER: Please specify other reason

Text: Maximum 50 characters

**ENDIF**

**ENDIF**

**ENDIF**

**OthAdv**

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 D1

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

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

**IF AdBPc = Other THEN**

**WhatTSp**

PLEASE SPECIFY...

Text: Maximum 50 characters

**ENDIF**

**ENDIF**

**ENDIF**

**Diabetes**

---

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

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

1. Yes
2. No

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

Were you told by a doctor that you had diabetes?

1. Yes
2. No

**IF FEMALE****DiPreg**

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

1. Yes
2. No

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

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

1. Yes
2. No

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

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

INTERVIEWER: Type in age in years.

**Insulin**

Do you currently inject insulin for diabetes?

1. Yes
2. No

**DiMed**

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

1. Yes
2. No

**OthDi**

SHOW CARD E1

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

INTERVIEWER: Include regular check-ups.

1. Yes
2. No

**OtherDi**

SHOW CARD E1

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

PROBE: What else?

CODE ALL THAT APPLY.

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

**COtherDi [Editor back code]**

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

PROBE: What else?

CODE ALL THAT APPLY.

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

**WhatDSp**

INTERVIEWER: SPECIFY OTHER TREATMENT OR ADVICE.

**IF Eye Screening NOT MENTIONED AT OtherDi****WhyNoET**

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

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

**IF WhyNoET = Other THEN****OthNoET**

INTERVIEWER: PLEASE SPECIFY.

**Kidney Disease**

---

**EverKidD**

We now have some questions about kidney disease, which is an area we are looking at in the Health Survey this year.

Do you yourself now have, or have you ever had chronic kidney disease?

Don't include simple urine infections, a single episode of kidney stone disease or kidney cancer.

IF ASKED: Renal failure is a form of kidney disease. Only chronic renal failure should be included at this question.

1. Yes
2. No

**FamKidD**

Do any of your close relatives (parents, brothers or sisters, or children) have chronic kidney disease, or have they ever had chronic kidney disease?

This would include needing long term dialysis or a kidney transplant, but excludes simple urine infections, a single episode of kidney stone disease or kidney cancer.

IF ASKED: Renal failure is a form of kidney disease. Only chronic renal failure should be included at this question.

1. Yes
2. No

**IF EverKidD = No THEN**

**RiskKid**

Have you ever been told by a doctor or health professional that you are at risk of kidney disease?

1. Yes
2. No

**ENDIF**

**IF EverKidD = Yes THEN**

**DocInfo1**

Were you told by a doctor that you had chronic kidney disease?

1. Yes
2. No

**IF DocInfo1 = Yes THEN**

**AgeInfo1**

How old were you when you were first told by a doctor that you had kidney disease?

INTERVIEWER: ENTER AGE IN YEARS.

**IF EverKidD = Yes THEN**

**KidTest**

Have you ever been told you were being tested for kidney disease?

1. Yes
2. No

**IF KidTest = Yes THEN**

**WhKTest**

When were you (last) tested for kidney disease? Was it...

READ OUT...

1. ...within the last 12 months
2. more than 12 months ago but within the last 5 years
3. or longer ago?

**IF WhKTest IN LAST FIVE YEARS THEN**

**WhatTest**

Did you have a blood test or urine test, or any other test, to see if you had kidney disease?

Which other tests?

**CODE ALL THAT APPLY.**

1. Blood test
2. Urine test
3. Scan
4. Other test
5. Can't remember

**IF Other IN WhatTest THEN**

**WhTestOt**

INTERVIEWER: Please specify other test.

**ENDIF**

**IF WhatTest = Blood THEN**

**BldRes**

When you had your (most recent) blood test, were you told a percentage (eGFR) which shows how well your kidneys were working?

**EXPLAIN IF NECESSARY:** Doctors would usually say that a percentage of 60 or lower suggests a kidney problem. (eGFR: Estimated Glomerular Filtration Rate)

1. Yes, given a percentage
2. No, but given a different measure
3. No, not given any measure or percentage
4. Don't remember

**ENDIF**

**IF WhatTest = Urine THEN**

**UrTest**

When you had your (most recent) urine test, do you know whether there was any blood or protein in your urine?

**CODE ALL THAT APPLY.**

1. Blood
2. Protein
3. Neither
4. Don't remember/Don't know/Not told result

**ENDIF**

**ENDIF**

**ENDIF**

**IF EverKidD = Yes THEN**

**MedKidD**

Are you currently taking any medicines, tablets or pills for kidney disease?

1. Yes
2. No

**AdvKidD**

SHOW CARD F1

Are you currently receiving any other treatment or advice for kidney disease?

INTERVIEWER: include regular check-ups.

1. Yes
2. No

**IF AdviceKidD = Yes THEN**

**AdKidDC**

SHOW CARD F1

What (other) treatment or advice are you currently receiving for kidney disease?

PROBE: What else? CODE ALL THAT APPLY.

1. Special diet/dietary advice
  2. Regular check-up with GP
  3. Regular check-up with hospital clinic
  4. Regular dialysis
- 95 Other - SPECIFY

(Other IN AdKidDc) THEN

WhatDSp

INTERVIEWER: Please specify.

ENDIF

ENDIF

ENDIF

ENDIF

**Respiratory Module****ASK ALL****EverW**

I am now going to ask you some questions about your breathing...

Have (Has) you (name) ever had wheezing or whistling in the chest at any time, either now, or in the past?

1. Yes
2. No

**IF EverW = YES THEN****NoCol**

Have (Has) you (name) ever had this wheezing or whistling when (you/he/she) did not have a cold?

1. Yes
2. No

**TweWz**

Have (Has) you (name) had wheezing or whistling in the chest in the last 12 months?

1. Yes
2. No

**IF TweWz = YES THEN****SleTw**

In the last 12 months, how often **on average** has your (name) sleep been disturbed due to wheezing or whistling in the chest?

Have (has) (you/he/she)... READ OUT...

1. Never woken with wheezing
2. Woken less than one night per week, or
3. Woken one or more nights per week?

**NaDli**

In the last 12 months, how much did wheezing or whistling in the chest interfere with your (name) normal daily activities?

READ OUT

1. Not at all
2. A little
3. Quite a bit
4. A lot

**ENDIF**

**ENDIF**

**ASK ALL****LstYrSoB**

Apart from when you (name) are (is) doing strenuous exercise, have (has) (you/he/she) ever had shortness of breath, breathlessness, or difficulty in breathing at any time in the last 12 months?

1. Yes
2. No

**SoBUp**

Are (Is) you (name) troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

1. Yes
2. No
3. Never walks up hill or hurries
4. Cannot walk

**IF SoBUp = YES or never walks up hill or hurries THEN**

**SoBAG**

Do (Does) you (name) get short of breath walking with other people of (your/his/her) own age on level ground?

1. Yes
2. No
3. Never walks with people of own age on level ground

**IF SoBAG = YES or never walks with people of own age THEN**

**SoLev**

Do (Does) you (name) have to stop for breath after walking at (your/his/her) own pace on level ground?

1. Yes
  2. No
- ENDIF**

**ENDIF**

**IF SoLev = YES or SoBUp = cannot walk THEN**

**SoBHouse**

Are (Is) you (name) ever too breathless to leave the house?

1. Yes
2. No

**IF SoBHouse = YES THEN**

**LeavHo**

Is that all or most days, at least once a week, or less often than that?

1. All or most days
2. At least once a week
3. Less often

**ENDIF**

**SoBDress**

Are (Is) you (name) ever breathless when dressing or undressing?

1. Yes
  2. No
- ENDIF**

**IF SoBDress = YES THEN**

**BDress**

Is that all or most days, at least once a week, or less often than that?

1. All or most days
2. At least once a week
3. Less often

**ENDIF**

**Coufam**

Do (Does) you (name) usually cough first thing in the morning?

1. Yes
2. No

**Couff**

Do (Does) you (name) usually cough first thing in the morning in the winter?

1. Yes
2. No

**IF Couff = No OR don't know THEN**

**CofDa**

Do (Does) you (name) usually cough during the day or night in the winter?

EXPLAIN IF NECESSARY: Usually is at least six single coughs per day.

1. Yes
2. No

**ENDIF**

**IF Couff = YES or CofDa = YES THEN**

**FrCof**

Do (Does) you (name) cough like this on most days for as much as three months each year? That is, for three consecutive months.

1. Yes
2. No

**ENDIF**

**ASK ALL****FleUs**

Do (Does) you (name) usually bring up any phlegm from (your/his/her) chest?

1. Yes
2. No

**Flegm**

Do (Does) you (name) usually bring up any phlegm from (your/his/her) chest, first thing in the morning in the winter?

1. Yes
2. No

**IF Flegm = No or don't know THEN**

**FleDa**

Do (Does) you (name) usually bring up any phlegm from (your/his/her) chest, during the day or at night in the winter?

1. Yes
2. No

**ENDIF**

**IF FleUs = YES or Flegm = YES or FleDa = YES THEN**

**FreFl**

Do (Does) you (name) bring up phlegm like this on most days for as much as three months each year? That is, for three consecutive months.

1. Yes
2. No

**ENDIF**

**ASK ALL****EverSnor**

Have (Has) you (name) ever been told that (you/he/she) snore(s) heavily or loudly?

1. Yes
2. No

**EvrSleep**

Has anyone ever told you that you (name) stop(s) breathing during (your/his/her) sleep?

1. Yes
2. No

**IF EverSleep = YES THEN****SleepTrt**

Have (Has) you (name) ever been investigated (or assessed) for a sleep related breathing problem?

1. Yes
2. No

**IF SleepTrt = YES THEN****SleepNHS**

Are (Is) you (name) receiving treatment from the NHS for a sleep related breathing problem?

1. Yes
2. No

**IF SleepNHS = YES THEN****SlpCPAP**

Are (Is) you (name) being treated with a machine you use at home called CPAP, or something else?

(CPAP = Continuous Positive Airways Pressure)

1. CPAP
2. Something else (please specify other)

**IF SlpCPAPO = Something else THEN****SlpCPAPO**

INTERVIEWER: Please specify other answer

Open answer: up to 250 characters

**ASK ALL AGED 16+****SlpDay**

SHOW CARD G1

In contrast to just feeling tired, how likely are you to doze off or fall asleep during the day?

1. Would never doze
2. Slight chance of dozing
3. Moderate chance of dozing
4. High chance of dozing

**ConDr**

Did a doctor or nurse ever tell you that you (name) had asthma?

1. Yes
2. No

**IF ConDr = YES THEN****FirAtA**

How old were (was) you (name) when you were first told by a doctor or nurse that (you/he/she) had asthma?

INTERVIEWER: Enter age in years."

Numeric: 0..100 Decimals: 0

**SymAs**

SHOW CARD G2

Have (Has) you (name) had any symptoms of asthma in the last 12 months, or are they controlled by medication?

1. Yes, have had symptoms of asthma in the last 12 months
2. No symptoms in the last 12 months, asthma controlled by medication
3. No symptoms in the last 12 months, no medication taken for asthma

**IF SymAS = YES THEN****WhtSym**

Do (Does) you (name) have symptoms of asthma every day or most days, or do (does) (you/he/she) have attacks every now and then, or both?

1. Symptoms every day/ most days
2. Attacks every now and then
3. Both

**SleepDif**

In the last week, on how many days have (has) you (name) had difficulty sleeping because of (your/his/her) usual asthma symptoms?

0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

**SymDays**

In the last week, on how many days have (has) you (name) had (your/his/her) usual asthma symptoms during the day?

0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

**IntDays**

In the last week, on how many days has your (name) asthma interfered with (your/his/her) usual activities?

0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

**AsTwe**

When was your (name) most recent attack of asthma?

PROMPT IF NECESSARY:

1. Less than 4 weeks ago
2. More than 4 weeks but within the last 12 months
3. One to five years ago

4. More than 5 years ago

### COPD

Did a doctor ever tell you that you (name) had chronic bronchitis, emphysema or COPD (Chronic Obstructive Pulmonary Disease)?

1. Yes
2. No

**IF COPD = 1 or TWEWZ = 1 or SOBUP = 1 or CONDR = 1 THEN**

### WhtCOPD

SHOW CARD G3

Which of the following did the doctor tell you that you (name) had?

PROBE: Which others? CODE ALL THAT APPLY.

1. COPD
2. Chronic Bronchitis
3. Emphysema

### HrtCOPD

Have (name) ever been told by a doctor that you (he/she) also have (has) heart failure?

1. Yes
2. No

### AgeCOPD

How old were(was) you (name) when you were first told by a doctor that (you/he/she) had (WhtCOPDtxt)?

ENTER AGE IN YEARS.

Numeric: 1..100 Decimals: 0

### Flare

Over the last 12 months have (has) you (name) had any flare ups when (your/his/her) symptoms were worse than usual for at least two days in a row?

1. Yes
2. No

**IF Flare = YES THEN**

### NumFlare

How many of these flare ups have (has) you (name) had in the last 12 months?

1. One
2. Two
3. Three or more

### ChgFlare

SHOW CARD G4

In these flare ups what changed?

PROBE: What else? CODE ALL THAT APPLY.

1. Breathing got worse
2. Started to cough up phlegm
3. Phlegm increased in volume
4. Colour of phlegm changed
5. Other change

**IF ChgFlare = Other THEN****ChgFlarO**

INTERVIEWER: Please specify other change.

Open answer: up to 250 characters

**TrtFlare**

SHOW CARD G5

How were these flare ups usually treated?

PROBE: Which others? CODE ALL THAT APPLY.

1. Increased use of inhalers
2. Taking antibiotics
3. Taking steroid tablets
4. Other treatment (specify what it was)
5. No treatment

**TrtFlarO**

INTERVIEWER: Please specify other treatment.

Open answer: up to 250 characters

**ColdCOPD**

If you (name) have (has) a cold do (your/his/her) chest symptoms get worse?

1. Yes
2. No

ENDIF

**IF COPD = 1 or TWEWZ = 1 or SOBUP = 1 or CONDR = 1 THEN****Inhal**

Over the last 12 months, have (has) you (name) used an inhaler, puffer or nebuliser prescribed by a doctor to treat (your/his/her) asthma, wheezing or whistling, or difficulty in breathing?

1. Yes
2. No

**TrtMed**

SHOW CARD G6

What treatment or medication are (is) you (name) taking every day for (your/his/her) asthma, wheezing or whistling, or difficulty in breathing?

PROBE: Which others? CODE ALL THAT APPLY.

1. Steroid tablets
2. Theophylline tablets (e.g. Nuelin, Slo-Phyllin, Uniphylline, Phylocontin)
3. Antibiotics
4. Tablets, capsules or other liquid medicine to help bring up phlegm - Carbocisteine, Erdotin, Visclair
5. Other tablets or granules (e.g. montelukast /Singulair), zafirlukast/ Accolate
6. Inhalers
7. Oxygen
8. Other treatment or medication
9. None

**TrtMedO**

INTERVIEWER: Please specify other treatment or medication.

Open answer: up to 250 characters

**InhList**

SHOW CARD G7

Have (Has) you (name) used any of the inhalers **on this list** in the past 12 months?

1. Yes
2. No

**InhDay**

SHOW CARD G7

Do (Does) you (name) use any of the inhalers **on this list** every day?

1. Yes
2. No

**InhWeek**

SHOW CARD G7

On how many days have (has) you (name) used an inhaler on this list in the last seven days?

0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

**ENDIF****ENDIF****InhList2**

SHOW CARD G8

Have (Has) you (name) used any of the inhalers on this list in the past 12 months?

1. Yes
2. No

**InhDay2**

SHOW CARD G8

Do (Does) you (name) use any of the inhalers **on this list** every day?

1. Yes
2. No

**InhWeek2**

SHOW CARD G8

On how many days have (has) you (name) used an inhaler on this list in the last seven days?

0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

**InhList3**

SHOW CARD G9

Have (Has) you (name) used any of the inhalers **on this list** in the past 12 months?

1. Yes
2. No

**InhDay3**

SHOW CARD G9

Do (Does) you (name) use any of the inhalers on this list every day?

1. Yes
2. No

**InhWeek3**

SHOW CARD G9

On how many days have (has) you (name) used an inhaler on this list in the last seven days?

0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

ENDIF

ENDIF

**InhList4**

SHOW CARD G10

Have (Has) you (name) used any of the inhalers on this list in the past 12 months?

1. Yes
2. No

**InhDay4**

SHOW CARD G10

Do (Does) you (name) use any of the inhalers on this list every day?

1. Yes
2. No

**InhWeek4**

SHOW CARD G10

On how many days have (has) you (name) used an inhaler on this list in the last seven days?

0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

ENDIF

ENDIF

**InhList5**

SHOW CARD G11

Have (Has) you name used any of the inhalers on this list in the past 12 months?

1. Yes
2. No

**InhDay5**

SHOW CARD G11

Do (Does) you (name) use any of the inhalers on this list every day?

1. Yes
2. No

**InhWeek5**

SHOW CARD G11

On how many days have (has) you (name) used an inhaler on this list in the last seven days?

0. None
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days

**IF age 4 - 15 AND SymAS = 1, 2 or ConDr = 1 THEN****AtSch**

Are (Is) you (name) attending school?

1. Yes
2. No

**IF AtSch = YES THEN****SchAb**

Over the last 12 months, how many days has your (name) asthma/wheezing/whistling in (your/his/her) chest caused (you/him/her) to be absent from school?

1. None
2. Less than 5
3. 5-9
4. 10-14
5. 15-19
6. 20-29
7. 30 or more
8. Don't know / can't remember this

**ENDIF****IF AtSch = Yes and Inhal = 1 or TrtMed = 6 THEN****EasInh**

SHOW CARD G12

How easy or difficult is it for you (name) to get to (your/his/her) reliever inhaler at school?

1. Very easy
2. Quite easy
3. Quite difficult
4. Very difficult
5. Have never had to get it (DON'T READ OUT)
6. Don't know

**ENDIF****IF AtSch = YES THEN****SchSit**

SHOW CARD G13

Have (Has) you (name) had an asthma attack at school which has involved any of these situations?

PROBE: Which others? CODE ALL THAT APPLY.

1. The teachers or the nurse had to assist
2. Parents had to be called to the school

3. An ambulance had to be called
  4. None of these
- ENDIF**

**FtMnt**

Over the last 12 months, for how many months did you work full-time?

INTERVIEWER: If less than 1 month enter '0'.

Numeric: 0..12 Decimals: 0

**IF FtMnt > 0 THEN**

**WoAbs**

Over the last 12 months, how many days has your wheezing/whistling in your chest, shortness of breath or difficulty in breathing caused you to be absent from work?

1. None
  2. Less than 5
  3. 5-9
  4. 10-14
  5. 15-19
  6. 20-29
  7. 30 or more
  8. Don't know / can't remember this
- ENDIF**

**LimStren**

SHOW CARD G14

On average, during the past week, how limited were (was) you (name) in these activities because of (your/his/her) breathing problems:

Strenuous physical activities (such as climbing stairs, hurrying, doing sports)?

1. Not limited at all
2. Very slightly limited
3. Slightly limited
4. Moderately limited
5. Very limited
6. Extremely limited
7. Totally limited/ can't do these activities

**LimMod**

SHOW CARD G14

(On average during the past week, how limited were (was) you (name) because of (your/his/her) breathing problems for)

Moderate physical activities (such as walking, housework, carrying things)?

1. Not limited at all
2. Very slightly limited
3. Slightly limited
4. Moderately limited
5. Very limited
6. Extremely limited
7. Totally limited/ can't do these activities

**LimDaily**

SHOW CARD G14

(On average during the past week, how limited were (was) you (name) because of (your/his/her) breathing problems for)

Daily activities at home (such as dressing, washing (yourself/himself/herself)?

1. Not limited at all
2. Very slightly limited
3. Slightly limited
4. Moderately limited
5. Very limited
6. Extremely limited
7. Totally limited/ can't do these activities

### **LimSocial**

SHOW CARD G14

(On average during the past week, how limited were (was) your (name) because of (your/his/her) breathing problems for)

Social activities (such as talking, being with children, visiting friends/relatives)?

1. Not limited at all
2. Very slightly limited
3. Slightly limited
4. Moderately limited
5. Very limited
6. Extremely limited
7. Totally limited/ can't do these activities

**ENDIF**

### **ASK ALL**

#### **NoFlu**

In the last 12 months, have (has) you (name) had a problem with sneezing or a runny or blocked nose when (you/he/she) did not have a cold or the flu?

1. Yes
2. No

#### **IF Flu = YES THEN**

#### **NoFlFour**

When you (name) suffer(s) from this, is this for more than four hours a day on more than four days a week?

1. Yes
2. No

#### **IF NoFlFour = YES THEN**

#### **Hayfever**

Is this nose trouble seasonal (for instance hay fever) or all the year round?

PROBE IF NECESSARY IF ALL YEAR ROUND: Is it all year round but more at some times of year?

1. Seasonal
2. All year round
3. All year round but more at some times of year
4. None of these

#### **IF NoFlFour = YES and FtMnt > 0 THEN**

#### **NosWk**

Does your nose trouble interfere with your performance at work?

1. Yes
2. No

**IF NosWk = YES THEN****NosWOFF**

Over the last 12 months, how many days has your nose trouble caused you to be absent from work?

1. None
2. Less than 5
3. 5-9
4. 10 or more
5. Don't know / can't remember this

**ENDIF****ENDIF****IF NoFlFour = YES and AtSch = 1 THEN****NosSch**

Does your (name) nose trouble interfere with (your/his/her) performance at school?

1. Yes
2. No

**IF NosSch = YES THEN****NSchOff**

Over the last 12 months, how many days has your (name) nose trouble caused (you/him/her) to be absent from school?

1. None
2. Less than 5
3. 5-9
4. 10 or more
5. Don't know / can't remember this

**ENDIF****ENDIF****HFevrTrt**

Do (Does) you (name) take any medications for (your/his/her) nose symptoms?

READ OUT...

1. ...over the counter medications only,
2. medication prescribed by a doctor only,
3. or both?
4. Neither (DON'T READ OUT)

**IF HFevrTrt = 1, 2, 3 THEN****HFEvDay**

Do (Does) you (name) take these medicines every day, or just when (your/his/her) symptoms get worse?

1. Every day
2. Just when the symptoms get worse

**HFTrtOk**

Does the medication you (name) take(s) for (your/his/her) nose trouble adequately control the problem? I mean either prescribed medication or ones you buy over the counter.

1. Yes, controls the problem
2. No

**ENDIF****ENDIF**

## Swine Flu Module

---

### HadFlu

Since May 2009, have you had a flu-like illness where you felt feverish and had a cough or sore throat?

1. Yes
2. No

### SwineFlu

Do you think your flu-like illness was swine flu?

IF HAD FLU MORE THAN ONCE ASK: Did you think any of the times you were ill it was swine flu?

1. Yes
2. No

### WhnMSFlu

When did you have this illness - which month and year was it?

INTERVIEWER: Record the **month** here.

If more than one episode they thought was swine flu record for the most severe episode (or if equally severe, the most recent).

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

### WhnYSFlu

(When did you have this illness - which month and year was it?)

INTERVIEWER: Record the **year** here.

Numeric: 2009..2020 Decimals: 0

### DiagFlu

SHOW CARD G15

What makes you think it was swine flu?

1. Based on my own judgement
2. Based on using the Symptom Checker from the National Pandemic Flu Service (on the internet)
3. Based on a phone call to GP / hospital / NHS Direct/ National Pandemic Flu Service
4. Based on a face to face consultation with a doctor / nurse
5. Based on results of a nose or throat swab or blood test
6. Other (NOT ON CARD)

### TreatSFlu

SHOW CARD G16

How was this illness treated?

1. Over the counter cold or flu medicines or pain killers, bought at a shop or chemist
2. Antivirals e.g. tamiflu, relenza
3. Antibiotics

4. Other treatment
5. No treatment

**SFluWork**

How many days did you have to take off work, school or college because of the illness?

INTERVIEWER: Exclude weekends.

1. None
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6-10 days
8. 10 or more days
9. I am not in work, school or college

**FluJab**

Since October 2009, have you received a flu jab?

1. Yes
2. No

**WhenMJab**

When did you have a flu jab?

INTERVIEWER: Record the **month** here.

THE RESPONDENT COULD HAVE HAD MAX 4 JABS. IF MORE THAN ONE, CODE MOST RECENT FIRST.

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

**WhenYJab**

(When did you have a flu jab?)

INTERVIEWER: Record the **year** here.

Numeric: 2009..2020 Decimals: 0

**JabTyp**

What type of jab was it?

READ OUT

1. Swine flu jab
2. Seasonal flu jab
3. Jab for both
4. (DON'T READ OUT) Not sure

**MoreJab**

Have you had any other flu jabs since October 2009?

1. Yes

2. No

**JabTime**

SHOW CARD G17

You said you had a flu-like illness in (Month) (Year), and you had a flu jab that month. From this card, when did you have the illness?

1. Before the vaccine
2. Immediately after the vaccine - within 2 days
3. After the vaccine - from 3 days to 2 weeks
4. More than 2 weeks after the vaccine
5. Can't remember (NOT ON CARD)

**Fruit and vegetable consumption****IF Age of respondent >= 5 THEN****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.

1      Yes  
2      No

**IF VegSal = Yes THEN****VegSalQ**

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

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

Range: 0.5 - 50.0

**ENDIF****VegPul**

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

1      Yes  
2      No

**IF VegPul = Yes THEN****VegPulQ****SHOWCARD H1**

How many tablespoons of pulses did you eat yesterday?

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

Range: 0.5 - 50.0

**ENDIF****VegVeg**

Not counting potatoes, did you eat any vegetables yesterday?

Include fresh, raw, tinned and frozen vegetables.

1      Yes  
2      No

**IF VegVeg = Yes THEN****VegVegQ****SHOWCARD H1**

How many tablespoons of vegetables did you eat yesterday?

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

Range: 0.5 - 50.0

**ENDIF**

**VegDish**

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

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

- 1 Yes
- 2 No

**IF VegDish = Yes THEN**

**VegDishQ**

**SHOWCARD H1**

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

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

Range: 0.5 - 50.0

**ENDIF**

**VegUsual**

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

...READ OUT...

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

**FrtDrnk**

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

- 1 Yes
- 2 No

**IF FrtDrnk = Yes THEN**

**FrtDrnkQ**

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

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

Range: 0.5.-.50.0

**ENDIF**

**Frt**

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

- 1 Yes
- 2 No

**IF Frt = Yes THEN**

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

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

**FrtC[idx]**

What kind of fresh fruit did you eat yesterday?

INTERVIEWER: USE THE FRESH FRUIT SIZE LIST IN 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
ENDIF
ENDIF
ENDDO
ENDIF

```

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

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

```

IF FrtDry = Yes THEN
  FrtDryQ
  SHOWCARD H1
  How many tablespoons of dried fruit did you eat yesterday?
  IF ASKED: 'Think about a heaped or full tablespoon'."
  Range: 0.5.-.50.0
ENDIF

```

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

**IF FrtFroz = Yes THEN**

**FrtFrozQ**

**SHOWCARD H1**

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

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

Range: 0.5.-50.0

**ENDIF**

**FrtDish**

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

1 Yes

2 No

**IF FrtDish = Yes THEN**

**FrtDishQ**

**SHOWCARD H1**

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**

**Smoking (Aged 18+)****IF Age of Respondent = 18 to 24 THEN****BookChk**INTERVIEWER CHECK: (*name of respondent*) IS AGED (*age of respondent*). RESPONDENT TO BE...:

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

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

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

- 1 Yes
- 2 No

**IF SmokEver = Yes THEN****SmokeNow**

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

**ENDIF****IF SmokeNow = Yes THEN****DlySmoke**

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

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

Range: 0..97

**IF DlySmoke = 97 THEN****Estim**

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

- 1 Grams
- 2 Ounces

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

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

Range: 1..67

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

PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON WEEKDAYS) IN OUNCES. FOR FRACTIONS OF OUNCES RECORD: 1/4 (a quarter) oz as .25

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

**ENDIF**

*RolDly*

*Computed: estimated tobacco consumption in ounces.*

Range: 1..97

**ENDIF**

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

### **WKndSmok**

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

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

Range: 0..97

**IF WkndSmok = 97 THEN**

**Estim**

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

- 1 Grams
- 2 Ounces

**IF Estim = grams THEN**

**Grams**

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

Range: 1..67

**ELSEIF Estim = ounces THEN**

**Ounces**

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

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

**ENDIF**

*RolWknd*

*Computed: estimated tobacco consumption in ounces.*

*Range: 1..997*  
**ENDIF**

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

**CigType**

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

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

**ENDIF**

**ENDIF**

**IF SmokeNow=Yes THEN**

**SmokWher**

SHOW CARD I2

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

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

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

**SmokHome**

SHOWCARD I3

Where in your home do you usually smoke?

CODE ALL THAT APPLY

- 1 Outside, for example in the garden or on doorstep
- 2 Own room/bedroom
- 3 Living room
- 4 Kitchen
- 5 Toilet
- 6 Bathroom
- 7 Study
- 8 Dining room
- 9 Everywhere
- 10 Somewhere else in the home

**ENDIF**

**ENDIF**

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

**SmokOut**

SHOWCARD I4

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

- 1 In the street, or out and about
- 2 Outside at work
- 3 Outside at other people's home
- 4 Outside pubs or bars

- 5 Outside restaurants, cafes or canteens
- 6 Outside shops
- 7 Outside other places

**IF SmokeNow=Yes THEN**

**SmokPpl**

SHOWCARD I5

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

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

**ENDIF**

**IF SmokeNow = Yes**

**SmNoDay**

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

Would you find it .... READ OUT ...

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

**ENDIF**

**GiveUp**

Would you like to give up smoking altogether?

1 Yes

2 No

**IF GiveUp = YES**

**GvUpReas**

SHOWCARD I6

What are your main reasons for wanting to give up?

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

**ENDIF**

**ENDIF**

**FirstCig**

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

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

**ENDIF**

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

**SmokeCig**

Have you ever smoked cigarettes?

- 1 Yes
- 2 No

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

**QuitReas**

SHOW CARD I1

Why did you decide to give up smoking?

CODE ALL THAT APPLY

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

**ENDIF**

**IF SmokeCig = Yes THEN**

**SmokeReg**

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

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

**IF SmokeReg = Smoked cigarettes regularly THEN**

**NumSmok**

About how many cigarettes did you smoke in a day?

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

Range: 0..97

**IF NumSmok = 97 THEN**

**Estim**

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

1 Grams

2 Ounces

**IF Estim = grams THEN**

**Grams**

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

Range: 1..67

**ELSEIF Estim = ounces THEN**

**Ounces**

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

1/4 (a quarter) oz as .25

1/3 (a third) oz as .33

1/2 (half) oz as .5

2/3 (two thirds) oz as .66

3/4 (three quarters) oz as .75

0.01..2.40

**ENDIF**

**RolNum**

*Computed: estimated tobacco consumption in ounces.*

Range: 1..97

**ENDIF**

**ENDIF**

**ENDIF**

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

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

**StartSmk**

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

INTERVIEWER: IF 'Never smoked regularly' CODE 97.

Range: 1..97

**ENDIF**

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

**EndSmoke**

How long ago did you stop smoking cigarettes?

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

Range: 0..97

**ENDIF**

**IF EndSmoke = Response THEN**

**IF EndSmoke=0 THEN**

**LongEnd**

How many months ago was that?

1      Less than 6 months ago

2      Six months, but less than one year

**ENDIF**

**IF EndSmoke<2 THEN**

**Nicot**

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

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

1      Yes

2      No

**ENDIF**

**SmokYrs**

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

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

Range: 0..97

**ENDIF**

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

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

**IsPreg**

Can I check, are you pregnant now?

1   Yes

2   No

**IF IsPreg = Yes THEN**

**SmokePrg**

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

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

1   Yes, all the time

2   Yes, some of the time

3   No, not at all

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

**StopPreg**

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

1 Because of pregnancy  
 2 For some other reason  
**ENDIF**  
**ENDIF**  
**ENDIF**

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

Can I check, have you been pregnant in the last twelve months?  
 1 Currently pregnant  
 2 Was pregnant in last twelve months but not now  
 3 Not pregnant in last twelve months

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

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

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

**ENDIF**  
**ENDIF**

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

**PregStop**

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

- 1 Because of pregnancy
- 2 For some other reason

**ENDIF**

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

**SmokeTry**

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

- 1 Yes
- 2 No

**ENDIF**

**DrSmoke**

Did/Has a medical person, for example a doctor or nurse ever advised you to stop smoking altogether because of your health?

- 1 Yes
- 2 No

**IF DrSmoke = Yes THEN**

**DrSmoke1**

How long ago was that?

INTERVIEWER: PROMPT AS NECESSARY.

- 1 Within the last twelve months
- 2 Over twelve months ago

**ENDIF**  
**ENDIF**

**CigarNow**

Do you smoke cigars at all nowadays?

- 1 Yes
- 2 No

**IF CigarNow = Yes THEN**

**CigarReg**

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

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

**ENDIF**

**IF Sex = Male THEN**

**PipeNowA**

Do you smoke a pipe at all nowadays?

- 1 Yes
- 2 No

**ENDIF**

**ENDIF**

**FathSm**

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

- 1 Yes
- 2 No

**MothSm**

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

- 1 Yes
- 2 No

**ENDIF**

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

**XExpSm**

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

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

Range: 0..168

**ChExpSm**

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

- 1 Yes
- 2 No

**IF XExpSm >=1 AND age >=18 THEN**

**Passive**

SHOW CARD I7

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

PROBE: Where else? CODE ALL THAT APPLY.

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

**IF Passive=1-6 THEN**

**Bother**

Does this bother you at all?

- 1 Yes
- 2 No

**ENDIF**

**ENDIF**

**Drinking (Aged 18+)****IF (Age of Respondent is 25 years or over) OR (BookChk = Asked)****Drink**

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

1 Yes

2 No

**IF Drink = No THEN****DrinkAny**

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

1 Very occasionally

2 Never

**IF DrinkAny = Never THEN****AlwaysTT**

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

1 Always a non-drinker

2 Used to drink but stopped

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

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

INTERVIEWER: IF RESPONDENT SAYS PREGNANCY, CODE YES

1 Yes

2 No

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

SHOW CARD J1

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

1 Almost every day

2 Five or six days a week

3 Three or four days a week

4 Once or twice a week

5 Once or twice a month

6 Once every couple of months

7 Once or twice a year

8 Not at all in the last 12 months

**IF DrinkOft <> Not at all in the last 12 months THEN****DrinkL7**

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

1 Yes

2 No

**IF DrinkL7 =Yes THEN**

**DrnkDay**

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

Range: 1..7

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

**DrnkSame**

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

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

**ENDIF**

**WhichDay**

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

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

**DrnkType**

SHOW CARD J2

Thinking about last (*answer to WhichDay*), what types of drink did you have that day?

CODE ALL THAT APPLY

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

**IF DrnkType = Normal strength beer/lager/cider/shandy THEN**

**NBrL7**

Still thinking about last (*answer to WhichDay*), how much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

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

**IF NBrL7=Half pints THEN**

**NBrL7Q(1)**

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

Range: 1..97

ENDIF

IF NBrL7Q = Small cans THEN

NBrL7Q(2)

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

Range: 1..97

ENDIF

IF NBrL7=Large cans THEN

NBrL7Q(3)

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

Range: 1..97

ENDIF

IF NBrL7=Bottles THEN

NBrL7Q(4)

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

Range: 1..97

NBotL7

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

Text: Maximum 21 characters

ENDIF

ENDIF

IF DrnkType = Strong beer/lager/cider THEN

SBrL7

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

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

IF SBrL7=Half pints THEN

SBrL7Q(1)

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

Range: 1..97

ENDIF

**IF SBrL7=Small cans THEN**

**SBrL7Q(2)**

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

Range: 1..97

**ENDIF**

**IF SBrL7=Large cans THEN**

**SBrL7Q(3)**

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

Range: 1..97

**ENDIF**

**IF SBrL7=Bottles THEN**

**SBrL7Q(4)**

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

Range: 1..97

**SBotL7**

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

Text: Maximum 21 characters

**ENDIF**

**ENDIF**

**IF DrnkType = Spirits THEN**

**SpirL7**

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

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

Range: 1..97

**ENDIF**

**IF DrnkType = Sherry THEN**

**ShryL7**

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

Range: 1..97

**ENDIF**

**IF DrnkType = Wine THEN**

**WineL7**

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

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

INTERVIEWER: CODE THE MEASURE THE RESPONDENT USED

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

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

**WL7Bt**

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

CODE THE NUMBER OF GLASSES.

1 BOTTLE =6 GLASSES  
 $\frac{1}{2}$  BOTTLE=3 GLASSES  
 $\frac{1}{3}$  BOTTLE=2 GLASSES  
 $\frac{1}{4}$  BOTTLE=1.5 GLASSES

1 LITRE=8 GLASSES  
 $\frac{1}{2}$  LITRE=4 GLASSES  
 $\frac{1}{3}$  LITRE=2.5 GLASSES  
 $\frac{1}{4}$  LITRE=2 GLASSES

Range: 1..97 (ALLOW FRACTIONS)

**ENDIF**

**F9 for WL7Bt**

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

**IF WineL7= 2 (Glasses)**

**WL7G1**

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

Range: 1..97 (ALLOW FRACTIONS)

**WL7G1z**

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)

**ENDIF**

**ENDIF**

**ENDIF**

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

**PopsL7**

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

- 1 Small cans
- 2 Bottles

**IF PopsL7 = Small cans THEN**

**PopsL7Q(1)**

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

Range: 1..97

**ENDIF**

**IF PopsL7=Bottles THEN**

**PopsL7Q(2)**

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

Range: 1..97

**ENDIF**

**ENDIF**

**IF DrnkType=Other THEN**

**OthL7TA**

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

Text: Maximum 30 characters

**OthL7QA**

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

Text: Maximum 30 characters

**OthL7B**

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

- 1 Yes
- 2 No

**IF OthL7B=Yes THEN**

**OthL7TB**

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

Text: Maximum 30 characters

**OthL7QB**

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

Text: Maximum 30 characters

**OthL7C**

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

- 1 Yes
- 2 No

**IF OthL7C=Yes THEN**

**OthL7TC**

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

CODE FIRST MENTIONED ONLY

**OthL7QC**

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

Text: Maximum 30 characters

**ENDIF**

**ENDIF**

**ENDIF**

**ENDIF**

**ENDIF**

**DrAmount**

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

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

**ENDIF**

**ENDIF**

**Classification**

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

**NActiv**

SHOW CARD K1

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

**CODE FIRST TO APPLY**

- 1 Going to school or college full-time (including on vacation)
- 2 In paid employment or self-employment (or away temporarily)
- 3 On a Government scheme for employment training
- 4 Doing unpaid work for a business that you own, or that a relative owns
- 5 Waiting to take up paid work already obtained
- 6 Looking for paid work or a Government training scheme
- 7 Intending to look for work but prevented by temporary sickness or injury (CHECK 28 DAYS OR LESS)
- 8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
- 9 Retired from paid work
- 10 Looking after the home or family
- 95 Doing something else (SPECIFY)

**IF NActiv=Doing something else THEN**

**NActivO**

INTERVIEWER: PLEASE SPECIFY

Text: Maximum 60 characters

**ENDIF**

**IF (NActiv=School) THEN**

**StWork**

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

- 1 Yes
- 2 No

**ENDIF**

**IF ((NActiv=Intending to look for work, Retired from paid work, Looking after the home or family or Doing something else OR StWork=No) AND ((Age = 16 to 64 years AND Sex=Male) OR (Age = 16 to 59 years AND Sex=Female))) THEN**

**H4WkLook**

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

- 1 Yes
- 2 No

**ENDIF**

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

**2WkStrt**

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

- 1 Yes
- 2 No

**ENDIF**

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

**EverJob**

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

- 1 Yes
- 2 No

**ENDIF**

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

**OthPaid**

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

- 1 Yes
- 2 No

**ENDIF**

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

**HowLong**

How long have you been looking/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

**ENDIF**

**IF (Everjob=Yes) THEN**

**PayLast**

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

WRITE IN.

Range: 1920..2001

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

**PayMon**

Which month in that year did you leave?

- 1 January
- 2 February
- 3 March
- 4 April

- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December
- 13 Can't remember

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

**IF (EverJob=Yes) OR (NActiv = [In paid employment or self-employment...Waiting to take up paid work already obtained]) OR (StWork = Yes) OR (Respondent is Male and EverjobI=Yes) OR (Respondent is Female and PayAgeI>=50) THEN**

**JobTitle**

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

Text: Maximum 60 characters

**FtPTime**

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

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

- 1 Full-time
- 2 Part-time

**WtWork**

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

Text: Maximum 50 characters

**MatUsed**

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

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

**SkilNee**

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

Text: Maximum 120 characters

**Employe**

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

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

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

**IF Employe = Self-employed THEN**

**Dircr**

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

- 1 Yes

2 No  
**ENDIF**

**IF Employe=an employee OR Dirctr=Yes THEN**

**EmpStat**

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

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

**NEmployee**

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

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

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

**SNEmployee**

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

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

**ENDIF**

**IF Employe=an employee OR Dirctr=Yes THEN**

**Ind**

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

Text: Maximum 100 characters

**ELSEIF Employe=Self-employed THEN**

**SlfWtMa**

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

Text: Maximum 100 characters

**ENDIF**

**ENDIF**

**IF (Employe = Employ OR Dirctr = Yes) THEN**

**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

**ENDIF**

**IF NActiv = Response THEN**

**HRPOcc**

INTERVIEWER: DID (*name of respondent*) ANSWER THE OCCUPATION QUESTIONS HIM/HERSELF?

**ELSEIF (NActiv) non response THEN**

**ENDIF**

**OEmpStat**

**Derived employment status.**

**Range:** 0..8

**SOC, SOCl, SEG, SIC coded during edit stage**

**IF Age of Respondent is 16+ THEN**

**EducEnd**

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

- 1 Not yet finished
- 2 Never went to school
- 3 14 or under
- 4 15
- 5 16
- 6 17
- 7 18
- 8 19 or over

**Qual**

SHOW CARD K2

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

- 1 Yes
- 2 N

**IF Qual = Yes THEN**

**QualA**

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

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

- 1 Degree/degree level qualification (including higher degree)
- 2 Teaching qualification
- 3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
- 4 HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
- 5 ONC/OND/BEC/TEC/BTEC not higher
- 6 City and Guilds Full Technological Certificate
- 7 City and Guilds Advanced/Final Level
- 8 City and Guilds Craft/Ordinary Level
- 9 A-levels/Higher School Certificate
- 10 AS level
- 11 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
- 12 O-level passes taken in 1975 or earlier
- 13 O-level passes taken after 1975 GRADES A-C

14 O-level passes taken after 1975 GRADES D-E  
 15 GCSE GRADES A-C  
 16 GCSE GRADES D-G  
 17 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3  
 18 CSE GRADES 2-5/SCE Ordinary BANDS D-E  
 19 CSE Ungraded  
 20 SLC Lower  
 21 SUPE Lower or Ordinary  
 22 School Certificate or Matric  
 23 NVQ Level 5  
 24 NVQ Level 4  
 25 NVQ Level 3/Advanced level GNVQ  
 26 NVQ Level 2/Intermediate level GNVQ  
 27 NVQ Level 1/Foundation level GNVQ  
 28 Recognised Trade Apprenticeship completed  
 29 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)  
**ENDIF**

**IF NOT (Degree IN QualA) THEN**

**OthQual**

Do you have any qualifications not listed on this card?

- 1 Yes
- 2 No

**IF OthQual = Yes THEN**

**QualB**

What qualifications are these?

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

Text: maximum 60 characters

**ENDIF**

**ENDIF**

**ENDIF**

**ASK ALL**

**Origin**

SHOW CARD K3

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

- 1 White - British
- 2 White - Irish
- 3 Any other white background

Mixed:

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

Asian or Asian British:

- 8 Asian or Asian British - Indian
- 9 Asian or Asian British - Pakistani

- 10 Asian or Asian British - Bangladeshi
- 11 Any other Asian/Asian British background

Black or Black British:

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

15 Chinese or other ethnic group:

- 15 Chinese
- 16 Any other (please describe)

**IF Origin = Any other THEN**

**XOrigin**

Please describe

**ASK ALL**

**Relig**

SHOW CARD K4

What is your religion? CODE ONLY ONE.

- 1 None
- 2 Christian - Catholic
- 3 Christian - all other denominations including Church of England, Protestant and all other Christian denominations
- 4 Buddhist
- 5 Hindu
- 6 Jewish
- 7 Muslim
- 8 Sikh
- 9 Any other religion (PLEASE SPECIFY)

**IF Relig = 9 THEN**

**Xrelig**

INTERVIEWER: Please enter other religion.

**Self-completion placement (Aged 8+)**

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**IF Age of Respondent is 13 years and over and BookChk=Given THEN****SCIntro**

PREPARE (*Green/Light pink/Light blue/Dark pink/Dark blue/Grey*) SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 13-15/FOR YOUNG FEMALE ADULTS/FOR YOUNG MALE ADULTS/FOR FEMALE ADULTS/FOR MALE ADULTS/FOR ADULTS 70+) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

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

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

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

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

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

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

If asked, show booklet to parent(s).

**IF Age of Respondent is 4-15 THEN****ParSDQ**

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

The child's parents are:

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

95 = parent not present at time of interview

96 = booklet refused

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

If not, ask if questions missed in error

If in error, ask respondent to complete.

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

INTERVIEWER CHECK: WAS THE (*YELLOW/GREEN/LIGHT PINK/LIGHT BLUE/DARK PINK/DARK BLUE/GREY/CREAM*) BOOKLET (FOR CHILDREN AGED 8-12/FOR CHILDREN AGED 13-15/FOR YOUNG FEMALE ADULTS/FOR YOUNG MALE ADULTS/FOR FEMALE ADULTS/FOR MALE ADULTS/FOR ADULTS 70+/FOR PARENTS OF CHILDREN AGED 4-15) COMPLETED?

- 1 Fully completed
- 2 Partially completed
- 3 Not completed

**IF SComp3 =Fully completed OR Partially completed THEN**

**SC3Acc**

Was it completed without assistance?

- 1 Completed independently
- 2 Assistance from other children
- 3 Assistance from adult(s) (not interviewer)
- 4 Assistance from interviewer
- 5 Interviewer administered

**ENDIF**

**IF SComp3 = Partially completed OR Not completed THEN**

**SComp6**

INTERVIEWER: RECORD WHY BOOKLET NOT COMPLETED / PARTIALLY COMPLETED. CODE ALL THAT APPLY:

- 0 Child 2-13 away from home during fieldwork period
- 1 Eyesight problems
- 2 Language problems
- 3 Reading/writing/comprehension problems
- 4 Respondent bored/fed up/tired
- 5 Questions too sensitive/invasion of privacy
- 6 Too long/too busy/taken long enough already
- 7 Refused to complete booklet (no other reason given)
- 8 Illness/disability
- 9 Child 2-13 asleep
- 10 Not in/not available
- 11 Proxy refusal
- 12 No self completion booklet available
- 95 Other (SPECIFY)

**IF SComp6=Other THEN**

**SComp6O**

PLEASE SPECIFY OTHER REASON.

Text: Maximum 60 characters

**ENDIF**

**ENDIF**

**IF SComp3 = Fully completed OR Partially completed THEN**

**SComp5A**

INTERVIEWER: CODE WHO WAS PRESENT IN ROOM WHILE (*name of respondent*) COMPLETED SELF-COMPLETION. INCLUDE YOURSELF, ANYONE INTERVIEWED AT THE SAME TIME AS RESPONDENT, PARENT ANSWERING ON BEHALF OF 8-12 YEAR OLDS OR OTHERS IN THE ROOM.

CODE ALL THAT APPLY.

- 1 Spouse / partner
- 2 Parent(s) (incl step-/foster-)
- 3 Brother(s)/Sister(s)
- 4 Own/Related child(ren) (incl step-/ foster-/ partner's)
- 5 Other relative(s)
- 6 Unrelated adult(s)
- 7 Unrelated child(ren)

8      Interviewer  
9      Completed alone in room  
**ENDIF**  
**ENDIF**

**Measurements****ASK ALL****Intro**

PREAMBLE: I would now like to measure height and weight. There is interest in how people's weight, given their height, is associated with their health.

INTERVIEWER: MAKE OUT GREEN MRC FOR EACH PERSON.

**IF Age >=2 THEN**

**RespHts**

MEASURE HEIGHT AND CODE. INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: Height refused.

- 1 Height measured
- 2 Height refused
- 3 Height attempted, not obtained
- 4 Height not attempted

**IF RespHts = Height measured THEN**

**Height**

ENTER HEIGHT.

Range: 60.0..244.0

**ENDIF**

**RelHite**

INTERVIEWER CODE ONE ONLY

- 1 No problems experienced reliable height measurement obtained

Problems experienced - measurement likely to be:

- 2 Reliable
- 3 Unreliable

**IF RelHite = Unreliable THEN**

**HiNRel**

INTERVIEWER: WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

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

**IF HiNRel = Other THEN**

**OHiNRel**

INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 60 characters

**ENDIF**

**ENDIF**

**MBookHt**

INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD.

HEIGHT: (x) cm OR (x) feet (x) inches.

**ELSEIF RespHts = Height refused THEN**

**ResNH<sub>i</sub>**

GIVE REASONS FOR REFUSAL.

- 1 Cannot see point/Height already known/Doctor has measurement
- 2 Too busy/Taken too long already/ No time
- 3 Respondent too ill/frail/tired
- 4 Considered intrusive information
- 5 Respondent too anxious/nervous/shy/embarrassed
- 6 Refused (no other reason given)
- 7 Other

**ELSEIF RespHts = Height attempted, not obtained OR Height not attempted THEN**

**NoHtBC**

INTERVIEWER: CODE REASON FOR NOT OBTAINING HEIGHT.

- 1 Child: away from home during fieldwork period (specify in a Note)
- 2 Respondent is unsteady on feet
- 3 Respondent cannot stand upright/too stooped
- 4 Respondent is unable to get out of a chair/in a wheelchair
- 5 Respondent is unable to get out of bed
- 6 Respondent unable to remove shoes
- 7 Child: subject would not stand still
- 8 Ill or in pain/has disability (physical or mental)
- 9 Stadiometer faulty/not available/couldn't be used
- 10 Child 2-13 asleep
- 11 Not in/not available
- 12 Proxy refusal
- 95 Other - specify

**IF OTHER IN NoHtBC THEN**

**NoHitCO**

PLEASE SPECIFY OTHER REASON

Text: Maximum 60 characters

**ENDIF**

**ENDIF**

**IF RespHts = Height refused, Height attempted, not obtained OR Height not attempted THEN**

**EHtCh**

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

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

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

- 1 Metres
- 2 Feet and inches

**IF EHtCh = Metres**

**EHtM**

PLEASE RECORD ESTIMATED HEIGHT IN METRES.

Range: 0.01..2.44

**ELSEIF EHtCh = Feet and inches****EHtFt**

PLEASE RECORD ESTIMATED HEIGHT. ENTER FEET.

Range: 0..7

**EHtIn**

PLEASE RECORD ESTIMATED HEIGHT. ENTER INCHES.

Range: 0..11

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

**ENDIF****ENDIF****EstHt****Computed: Final measured or estimated height (cm).****Range: 0..0 ... 999.9****IF (Sex = Female) AND (Age of Respondent is 16 to 49) THEN****PregNowB**

May I check, are you pregnant now?

1 Yes

2 No

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

1 Weight obtained (subject on own)

2 Weight refused

3 Weight attempted, not obtained

4 Weight not attempted

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

RECORD WEIGHT.

Range: 10.0..130.0

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

ENTER WEIGHT OF ADULT ON HIS/HER OWN.

Range: 15.0..130.0

**WtChAd**

ENTER WEIGHT OF ADULT HOLDING CHILD.

Range: 15.0..130.0  
**ENDIF**

**Weight***Computed: Measured weight, either Weight or WtChAd - WtAdult**Range: 0.0..140.0***FloorC**

SCALES PLACED ON?

- 1 Uneven floor
- 2 Carpet
- 3 None of these

**RelWaitB**

INTERVIEWER CODE ONE ONLY.

- 1 No problems experienced, reliable weight measurement obtained  
Problems experienced - measurement likely to be:
- 2 Reliable
- 3 Unreliable

**MBookWt**

INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD.

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

**ENDIF****IF RespWts = Weight refused THEN****ResNWt**

GIVE REASONS FOR REFUSAL.

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

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

CODE REASON FOR NOT OBTAINING WEIGHT.

- 1 Child: away from home during fieldwork period (specify in a Note)
- 2 Respondent is unsteady on feet
- 3 Respondent cannot stand upright
- 4 Respondent is unable to get out of a chair/in a wheelchair
- 5 Confined to bed
- 6 Respondent unable to remove shoes
- 7 Respondent weighs more than 130 kg
- 8 Ill or in pain/has disability (physical or mental)

- 9 Scales not working/not available/couldn't be used
- 10 Parent unable to hold child
- 11 Child 2-13 asleep
- 12 Not in/not available
- 13 Proxy refusal
- 95 Other - specify

**IF NoWtBC = Other THEN**  
**NoWatCO**  
 PLEASE SPECIFY OTHER REASON.  
 Text: Maximum 60 characters  
**ENDIF**  
**ENDIF**

**EWtCh**

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

- 1 Kilograms
  - 2 Stones and pounds
- ENDIF**  
**ENDIF**

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

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

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

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

**Nurse Appointment**

**IF Age of respondent < 16 AND No legal parent in household THEN  
NurseA**

In order for the nurse to take any of your measurements we have to have the permission of your parents or the person who has legal parental responsibility. As there is no-one in your household who I can ask, I won't be making an appointment for you.

1 Continue

**ELSE (All other respondents)**

**Nurse**

There are two parts to this survey. You have just helped us with the first part. We hope you will also help us with the second part, which is a visit by a qualified nurse to collect some medical information and carry out some measurements. I would like to make an appointment for the nurse to come round and explain some more about what is required.

**INTERVIEWER:** Check whether the respondent agrees to the nurse visit. **Always** mention the nurse by name (if known). Press <9> for help explaining about the nurse visit.

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

1 Agreed nurse could contact

2 Refused nurse contact

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

**NrsAppt**

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

1 Able to make an appointment for the nurse

2 Unable to make an appointment for the nurse

**AptRec**

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

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

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

**IF Nurse = Refused nurse contact THEN**

**NurseRef**

**INTERVIEWER:** RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT **G1** ON A.R.F

- 0 Own doctor already has information
- 1 Given enough time already to this survey/expecting too much
- 2 Too busy, cannot spare the time (if Code 1 does not apply)
- 3 Had enough of medical tests/medical profession at present time
- 4 Worried about what nurse may find out/'might tempt fate'
- 5 Scared/of medical profession/ particular medical procedures (e.g. blood sample)
- 6 Not interested/Can't be bothered/No particular reason
- 95 Other reason (specify at next question)

**IF NurseRef=Other reason THEN**

**NrsRefO**

PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD  
AT G1 ON A.R.F.

Text: Maximum 60 characters

**ENDIF**

**Consents****ASK ALL AGED 16+****NHSCan**

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

INTERVIEWER: GIVE THE RESPONDENT THE **LIGHT BLUE CONSENT FORM (NHS CANCER REGISTRY)** AND THE **SALMON CONSENT FORM (HES)** AND ALLOW THEM TIME TO READ THE INFORMATION.

- 1      Consent given
- 2      Consent not given

**IF NHSCAN = Consent given THEN****NHSSig**

EXPLAIN THE NEED FOR WRITTEN CONSENT: Before I can pass your details on, I have to obtain written consent from you.

ENTER THE RESPONDENT'S SERIAL NUMBER ON THE TOP OF THE CONSENT FORMS.

ASK RESPONDENT TO SIGN AND DATE BOTH FORMS.

GIVE THE SECOND COPY OF THE FORM TO THE RESPONDENT.

CODE WHETHER SIGNED CONSENTS OBTAINED.

CODE ALL THAT APPLY.

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

**ENDIF**

**Thank**

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

- 1      Continue

**TPhone**

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

INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER ON FRONT OF ARF.

- 1      Number given
- 2      Number refused
- 3      No telephone
- 4      Number unknown

**ReInter**

If at some future date we wanted to talk to you further about your health, may we contact you to see if you are willing to help us again?

- 1      Yes
- 2      No

P3027

<b>Point</b>				
1-4				

<b>Address</b>		
5-6		

<b>HHLD</b>	
7	

<b>CKL</b>	

<b>Person No</b>	
8-9	

 First  
 name: 

 Spare Card Spare  

3	1	5
10-11	12-14	15-20

 Survey  
 month: 

## Health Survey for England 2010

### Booklet for Adults 70+

### In Confidence

#### How to fill in this questionnaire

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

**Example:**

 Tick **one** box

<b>Very healthy life</b>	<b>Fairly healthy life</b>	<b>Not very healthy life</b>	<b>An unhealthy life</b>
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Do you feel that you lead a ...

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

**Example:**

Write in no.

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

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

**Example:**

 Tick **one** box

Yes

 1 → Go to Q4

No

 2 → Go to Q5

## Happy (new)

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

Spare 21-168

169-170

**Write in**

## GENERAL HEALTH TODAY

Spare 171-300

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

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

### Mobility

#### Q2 Mobility

**Tick one box**

301

I have no problems in walking about

1

I have some problems in walking about

2

I am confined to bed

3

### Selfcare

#### Q3 Self-Care

**Tick one box**

302

I have no problems with self-care

1

I have some problems washing or dressing myself

2

I am unable to wash or dress myself

3

### Usualact

#### Q4 Usual activities

**Tick one box**

303

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

1

I have some problems with performing my usual activities

2

I am unable to perform my usual activities

3

### Pain

#### Q5 Pain/Discomfort

**Tick one box**

304

I have no pain or discomfort

1

I have moderate pain or discomfort

2

I have extreme pain or discomfort

3

## Anxiety

### Q6 Anxiety/Depression

**Tick one box**

305  
 1

I am not anxious or depressed  
 2

I am moderately anxious or depressed  
 3

## GENERAL HEALTH OVER THE LAST FEW WEEKS

### Please read this carefully:

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

### HAVE YOU RECENTLY:

Tick one box				
	Better than usual	Same as usual	Less than usual	Much less than usual
<b>GHQConc</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Q8</b> been able to concentrate on whatever you're doing?				
<b>GHQSleep</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Q9</b> lost much sleep over worry?				
<b>GHQUse</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Q10</b> felt you were playing a useful part in things?				
<b>GHQDecis</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Q11</b> felt capable of making decisions about things?				
<b>GHQStrai</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Q12</b> felt constantly under strain?				
<b>GHQOver</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Q13</b> felt you couldn't overcome your difficulties?				

**HAVE YOU RECENTLY:****GHQEnjoy**

**Q14** been able to enjoy your normal day-to-day activities?

Tick one box  
317

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

**GHQFace**

**Q15** been able to face up to your problems?

Tick one box  
318

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

**GHQUnhap**

**Q16** been feeling unhappy and depressed?

Tick one box  
319

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

**GHQConfi**

**Q17** been losing confidence in yourself?

Tick one box  
320

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

**GHQWorth**

**Q18** been thinking of yourself as a worthless person?

Tick one box  
321

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

**GHQHappy**

**Q19** been feeling reasonably happy, all things considered?

Tick one box  
322

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

General Health Questionnaire (GHQ – 12)

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Spare 323-325

## GENERAL WELLBEING

**Q20** Below are some statements about feelings and thoughts.  
Please circle the number that best describes your experience of each over the last 2 weeks.

<b>(ALL NEW)</b>		<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>OptimF</b> I've been feeling optimistic about the future		1	2	3	4	5	326
<b>Useful</b> I've been feeling useful		1	2	3	4	5	327
<b>Relax</b> I've been feeling relaxed		1	2	3	4	5	328
<b>IntPeop</b> I've been feeling interested in other people		1	2	3	4	5	329
<b>Energy</b> I've had energy to spare		1	2	3	4	5	330
<b>Dealprb</b> I've been dealing with problems well		1	2	3	4	5	331
<b>ThkClr</b> I've been thinking clearly		1	2	3	4	5	332
<b>Goodme</b> I've been feeling good about myself		1	2	3	4	5	333
<b>ClsePeop</b> I've been feeling close to other people		1	2	3	4	5	334
<b>Confidet</b> I've been feeling confident		1	2	3	4	5	335
<b>Makemind</b> I've been able to make up my own mind about things		1	2	3	4	5	336
<b>Loved</b> I've been feeling loved		1	2	3	4	5	337
<b>IntThgs</b> I've been interested in new things		1	2	3	4	5	338
<b>Cheer</b> I've been feeling cheerful		1	2	3	4	5	339

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)  
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### **Paidwk (new)**

**Q21** Are you currently in paid employment?

**Tick ONE box**

340

Yes	<input type="checkbox"/> 1 → <b>Go to Q22</b>
No	<input type="checkbox"/> 2 → <b>Go to end</b>

## Copejob (new)

**Q22** How much do you agree or disagree with the statement that 'I feel able to cope with the demands of my job'?

**Tick ONE box**

341

  
1

Strongly agree

  
2

Neither agree nor disagree

  
3

Disagree

  
4

Strongly disagree

  
5

## Choicewk (new)

**Q23** Do you have a choice in deciding HOW you go about your work?

**Tick ONE box**

342

  
1

Never

  
2

Occasionally

  
3

Some of the time

  
4

Much of the time

  
5

Most of the time

  
6

All of the time

## Supptwk (new)

**Q24** Do you get help and support from your line manager?

**Tick ONE box**

343

  
1

Often

  
2

Sometimes

  
3

Seldom

  
4

Never/ almost never

  
5

Does not apply/ have no manager

## Losejob (new)

- Q25** How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.

- **0** means that such a change will definitely **not** take place.
- **100** means that such a change definitely will take place.

**Circle one box**

 0 10 20 30 40 50 60 70 80 90 100

344-346

**Thank you for answering these questions.**

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

P3027

Point	1-4

Address	5-6

HHLD	7

CKL	8-9

Person No	

First  
name:

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

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

Survey  
month:

## **Health Survey for England 2010**

### **Booklet for Women 18-69**

#### **In Confidence**

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

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

## How to fill in this questionnaire

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

**Example:**

Tick **one** box

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

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

**Example:**

Write in no.

6

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

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

**Example:**

Tick **one** box

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

- D. For some of the questions you will not need to give an answer. These have been put in to direct you to another point of the questionnaire, based on the answers you have already given. →

**Example:**

If you ticked more than one box at question 10, please answer question 11. → Others please go to question 15 on page 8.

## **Happy (new)**

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

Spare 21-168

169-170

**Write in**

Spare 171-300

## **GENERAL HEALTH TODAY**

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

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

### **Mobility**

**Q2 Mobility**

**Tick one box**

301

I have no problems in walking about

1

I have some problems in walking about

2

I am confined to bed

3

### **Selfcare**

**Q3 Self-Care**

**Tick one box**

302

I have no problems with self-care

1

I have some problems washing or dressing myself

2

I am unable to wash or dress myself

3

### **Usualact**

**Q4 Usual activities**

**Tick one box**

303

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

1

I have some problems with performing my usual activities

2

I am unable to perform my usual activities

3

### **Pain**

**Q5 Pain/Discomfort**

**Tick one box**

304

I have no pain or discomfort

1

I have moderate pain or discomfort

2

I have extreme pain or discomfort

3

## Anxiety

### Q6 Anxiety/Depression

**Tick one box**

305  
 1

I am not anxious or depressed  
 2

I am moderately anxious or depressed  
 3

### Q7

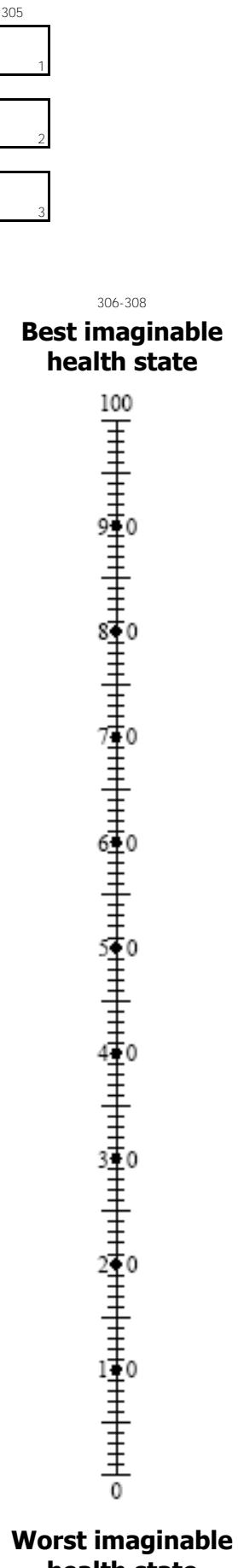
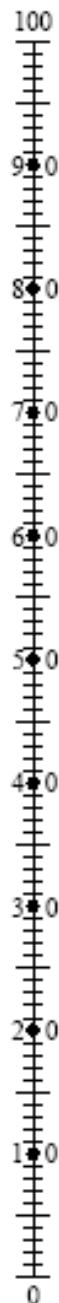
### HthStat (new)

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

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

306-308

### Best imaginable health state



## GENERAL HEALTH OVER THE LAST FEW WEEKS

**Please read this carefully:**

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

**HAVE YOU RECENTLY:**

**GHQConc**

- Q8** been able to concentrate on whatever you're doing?

Tick one box			
311			
<b>Better than usual</b>	<b>Same as usual</b>	<b>Less than usual</b>	<b>Much less than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQSleep**

- Q9** lost much sleep over worry?

Tick one box			
312			
<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQUse**

- Q10** felt you were playing a useful part in things?

Tick one box			
313			
<b>More so than usual</b>	<b>Same as usual</b>	<b>Less useful than usual</b>	<b>Much less useful</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQDecis**

- Q11** felt capable of making decisions about things?

Tick one box			
314			
<b>More so than usual</b>	<b>Same as usual</b>	<b>Less so than usual</b>	<b>Much less capable</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQStrai**

- Q12** felt constantly under strain?

Tick one box			
315			
<b>Not at All</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**GHQOver**

- Q13** felt you couldn't overcome your difficulties?

Tick one box			
316			
<b>Not at All</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**HAVE YOU RECENTLY:****GHQEnjoy**

**Q14** been able to enjoy your normal day-to-day activities?

**Tick one box**  
317

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

**GHQFace**

**Q15** been able to face up to your problems?

**Tick one box**  
318

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

**GHQUnhap**

**Q16** been feeling unhappy and depressed?

**Tick one box**  
319

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

**GHQConfi**

**Q17** been losing confidence in yourself?

**Tick one box**  
320

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

**GHQWorth**

**Q18** been thinking of yourself as a worthless person?

**Tick one box**  
321

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

**GHQHappy**

**Q19** been feeling reasonably happy, all things considered?

**Tick one box**  
322

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

General Health Questionnaire (GHQ - 12)

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Spare 323-325

## GENERAL WELLBEING

**Q20** Below are some statements about feelings and thoughts.  
Please circle the number that best describes your experience of each over the last 2 weeks.

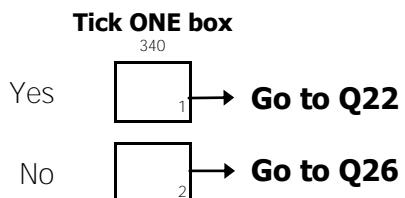
<b>(ALL NEW)</b>		<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>OptimF</b> I've been feeling optimistic about the future		1	2	3	4	5	326
<b>Useful</b> I've been feeling useful		1	2	3	4	5	327
<b>Relax</b> I've been feeling relaxed		1	2	3	4	5	328
<b>IntPeop</b> I've been feeling interested in other people		1	2	3	4	5	329
<b>Energy</b> I've had energy to spare		1	2	3	4	5	330
<b>Dealprb</b> I've been dealing with problems well		1	2	3	4	5	331
<b>ThkClr</b> I've been thinking clearly		1	2	3	4	5	332
<b>Goodme</b> I've been feeling good about myself		1	2	3	4	5	333
<b>ClsePeop</b> I've been feeling close to other people		1	2	3	4	5	334
<b>Confidet</b> I've been feeling confident		1	2	3	4	5	335
<b>Makemind</b> I've been able to make up my own mind about things		1	2	3	4	5	336
<b>Loved</b> I've been feeling loved		1	2	3	4	5	337
<b>IntThgs</b> I've been interested in new things		1	2	3	4	5	338
<b>Cheer</b> I've been feeling cheerful		1	2	3	4	5	339

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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### **Paidwk (new)**

**Q21** Are you currently in paid employment?



**Copejob (new)**

**Q22** How much do you agree or disagree with the statement that 'I feel able to cope with the demands of my job'?

**Tick ONE box**

341

Strongly agree

1

Agree

2

Neither agree nor disagree

3

Disagree

4

Strongly disagree

5

**Choicewk (new)**

**Q23** Do you have a choice in deciding HOW you go about your work?

**Tick ONE box**

342

Never

1

Occasionally

2

Some of the time

3

Much of the time

4

Most of the time

5

All of the time

6

**Supptwk (new)**

**Q24** Do you get help and support from your line manager?

**Tick ONE box**

343

Often

1

Sometimes

2

Seldom

3

Never/ almost never

4

Does not apply/ have no manager

5

## Losejob (new)

- Q25** How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.

- **0** means that such a change will definitely **not** take place.
- **100** means that such a change definitely will take place.

**Circle one box**

 0 10 20 30 40 50 60 70 80 90 100

344-346

Spare 347-350

- Q26** The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

**IF YOU ARE AGED 18-54 PLEASE TURN TO THE NEXT PAGE TO ANSWER QUESTION 27,  
OTHERWISE PLEASE GO TO QUESTION 46 ON PAGE 18**

**Q27** This is a list of possible contraception methods. Which, if any, do you (and a partner) usually use **at present?** **WCont01 - 23 (new)**

- No method used – no sexual relationship with a man currently  02
- No method used – partner sterilised/had a vasectomy  03
- No method used - I have been sterilised/had a hysterectomy  04
- No method ever used – other reason  05
- Mini pill  07
- Combined pill  08
- Pill – not sure which  09
- Male condom  10
- Female condom  11
- Morning after pill  14
- Emergency intra-uterine device (IUD)  15
- Coil / intra-uterine device (IUD)  16
- Hormonal IUS (intra-uterine system) - MIRENA  17
- Cap / diaphragm  18
- Vaginal ring - Nuvaring  19
- Spermicides (foams/gels/sprays/pessaries)  20
- Contraceptive patch  21
- Injections  22
- Implants  23
- Natural family planning (safe period/rhythm method/Persona)  24
- Withdrawal  25
- Going without sexual intercourse to avoid pregnancy  26
- Another method of protection  29

**Tick ALL that apply**

351-370

**Go to Q36**

**Go to Q35**

**Go to Q28**

**WNoCont (new)**

**Q28** Are there occasions when you (and a partner) do **not** use contraception?

**Tick ONE box**

371

Yes

**Go to Q29**

No

**Go to Q31****WUsualC (new)**

**Q29** Which of the following applies to you?

**Tick ONE box**

372

I (and a partner) usually use contraception

**Go to Q30**

I (and a partner) usually do not use contraception

**WYNOC (new)**

**Q30** Here is a list of reasons why people do not use contraception. Which of these applies to you?

**Tick ONE box**

373

Don't like contraception/Find methods unsatisfactory

My partner doesn't like – or won't use - contraception

Don't know where to obtain contraceptives/advice

Find access to contraceptive services difficult

Some other reason

5

**Go to Q31**

**Q31 If you ticked more than one box at question 27 please answer question 32. Others please go to question 34 on page 12.**

**WMComb (new)**

**Q32** You have mentioned that you usually use more than one method. Do you use them in combination or do you sometimes use one and sometimes another?

**Tick ONE box**

374

In combination

**Go to Q34**

Sometimes one, sometimes other

**Go to Q33**

**WCMOff (new)****Q33** Which one do you use most often?

<b>Tick ONE box</b>	375-376
Mini pill	<input type="checkbox"/> 07
Combined pill	<input type="checkbox"/> 08
Pill – not sure which	<input type="checkbox"/> 09
Male condom	<input type="checkbox"/> 10
Female condom	<input type="checkbox"/> 11
Morning after pill	<input type="checkbox"/> 14
Emergency intra-uterine device (IUD)	<input type="checkbox"/> 15
Coil / intra-uterine device (IUD)	<input type="checkbox"/> 16
Hormonal IUS (intra-uterine system) - MIRENA	<input type="checkbox"/> 17
Cap / diaphragm	<input type="checkbox"/> 18
Vaginal ring - Nuvaring	<input type="checkbox"/> 19
Spermicides (foams/gels/sprays/pessaries)	<input type="checkbox"/> 20
Contraceptive patch	<input type="checkbox"/> 21
Injections	<input type="checkbox"/> 22
Implants	<input type="checkbox"/> 23
Natural family planning (safe period/rhythm method/Persona)	<input type="checkbox"/> 24
Withdrawal	<input type="checkbox"/> 25
Going without sexual intercourse to avoid pregnancy	<input type="checkbox"/> 26
Another method of protection WRITE IN	<input type="checkbox"/> 29
Use methods equally often	<input type="checkbox"/> 30

**Go to Q34**

**WMCHwL (new)**

**Q34** For how long have you been using your usual method/  
the method you use most often?

**Tick ONE box**

377

Less than 3 months

1

At least 3 months, less than 6 months

2

At least 6 months, less than 1 year

3

At least 1 year, less than 2 years

4

At least 2 years, less than 5 years

5

5 years or more

6

**SKIP THE NEXT TWO  
QUESTIONS AND GO TO  
Q37**

**WYNOPP (new)**

**Q35** Here is a list of reasons why people do not use any  
method for preventing pregnancy. Which of these applies  
to you?

**Tick ONE box**

378-379

I am pregnant

01

I want to become pregnant

02

Unlikely to conceive because of the menopause

03

Unlikely to conceive because possibly infertile

04

Don't like contraception/Find methods  
unsatisfactory

05

My partner doesn't like – or won't use -  
contraception

06

Don't know where to obtain contraceptives/advice

07

Find access to contraceptive services difficult

08

Some other reason

09

**Go to Q36**

**WNoChwL (new)**

**Q36** For how long have you not been using a method of contraception?

**Tick ONE box**

380

Less than 3 months

1

At least 3 months, less than 6 months

2

At least 6 months, less than 1 year

3

At least 1 year, less than 2 years

4

At least 2 years, less than 5 years

5

5 years or more

6

**Go to Q37**

**WMAP (new)**

**Q37** Have you used the emergency hormonal contraception pill in the last year? This is sometimes known as 'the morning after pill'.

**Tick ONE box**

381

Yes

**Go to Q38**

No

**Go to Q41**

**WMAPTm (new)**

**Q38** On how many occasions in the last year have you used the emergency contraception pill?

382-383

**Write in**

**WMAPWr (new)**

**Q39** Where did you go for this (on the most recent occasion)?

**Tick ONE box**

384-385

A doctor or nurse at your GP's surgery

02

Sexual health clinic (GUM clinic)

03

NHS family planning clinic/contraceptive clinic/reproductive health clinic

04

NHS ante-natal clinic/midwife

05

Private non-NHS doctor or clinic

06

Youth advisory clinic (e.g. Brook clinic)

07

Pharmacy / chemist

08

Hospital accident and emergency (A&E) department

15

Any other place

17

WRITE IN \_\_\_\_\_

**WMAPY (new)**

**Q40** What was your main reason for using emergency contraception (on the most recent occasion)?

**Tick ONE box**

386

Condom failure

 1

Missed pill/forgot to take the pill

 2

Other routine contraceptive failure

 3

Condom not available

 4

I or my partner did not want to use a condom

 5

Other reason

 6

Spare 387-390

**WFPS01 – 15 (new)**

**Q41** In the past year have you sought advice on contraception, or obtained supplies, from any of these sources?

**Tick ALL that apply**

391-410

A doctor or nurse at your GP's surgery  02Sexual health clinic (GUM clinic)  03NHS family planning clinic/contraceptive clinic/reproductive health clinic  04NHS ante-natal clinic/midwife  05Private non-NHS doctor or clinic  06Youth advisory clinic (e.g. Brook clinic)  07Pharmacy / chemist  08Internet website  09Supplies from school/college/university services  10Over the counter at a petrol station/supermarket/other shop  11Vending machine  12Mail order  13Hospital accident and emergency (A&E) department  15Any other place  
WRITE IN  17I have not sought advice or supplies  01**WTstCh (new)**

**Q42** Have you ever had a test for Chlamydia?

**Tick ONE box**

411

Yes  1 → **Go to Q43**No  2 → **Go to Q46**

**WTChWn (new)****Q43** When did you have your last test for Chlamydia?**Tick ONE box**

412

Less than 3 months

 1

At least 3 months, less than 6 months

 2

At least 6 months, less than 1 year

 3

At least 1 year, less than 2 years

 4

At least 2 years, less than 5 years

 5

5 years or more

 6**WCTsWr (new)****Q44** Where were you (last) tested for Chlamydia?**Tick ONE box**

413-414

General practice (GP) surgery

 02

Sexual health clinic / GUM clinic

 03NHS Family planning clinic/contraceptive  
clinic/reproductive health clinic 04

NHS ante-natal clinic/midwife

 05

Private non-NHS doctor or clinic

 06

Youth advisory clinic (e.g. Brook clinic)

 07

Self-collected test from pharmacy / chemist

 08

Self-collected test from internet

 09

Self-collected test from somewhere else

 11

Termination of pregnancy (abortion) clinic

 14

Hospital accident and emergency (A&amp;E) department

 15

Somewhere else

 17

WRITE IN

**WCTWY01 – 08 (new)****Q45** Why were you (last) tested for Chlamydia?**Tick ALL that****apply**

415-430

I had symptoms

 01

My partner had symptoms

 02I was notified because a partner was diagnosed  
with Chlamydia 03

I wanted a general sexual health check-up

 04

Check-up after previous positive test

 05I had no symptoms but I was worried about the  
risk of Chlamydia 06

I was offered a routine test

 07Other  
WRITE IN

08

## EVERYONE PLEASE ANSWER

### WDiag01-12 (a) WDiarec (b) (new)

**Q46** (a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

(b) If you have had more than one of these, which were you told about most recently?

	(a) Ever	(b) Most recent
	<b>Tick ALL that apply</b>	<b>Tick ONE box</b>
Chlamydia	<input type="checkbox"/> 431-450 <input type="checkbox"/> 01	<input type="checkbox"/> 451-452 <input type="checkbox"/> 01
Gonorrhoea	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Genital warts (venereal warts)	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Syphilis	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Trichomonas vaginalis (Trich, TV)	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Herpes (genital herpes)	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Pubic lice / crabs	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Hepatitis B	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Pelvic Inflammatory Disease (PID, salpingitis)	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Vaginal thrush (Candida, yeast infection)	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Bacterial vaginosis	<input type="checkbox"/> 11	<input type="checkbox"/> 11
An infection transmitted by sex – <b>can't remember</b> which	<input type="checkbox"/> 14	<input type="checkbox"/> 14
None of these	<input type="checkbox"/> 15	

**IF YOU HAD NONE OF THESE PLEASE GO TO QUESTION 49 ON PAGE 20,  
OTHERS PLEASE GO TO THE NEXT QUESTION**

**WWnSti (new)**

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

**Tick ONE box**
 453

Less than 1 year ago

 2

Between 1 year and 2 years ago

 3

Between 2 years and 3 years ago

 4

Between 3 years and 4 years ago

 5

Between 4 years and 5 years ago

 6

More than 5 years ago

 7

Have not had an infection transmitted by sex

**WWrSti (new)**

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

**Tick ONE box**
 454-455

A doctor or nurse at your GP's surgery

 02

Sexual health clinic (GUM clinic)

 03

NHS Family planning clinic/contraceptive clinic/reproductive health clinic

 04

NHS ante-natal clinic/midwife

 05

Private non-NHS doctor or clinic

 06

Youth advisory clinic (e.g. Brook clinic)

 07

Pharmacy / chemist

 08

Internet site offering treatment

 09

Termination of pregnancy (abortion) clinic

 14

Hospital accident and emergency (A&amp;E) department

 15

Somewhere else

WRITE IN

17

Have not had an infection transmitted by sex

 01

## EVERYONE PLEASE ANSWER

### W1stInt (new)

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

461-462

→ **Go to Q50**

**Write in**

This hasn't happened

97 → **Go to Q54**

### WHetLife (new)

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

463-466

**Write in**

### WCert (new)

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

**Tick ONE box**

467

Certain  1

Estimate  2

### WHet1Yr (new)

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

468-471

**Write in**

### WCon4wk (new)

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

**Tick ONE box**

472

Yes, used on every occasion  1

Yes, used on some occasions  2

No, not used in the last 4 weeks  3

Not had vaginal or anal sex in last 4 weeks  4

### WEvSam (New)

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

**Tick ONE box**

473

Yes  1 → **Go to Q55**

**WSamLif (new)**

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

474-477

**Write in****WCert2 (new)**

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

**Tick ONE box**

478

Certain

 1

Estimate

 2**WSam5yr (new)**

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

479-482

**Write in**

**Thank you for answering these questions.**

**Please give the booklet back to the interviewer in the envelope provided.**

P3027

Point				
1-4				

Address		
5-6		

HHLD	
7	

CKL	

Person No	
8-9	

First  
name:

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

Survey  
month:

## **Health Survey for England 2010**

### **Booklet for Men 18-69**

#### **In Confidence**

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

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

## How to fill in this questionnaire

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

**Example:**

Tick **one** box

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

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

**Example:**

Write in no.

6

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

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

**Example:**

Tick **one** box

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

- D. For some of the questions you will not need to give an answer. These have been put in to direct you to another point of the questionnaire, based on the answers you have → already given.

**Example:**

If you ticked more than one box at question 10, please answer question 11. → Others please go to question 15 on page 8.

## **Happy (new)**

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

Spare 21-168

169-170

**Write in**

Spare 171-300

## **GENERAL HEALTH TODAY**

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

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

### **Mobility**

**Q2 Mobility**

**Tick one box**

301

I have no problems in walking about

1

I have some problems in walking about

2

I am confined to bed

3

### **Selfcare**

**Q3 Self-Care**

**Tick one box**

302

I have no problems with self-care

1

I have some problems washing or dressing myself

2

I am unable to wash or dress myself

3

### **Usualact**

**Q4 Usual activities**

**Tick one box**

303

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

1

I have some problems with performing my usual activities

2

I am unable to perform my usual activities

3

### **Pain**

**Q5 Pain/Discomfort**

**Tick one box**

304

I have no pain or discomfort

1

I have moderate pain or discomfort

2

I have extreme pain or discomfort

3

## Anxiety

### Q6 Anxiety/Depression

**Tick one box**

305  
 1

I am not anxious or depressed  
 2

I am moderately anxious or depressed  
 3

### Q7

### HthStat (new)

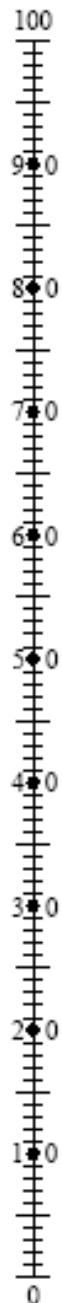
To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

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

Your own  
health state  
today

306-308

**Best imaginable  
health state**



**Worst imaginable  
health state**

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Spare 309-310

## GENERAL HEALTH OVER THE LAST FEW WEEKS

### Please read this carefully:

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

### HAVE YOU RECENTLY:

Tick one box 311				
	Better than usual	Same as usual	Less than usual	Much less than usual
<b>GHQConc</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Q8</b> been able to concentrate on whatever you're doing?				
<b>GHQSleep</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Q9</b> lost much sleep over worry?				
<b>GHQUse</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Q10</b> felt you were playing a useful part in things?				
<b>GHQDecis</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Q11</b> felt capable of making decisions about things?				
<b>GHQStrai</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Q12</b> felt constantly under strain?				
<b>GHQOver</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Q13</b> felt you couldn't overcome your difficulties?				

**HAVE YOU RECENTLY:****GHQEnjoy**

**Q14** been able to enjoy your normal day-to-day activities?

**Tick one box**  
317

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

**GHQFace**

**Q15** been able to face up to your problems?

**Tick one box**  
318

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

**GHQUnhap**

**Q16** been feeling unhappy and depressed?

**Tick one box**  
319

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

**GHQConfi**

**Q17** been losing confidence in yourself?

**Tick one box**  
320

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

**GHQWorth**

**Q18** been thinking of yourself as a worthless person?

**Tick one box**  
321

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

**GHQHappy**

**Q19** been feeling reasonably happy, all things considered?

**Tick one box**  
322

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

General Health Questionnaire (GHQ – 12)

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Spare 323-325

## GENERAL WELLBEING

**Q20** Below are some statements about feelings and thoughts.  
Please circle the number that best describes your experience of each over the last 2 weeks.

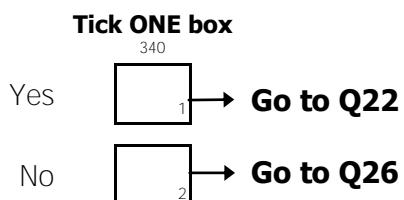
<b>(ALL NEW)</b>		<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>OptimF</b> I've been feeling optimistic about the future		1	2	3	4	5	326
<b>Useful</b> I've been feeling useful		1	2	3	4	5	327
<b>Relax</b> I've been feeling relaxed		1	2	3	4	5	328
<b>IntPeop</b> I've been feeling interested in other people		1	2	3	4	5	329
<b>Energy</b> I've had energy to spare		1	2	3	4	5	330
<b>Dealprb</b> I've been dealing with problems well		1	2	3	4	5	331
<b>ThkClr</b> I've been thinking clearly		1	2	3	4	5	332
<b>Goodme</b> I've been feeling good about myself		1	2	3	4	5	333
<b>ClsePeop</b> I've been feeling close to other people		1	2	3	4	5	334
<b>Confidet</b> I've been feeling confident		1	2	3	4	5	335
<b>Makemind</b> I've been able to make up my own mind about things		1	2	3	4	5	336
<b>Loved</b> I've been feeling loved		1	2	3	4	5	337
<b>IntThgs</b> I've been interested in new things		1	2	3	4	5	338
<b>Cheer</b> I've been feeling cheerful		1	2	3	4	5	339

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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**Paidwk (new)**

**Q21** Are you currently in paid employment?



**Copejob (new)**

**Q22** How much do you agree or disagree with the statement that 'I feel able to cope with the demands of my job'?

**Tick ONE box**

341

Strongly agree

1

Agree

2

Neither agree nor disagree

3

Disagree

4

Strongly disagree

5

**Choicewk (new)**

**Q23** Do you have a choice in deciding HOW you go about your work?

**Tick ONE box**

342

Never

1

Occasionally

2

Some of the time

3

Much of the time

4

Most of the time

5

All of the time

6

**Supptwk (new)**

**Q24** Do you get help and support from your line manager?

**Tick ONE box**

343

Often

1

Sometimes

2

Seldom

3

Never/ almost never

4

Does not apply/ have no manager

5

## Losejob (new)

**Q25** How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.

- **0** means that such a change will definitely **not** take place.
- **100** means that such a change definitely will take place.

**Circle one box**

 0 10 20 30 40 50 60 70 80 90 100

344-346

Spare 347-350

**Q26** The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

**MCont01 - 08 (new)**

**Q27** This is a list of possible contraception methods. Which, if any, do you (and a partner) usually use **at present?**

**Tick ALL that apply**

351-370

- |  |                             |
|--|-----------------------------|
| The contraceptive pill   | <input type="checkbox"/> 06 |
| Male condom  | <input type="checkbox"/> 10 |
| Female condom  | <input type="checkbox"/> 11 |
| Emergency contraception (morning after pill)   | <input type="checkbox"/> 12 |
| Long acting reversible contraception –<br>IU (intra-uterine) Devices / Systems,<br>contraceptive injections, patches, implants | <input type="checkbox"/> 13 |
| Another method of protection<br>WRITE IN   | <input type="checkbox"/> 29 |
| No method  | <input type="checkbox"/> 01 |
| No sexual relations with a woman currently   | <input type="checkbox"/> 02 |
- Go to Q28**

Spare 371-390

**MFPS01 – 15 (new)**

**Q28** In the past year have you sought advice on contraception, or obtained supplies, from any of these sources?

**Tick ALL that apply**

391-410

A doctor or nurse at your GP's surgery	<input type="checkbox"/> 02
Sexual health clinic (GUM clinic)	<input type="checkbox"/> 03
NHS family planning clinic/contraceptive clinic/reproductive health clinic	<input type="checkbox"/> 04
NHS ante-natal clinic/midwife	<input type="checkbox"/> 05
Private non-NHS doctor or clinic	<input type="checkbox"/> 06
Youth advisory clinic (e.g. Brook clinic)	<input type="checkbox"/> 07
Pharmacy / chemist	<input type="checkbox"/> 08
Internet website	<input type="checkbox"/> 09
Supplies from school/college/university services	<input type="checkbox"/> 10
Over the counter at a petrol station/supermarket/other shop	<input type="checkbox"/> 11
Vending machine	<input type="checkbox"/> 12
Mail order	<input type="checkbox"/> 13
Hospital accident and emergency (A&E) department	<input type="checkbox"/> 15
Any other place WRITE IN	<input type="checkbox"/> 17
I have not sought advice or supplies	<input type="checkbox"/> 01

**Go to Q29****MTstCh (new)**

**Q29** Have you ever had a test for Chlamydia?

**Tick ONE box**

411

Yes	<input type="checkbox"/> 1 → <b>Go to Q30</b>
No	<input type="checkbox"/> 2 → <b>Go to Q33</b>

**MTChWn (new)****Q30** When did you have your last test for Chlamydia?**Tick ONE box**

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

**Go to Q31****MCTsWr (new)****Q31** Where were you (last) tested for Chlamydia?**Tick ONE box**

413-414	<input type="checkbox"/>	02
	<input type="checkbox"/>	03
	<input type="checkbox"/>	04
	<input type="checkbox"/>	05
	<input type="checkbox"/>	06
	<input type="checkbox"/>	07
	<input type="checkbox"/>	08
	<input type="checkbox"/>	09
	<input type="checkbox"/>	11
	<input type="checkbox"/>	14
	<input type="checkbox"/>	15
	<input type="checkbox"/>	17

**Go to Q32**

Hospital accident and emergency (A&amp;E) department

Somewhere else  
WRITE IN

**MCTWy01 – 08 (new)****Q32** Why were you (last) tested for Chlamydia?**Tick ALL that****apply**

415-430

I had symptoms

 01

My partner had symptoms

 02I was notified because a partner was diagnosed  
with Chlamydia 03

I wanted a general sexual health check-up

 04

Check-up after previous positive test

 05I had no symptoms but I was worried about the  
risk of Chlamydia 06

I was offered a routine test

 07Other  
WRITE IN

08

**Go to Q33**

## EVERYONE PLEASE ANSWER

### **MDiag01-12 (a) MDiarec (b) (new)**

**Q33** (a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

(b) If you have had more than one of these, which were you told about most recently?

	(a) Ever	(b) Most recent
<b>Tick ALL that apply</b>		
Chlamydia	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Gonorrhoea	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Genital warts (venereal warts)	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Syphilis	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Trichomonas vaginalis (Trich, TV)	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Herpes (genital herpes)	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Pubic lice / crabs	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Hepatitis B	<input type="checkbox"/> 08	<input type="checkbox"/> 08
NSU (Non Specific Urethritis), NGU (Non Gonococcal Urethritis)	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Epididymitis	<input type="checkbox"/> 13	<input type="checkbox"/> 13
An infection transmitted by sex – <b>can't remember</b> which	<input type="checkbox"/> 14	<input type="checkbox"/> 14
None of these	<input type="checkbox"/> 15	

**IF YOU HAD NONE OF THESE PLEASE GO TO QUESTION 36 ON PAGE 15,  
OTHERS PLEASE GO TO THE NEXT QUESTION**

**MWnSti (new)**

**Q34** When were you last told by a doctor or health professional that you had an infection transmitted by sex?

**Tick ONE box**

Less than 1 year ago	<input type="checkbox"/> 1
Between 1 year and 2 years ago	<input type="checkbox"/> 2
Between 2 years and 3 years ago	<input type="checkbox"/> 3
Between 3 years and 4 years ago	<input type="checkbox"/> 4
Between 4 years and 5 years ago	<input type="checkbox"/> 5
More than 5 years ago	<input type="checkbox"/> 6

**Go to Q35**

**MWrSti (new)**

**Q35** Where were you last treated for an infection transmitted by sex?

**Tick ONE box**

A doctor or nurse at your GP's surgery	<input type="checkbox"/> 02
Sexual health clinic (GUM clinic)	<input type="checkbox"/> 03
NHS Family planning clinic/contraceptive clinic/reproductive health clinic	<input type="checkbox"/> 04
NHS ante-natal clinic/midwife	<input type="checkbox"/> 05
Private non-NHS doctor or clinic	<input type="checkbox"/> 06
Youth advisory clinic (e.g. Brook clinic)	<input type="checkbox"/> 07
Pharmacy / chemist	<input type="checkbox"/> 08
Internet site offering treatment	<input type="checkbox"/> 09
Termination of pregnancy (abortion) clinic	<input type="checkbox"/> 14
Hospital accident and emergency (A&E) department	<input type="checkbox"/> 15
Somewhere else WRITE IN	<input type="checkbox"/> 17

**Go to Q36**

## EVERYONE PLEASE ANSWER

### **M1stInt (new)**

**Q36** How old were you when you **first** had sexual intercourse with a woman?

461-462

→ **Go to Q37**

**Write in**

→ **Go to Q41**

### **MHetLife (new)**

**Q37** Altogether, in your life so far, with how many women have you had sexual intercourse ?

463-466

**Write in**

### **MCert (new)**

**Q38** Are you certain of that number or have you had to estimate it?

**Tick ONE box**

467

Certain  1

Estimate  2

### **MHet1Yr (new)**

**Q39** Altogether, in the **last year**, with how many women have you had sexual intercourse?

468-471

**Write in**

### **MCon4wk (new)**

**Q40** Was a condom (sheath) used on any occasions of having vaginal or anal sex with a woman in the **last 4 weeks?**

**Tick ONE box**

472

Yes, used on every occasion  1

Yes, used on some occasions  2

No, not used in the last 4 weeks  3

Not had vaginal or anal sex in last 4 weeks  4

### **MEvSam (New)**

**Q41** Have you ever had sex with a man? That is, oral or anal sex or any other forms of genital contact.

**Tick ONE box**

473

Yes  1 → **Go to Q42**

No  2 → **Go to Q45**

**MSamLif (new)**

**Q42** Altogether, in your life so far, with how many men have you had sex?

474-477

**Write in****MCert2 (new)**

**Q43** Are you certain of that number or have you had to estimate it?

**Tick ONE box**

478

Certain

 1

Estimate

 2
**MSam5yr (new)**

**Q44** Altogether, in the last **five years**, with how many men have you had sex?

479-482

**Write in**

**Q45 IF YOU HAVE NEVER HAD SEX WITH A WOMAN, PLEASE GO TO THE END OF THE BOOKLET, OTHERS PLEASE GO TO QUESTION 46**

**MEvrPd (new)**

**Q46** Have you ever paid money for sex with a woman?

**Tick ONE box**

483

Yes

 1 → **Go to Q47**

No

 2 → **Go to end**
**MLstPay (new)**

**Q47** When was the last time you paid for sex with a woman?

**Tick ONE box**

484

In the last 7 days

 1

More than 7 days , up to 4 weeks ago

 2

More than 4 weeks, up to 1 year ago

 3

More than 1 year, up to 5 years ago

 4

Longer than 5 years ago

 5

**Thank you for answering these questions.**

**Please give the booklet back to the interviewer in the envelope provided.**

**P3027**

Point	1-4

Address	5-6

HHLD	7

CKL	8-9

Person No	8-9

First  
name:

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

Survey  
month:

## **Health Survey for England 2010**

### **Booklet for Young Adult Women**

In Confidence

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

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

## How to fill in this questionnaire

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

**Example:**

Tick **one** box

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

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

**Example:**

Write in no.

6

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

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

**Example:**

Tick **one** box

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

- D. For some of the questions you will not need to give an answer. These have been put in to direct you to another point of the questionnaire, based on the answers you have already given.

**Example:**

If you ticked more than one box at question 10, please answer question 11. Others please go to question 15 on page 8.

## Smoking

**DSmokevr (+smokever = smkevr)**

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

**Tick ONE box**

21  
 1

Yes

2

No

→ **Go to next question**

→ **Go to Q12 on page 5**

**Dsmokcig (+ smokecig = cigevr)**

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

**Tick ONE box**

22  
 1

Yes

2

No

→ **Go to next question**

→ **Go to Q12 on page 5**

**DCigage**

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

23-24

**Write in how old you were then**

**DSmoknow (+ smokenow = cignow)**

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

**Tick ONE box**

25  
 1

Yes

2

No

→ **Go to Q7 on page 4**

→ **Go to next question**

**DQTres**  
**Q5** Why did you decide to give up smoking?

**Tick ALL that apply**  
 26-43

- |  |                             |
|--|-----------------------------|
| Advice from a GP/health professional   | <input type="checkbox"/> 01 |
| Advert for a nicotine replacement product  | <input type="checkbox"/> 02 |
| Government TV, radio or press advert   | <input type="checkbox"/> 03 |
| Hearing about a new stop smoking treatment   | <input type="checkbox"/> 04 |
| <b>Financial reasons (couldn't afford it)</b>  |                             |
| Because of the smoking ban in all enclosed public places, including pubs and restaurants | <input type="checkbox"/> 05 |
| I knew someone else who was stopping   | <input type="checkbox"/> 06 |
| Seeing a health warning on a cigarette packet  | <input type="checkbox"/> 07 |
| Family or friends wanted me to stop  | <input type="checkbox"/> 08 |
| Being contacted by my local NHS Stop Smoking Services                                    | <input type="checkbox"/> 09 |
| Health problems I had at the time  | <input type="checkbox"/> 10 |
| Worried about future health problems   | <input type="checkbox"/> 11 |
| Pregnancy  | <input type="checkbox"/> 12 |
| Worried about the effect on my children  | <input type="checkbox"/> 13 |
| Worried about the effect on other family members   | <input type="checkbox"/> 14 |
| My own motivation  | <input type="checkbox"/> 15 |
| Something else   | <input type="checkbox"/> 16 |
| Cannot remember  | <input type="checkbox"/> 17 |
|  | <input type="checkbox"/> 98 |

**DSmokreg (+ smokereg = cigreg)**

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

**Tick ONE box**  
 44

- |   |                            |
|---|----------------------------|
| Regularly, that is at least one cigarette a day                 | <input type="checkbox"/> 1 |
| Occasionally  | <input type="checkbox"/> 2 |
| I never really smoked cigarettes, just tried them once or twice | <input type="checkbox"/> 3 |

**Go to Q12 on page 5**

**DDlysmok (+ Dlysmoke = cigwday)****CURRENT SMOKERS**

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

45-46

**Write in number smoked a day****Dwkndsmo (+ wkndsmok = cigwend)**

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

47-48

**Write in number smoked a day****DCigType (+ CigType = CigTyp)**

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

**Tick ONE box**

49

filter-tipped cigarettes,

 1

plain or untipped cigarettes,

 2

or hand-rolled cigarettes?

 3**DGiveup (+ Giveup = GivupSk)**

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

**Tick ONE box**

50

Yes

 1**Go to next question**

No

 2**Go to Q12****DyGvUp**

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

**Tick ALL that apply**

51-66

Because of a health problem I have at present

 01

Better for my health in general

 02

Less risk of getting smoking related illnesses

 03

Family/friends wanted me to stop

 04

Financial reasons (couldn't afford it)

 05

Worried about the effect on my children

 06

Because of the ban on smoking in all public places

 07

Other

 08

**DPareg (+Fathsm = SmkDad)**  
**EVERYONE PLEASE ANSWER**

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

**Tick ONE box**

67

 1

No

 2

Don't know

 8

**Dmareg (+Mothsm = SmkMum)**

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

**Tick ONE box**

68

 1

No

 2

Don't know

 8

**DExpsm (+ Expsm = ExpSmok)**

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

69-71

Number of hours a week

**Write in**

**Dnrsmo2 (new) (+Passive = Passmk7)**

**Q15** Are you regularly exposed to other people's tobacco smoke in any of these places?

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

**Tick ALL boxes which apply**

72-77

 1

At home

 2

At work

 3

In other people's homes

 4

Outdoor smoking areas of pubs/restaurants/cafes

 5

In other places

 6

No, none of these

→ **Go to Q15 b)**

→ **Go to Q16 on page 6**

## DSmkbthr

**Q15** Does this bother you?

b)

**Tick ONE box**

78

Yes

2

No

## DRINKING

### DDrink (+ drink = dnnow)

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

**Tick one box**

79

Yes

2

No

→ **Go to Q19**

→ **Go to next question**

### DDrinkan (+drinkany = dnany)

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

**Tick one box**

80

Very occasionally

2

Never

→ **Go to Q19**

→ **Go to next question**

### Dalwaytt (+alwaystt = dnevr)

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

**Tick one box**

81

Always a non-drinker

2

Used to drink but stopped

→ **Go to Q24 on page 9**

### DDrinkag

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

82-83

**Write in how old you were then**

**DDrinkof (+ drinkoft = dnoft)**

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

**Tick one box**

84-85

- Almost every day
- Five or six days a week
- Three or four days a week
- Once or twice a week
- Once or twice a month
- Once every couple of months
- Once or twice a year
- Not all in the last 12 months

01
02
03
04
05
06
07
08

**DDrinkL7 (+drinkL7 = d7day)**

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

**Tick one box**

86

- Yes
- No

1	→ Go to next question
2	→ Go to Q24 on page 9

**DDrnkday (+drinkday = d7many)**

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

**Tick one box**

87

- One
- Two
- Three
- Four
- Five
- Six
- Seven

1
2
3
4
5
6
7

**Q23** Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

<b>TICK ALL DRINKS DRUNK ON THAT DAY</b>		<b>WRITE IN HOW MUCH DRUNK ON THAT DAY</b>					
		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles		
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy. <b>DDktyp01</b>	88-103 01		<input type="checkbox"/> Nberqpt7	<input type="checkbox"/> Dnbl7q2	<input type="checkbox"/> Dnbl7q3	104-111	
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White) <b>DDktyp02</b>	02		<input type="checkbox"/> SBerqpt7	<input type="checkbox"/> Dsbl7q2	<input type="checkbox"/> Dsbl7q3	112-119	
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails <b>DDktyp03</b>	03		<input type="checkbox"/> DSpirl7q			120-121	
Sherry or martini (including port, vermouth, cinzano, dubonnet) <b>DDktyp04</b>	04		<input type="checkbox"/> Dshrl7q			122-123	
Wine (including babycham and champagne) <b>DDktyp05</b>	05		<input type="checkbox"/> Dw250ml	<input type="checkbox"/> Dw175ml	<input type="checkbox"/> Dw125ml	<input type="checkbox"/> dwbtl	124-132
Alcoholic soft drink ('alcopop') or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice <b>DDktyp06</b>	06					<input type="checkbox"/> Dpopsl7q	133-134
Other kinds of alcoholic drink							
<b>WRITE IN NAME OF DRINK</b>							
1. <b>DDktyp07</b>	07						135-144
2. <b>DDktyp08</b>	08						145-154

Spare 155-168

## **Happy (new)**

**Q24** Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

169-170

**Write in**


Spare 171-300

## **GENERAL HEALTH TODAY**

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

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

### **Mobility**

**Q25 Mobility****Tick ONE box**

301

I have no problems in walking about

 1

I have some problems in walking about

 2

I am confined to bed

 3

### **Selfcare**

**Q26 Self-Care****Tick ONE box**

302

I have no problems with self-care

 1

I have some problems washing or dressing myself

 2

I am unable to wash or dress myself

 3

### **Usualact**

**Q27 Usual activities****Tick ONE box**

303

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

I have some problems with performing my usual activities

 2

I am unable to perform my usual activities

 3

### **Pain**

**Q28 Pain/Discomfort****Tick ONE box**

304

I have no pain or discomfort

 1

I have moderate pain or discomfort

 2

I have extreme pain or discomfort

 3

## Anxiety

### Q29 Anxiety/Depression

**Tick ONE box**

305  
 1

I am not anxious or depressed  
 2

I am moderately anxious or depressed  
 3

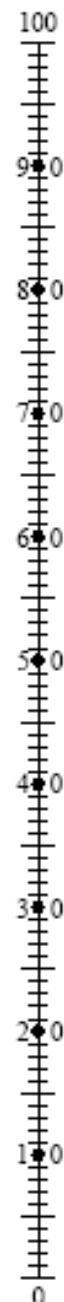
### Q30

### HthStat (new)

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

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

306-308  
**Best imaginable health state**



Your own health state today

**Worst imaginable health state**

## GENERAL HEALTH OVER THE LAST FEW WEEKS

**Please read this carefully:**

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

**HAVE YOU RECENTLY:**

**GHQConc**

- Q31** been able to concentrate on whatever you're doing?

Better than usual

Same as usual

Less than usual

Much less than usual

Tick **ONE** box  
311

**GHQSleep**

- Q32** lost much sleep over worry?

Not at all

No more than usual

Rather more than usual

Much more than usual

Tick **ONE** box  
312

**GHQUse**

- Q33** felt you were playing a useful part in things?

More so than usual

Same as usual

Less useful than usual

Much less useful

Tick **ONE** box  
313

**GHQDecis**

- Q34** felt capable of making decisions about things?

More so than usual

Same as usual

Less so than usual

Much less capable

Tick **ONE** box  
314

**GHQStrai**

- Q35** felt constantly under strain?

Not at all

No more than usual

Rather more than usual

Much more than usual

Tick **ONE** box  
315

**GHQOver**

- Q36** felt you couldn't overcome your difficulties?

Not at all

No more than usual

Rather more than usual

Much more than usual

Tick **ONE** box  
316

**HAVE YOU RECENTLY:****GHQEnjoy**

**Q37** been able to enjoy your normal day-to-day activities?

Tick ONE box  
317

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

**GHQFace**

**Q38** been able to face up to your problems?

Tick ONE box  
318

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

**GHQUnhap**

**Q39** been feeling unhappy and depressed?

Tick ONE box  
319

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

**GHQConfi**

**Q40** been losing confidence in yourself?

Tick ONE box  
320

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

**GHQWorth**

**Q41** been thinking of yourself as a worthless person?

Tick ONE box  
321

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

**GHQHappy**

**Q42** been feeling reasonably happy, all things considered?

Tick ONE box  
322

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

Spare 323-325

General Health Questionnaire (GHQ – 12)

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## GENERAL WELLBEING

- Q43** Below are some statements about feelings and thoughts.  
Please circle the number that best describes your experience of each over the last 2 weeks.

<b>(ALL NEW)</b>		<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>OptimF</b> I've been feeling optimistic about the future		1	2	3	4	5	326
<b>Useful</b> I've been feeling useful		1	2	3	4	5	327
<b>Relax</b> I've been feeling relaxed		1	2	3	4	5	328
<b>IntPeop</b> I've been feeling interested in other people		1	2	3	4	5	329
<b>Energy</b> I've had energy to spare		1	2	3	4	5	330
<b>Dealprb</b> I've been dealing with problems well		1	2	3	4	5	331
<b>ThkClr</b> I've been thinking clearly		1	2	3	4	5	332
<b>Goodme</b> I've been feeling good about myself		1	2	3	4	5	333
<b>ClsePeop</b> I've been feeling close to other people		1	2	3	4	5	334
<b>Confidet</b> I've been feeling confident		1	2	3	4	5	335
<b>Makemind</b> I've been able to make up my own mind about things		1	2	3	4	5	336
<b>Loved</b> I've been feeling loved		1	2	3	4	5	337
<b>IntThgs</b> I've been interested in new things		1	2	3	4	5	338
<b>Cheer</b> I've been feeling cheerful		1	2	3	4	5	339

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)  
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### **Paidwk (new)**

- Q44** Are you currently in paid employment?

**Tick ONE box**

340

Yes	<input type="checkbox"/> 1 → <b>Go to Q45</b>
No	<input type="checkbox"/> 2 → <b>Go to Q49</b>

### Copejob (new)

**Q45** How much do you agree or disagree with the statement that 'I feel able to cope with the demands of my job'?

**Tick ONE box**

341

 1 2 3 4 5

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

### Choicewk (new)

**Q46** Do you have a choice in deciding HOW you go about your work?

**Tick ONE box**

342

 1 2 3 4 5 6

Never

Occasionally

Some of the time

Much of the time

Most of the time

All of the time

### Supptwk (new)

**Q47** Do you get help and support from your line manager?

**Tick ONE box**

343

 1 2 3 4 5

Often

Sometimes

Seldom

Never/ almost never

Does not apply/ have no manager

## Losejob (new)

**Q48** How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.

- **0** means that such a change will definitely **not** take place.
- **100** means that such a change definitely will take place.

**Circle one box**

0	10	20	30	40	50	60	70	80	90	100
---	----	----	----	----	----	----	----	----	----	-----

344-346

Spare 347-350

**Q49** The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

**Q50** This is a list of possible contraception methods. Which, if any, do you (and a partner) usually use **at present?** **WCont01 - 23 (new)**

- No method used – no sexual relationship with a man currently 02
- No method used – partner sterilised / had a vasectomy 03
- No method used - I have been sterilised / had a hysterectomy 04
- No method ever used – other reason 05 **Go to Q58**
- Mini pill 07
- Combined pill 08
- Pill – not sure which 09
- Male condom 10
- Female condom 11
- Morning after pill 14
- Emergency intra-uterine device (IUD) 15
- Coil / intra-uterine device (IUD) 16
- Hormonal IUS (intra-uterine system) - MIRENA 17
- Cap / diaphragm 18 **Go to Q51**
- Vaginal ring - Nuvaring 19
- Spermicides (foams/gels/sprays/pessaries) 20
- Contraceptive patch 21
- Injections 22
- Implants 23
- Natural family planning (safe period/rhythm method/Persona) 24
- Withdrawal 25
- Going without sexual intercourse to avoid pregnancy 26
- Another method of protection  
WRITE IN 29

**Tick ALL that apply**

351-370

**WCont01 - 23 (new)**

### WNoCont (new)

**Q51** Are there occasions when you (and a partner) do **not** use contraception?

**Tick ONE box**

371

Yes

 1

**Go to Q52**

No

 2

**Go to Q54**

### WUsualC (new)

**Q52** Which of the following applies to you?

**Tick ONE box**

372

I (and a partner) usually use contraception

 1

**Go to Q53**

I (and a partner) usually do not use contraception

 2

### WYNOC (new)

**Q53** Here is a list of reasons why people do not use contraception. Which of these applies to you?

**Tick ONE box**

373

Don't like contraception/Find methods unsatisfactory

 1

My partner doesn't like – or won't use - contraception

 2

Don't know where to obtain contraceptives/advice

 3

**Go to Q54**

Find access to contraceptive services difficult

 4

Some other reason

 WRITE IN

5

**Q54 If you ticked more than one box at question 50 please answer question 55. Others go to question 57 on page 19.**

### WMComb (new)

**Q55** You have mentioned that you usually use more than one method. Do you use them in combination or do you sometimes use one and sometimes another?

**Tick ONE box**

374

In combination

 1

**Go to Q57**

Sometimes one, sometimes another

 2

**Go to Q56**

**WCMOff (new)****Q56** Which one do you use most often?**Tick ONE box**

375-376

Mini pill	<input type="checkbox"/> 07
Combined pill	<input type="checkbox"/> 08
Pill – not sure which	<input type="checkbox"/> 09
Male condom	<input type="checkbox"/> 10
Female condom	<input type="checkbox"/> 11
Morning after pill	<input type="checkbox"/> 14
Emergency intra-uterine device (IUD)	<input type="checkbox"/> 15
Coil / intra-uterine device (IUD)	<input type="checkbox"/> 16
Hormonal IUS (intra-uterine system) - MIRENA	<input type="checkbox"/> 17
Cap / diaphragm	<input type="checkbox"/> 18
Vaginal ring - Nuvaring	<input type="checkbox"/> 19
Spermicides (foams/gels/sprays/pessaries)	<input type="checkbox"/> 20
Contraceptive patch	<input type="checkbox"/> 21
Injections	<input type="checkbox"/> 22
Implants	<input type="checkbox"/> 23
Natural family planning (safe period/rhythm method/Persona)	<input type="checkbox"/> 24
Withdrawal	<input type="checkbox"/> 25
Going without sexual intercourse to avoid pregnancy	<input type="checkbox"/> 26
Another method of protection WRITE IN	<input type="checkbox"/> 29
Use methods equally often	<input type="checkbox"/> 30

**Go to Q57**

**WMCHwL (new)**

**Q57** For how long have you been using your usual method/  
the method you use most often?

**Tick ONE box**

377

Less than 3 months

 1

At least 3 months, less than 6 months

 2

At least 6 months, less than 1 year

 3

At least 1 year, less than 2 years

 4

At least 2 years, less than 5 years

 5

5 years or more

 6

**SKIP THE NEXT TWO  
QUESTIONS AND GO TO  
Q60**

**WYNoPP (new)**

**Q58** Here is a list of reasons why people do not use any  
method for preventing pregnancy. Which of these applies  
to you?

**Tick ONE box**

378-379

I am pregnant

 01

I want to become pregnant

 02

Unlikely to conceive because of the menopause

 03

Unlikely to conceive because possibly infertile

 04

**Don't like contraception/Find methods  
unsatisfactory**

 05

**My partner doesn't like – or won't use -  
contraception**

 06

**Don't know where to obtain contraceptives/advice**

 07

Find access to contraceptive services difficult

 08

Some other reason

 WRITE IN

**Go to Q59**

**WNoCHwL (new)**

**Q59** For how long have you not been using a method of contraception?

**Tick ONE box**

380

Less than 3 months

1

At least 3 months, less than 6 months

2

At least 6 months, less than 1 year

3

At least 1 year, less than 2 years

4

At least 2 years, less than 5 years

5

5 years or more

6

**Go to Q60**

**WMAP (new)**

**Q60** Have you used the emergency hormonal contraception pill in the last year? This is sometimes known as 'the morning after pill'.

**Tick ONE box**

381

Yes

**Go to Q61**

No

**Go to Q64**

**WMAPtM (new)**

**Q61** On how many occasions in the last year have you used the emergency contraception pill?

382-383

**Write in**

**WMAPWr (new)**

**Q62** Where did you go for this (on the most recent occasion)?

**Tick ONE box**

384-385

A doctor or nurse at your GP's surgery

02

Sexual health clinic (GUM clinic)

03

NHS family planning clinic/contraceptive clinic/reproductive health clinic

04

NHS ante-natal clinic/midwife

05

Private non-NHS doctor or clinic

06

Youth advisory clinic (e.g. Brook clinic)

07

Pharmacy / chemist

08

Hospital accident and emergency (A&E) department

15

Any other place

17

**WMAPY (new)**

**Q63** What was your main reason for using emergency contraception (on the most recent occasion)?

**Tick ONE box**  
386

Condom failure

 1

Missed pill/forgot to take the pill

 2

Other routine contraceptive failure

 3

Condom not available

 4

I or my partner did not want to use a condom

 5

Other reason

 6

Spare 387-390

**WFPS01 – 15 (new)**

**Q64** In the past year have you sought advice on contraception, or obtained supplies, from any of these sources?

**Tick ALL that apply**

391-410

- |  |                             |
|--|-----------------------------|
| A doctor or nurse at your GP's surgery                                     | <input type="checkbox"/> 02 |
| Sexual health clinic (GUM clinic)  | <input type="checkbox"/> 03 |
| NHS family planning clinic/contraceptive clinic/reproductive health clinic | <input type="checkbox"/> 04 |
| NHS ante-natal clinic/midwife  | <input type="checkbox"/> 05 |
| Private non-NHS doctor or clinic   | <input type="checkbox"/> 06 |
| Youth advisory clinic (e.g. Brook clinic)                                  | <input type="checkbox"/> 07 |
| Pharmacy / chemist   | <input type="checkbox"/> 08 |
| Internet website   | <input type="checkbox"/> 09 |
| Supplies from school/college/university services                           | <input type="checkbox"/> 10 |
| Over the counter at a petrol station/supermarket/other shop                | <input type="checkbox"/> 11 |
| Vending machine  | <input type="checkbox"/> 12 |
| Mail order   | <input type="checkbox"/> 13 |
| Hospital accident and emergency (A&E) department                           | <input type="checkbox"/> 15 |
| Any other place<br>WRITE IN  | <input type="checkbox"/> 17 |
| I have not sought advice or supplies                                       | <input type="checkbox"/> 01 |

**WTstCh (new)**

**Q65** Have you ever had a test for Chlamydia?

**Tick ONE box**

411

- |     |   |
|-----|---|
| Yes | <input type="checkbox"/> 1 → <b>Go to Q66</b> |
| No  | <input type="checkbox"/> 2 → <b>Go to Q69</b> |

**WTChWn (new)****Q66** When did you have your last test for Chlamydia?**Tick ONE box**

412

Less than 3 months

 1

At least 3 months, less than 6 months

 2

At least 6 months, less than 1 year

 3

At least 1 year, less than 2 years

 4

At least 2 years, less than 5 years

 5

5 years or more

 6**WCTsWr (new)****Q67** Where were you (last) tested for Chlamydia?**Tick ONE box**

413-414

General practice (GP) surgery

 02

Sexual health clinic / GUM clinic

 03NHS Family planning clinic/contraceptive  
clinic/reproductive health clinic 04

NHS ante-natal clinic/midwife

 05

Private non-NHS doctor or clinic

 06

Youth advisory clinic (e.g. Brook clinic)

 07

Self-collected test from pharmacy / chemist

 08

Self-collected test from internet

 09

Self-collected test from somewhere else

 11

Termination of pregnancy (abortion) clinic

 14

Hospital accident and emergency (A&amp;E) department

 15

Somewhere else

 17

WRITE IN

**WCTWy01 – 08 (new)****Q68** Why were you (last) tested for Chlamydia?**Tick ALL that****apply**

415-430

I had symptoms

 01

My partner had symptoms

 02I was notified because a partner was diagnosed  
with Chlamydia 03

I wanted a general sexual health check-up

 04

Check-up after previous positive test

 05I had no symptoms but I was worried about the  
risk of Chlamydia 06

I was offered a routine test

 07Other  
WRITE IN

08

## EVERYONE PLEASE ANSWER

### WDiag01-12 (a) WDiarec (b) (new)

**Q69** a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

b) If you have had more than one of these, which were you told about most recently?

	(a) Ever	(b) Most recent
<b>Tick ALL that apply</b>		<b>Tick ONE box</b>
Chlamydia	<input type="checkbox"/> 431-450 01	<input type="checkbox"/> 451-452 01
Gonorrhea	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Genital warts (vanereal warts)	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Syphilis	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Trichomonas vaginalis (Trich, TV)	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Herpes (genital herpes)	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Pubic lice / crabs	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Hepatitis B	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Pelvic Inflammatory Disease (PID, salpingitis)	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Vaginal thrush (Candida, yeast infection)	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Bacterial vaginosis	<input type="checkbox"/> 11	<input type="checkbox"/> 11
An infection transmitted by sex – <b>can't remember</b> which	<input type="checkbox"/> 14	<input type="checkbox"/> 14
None of these	<input type="checkbox"/> 15	

**IF YOU HAD NONE OF THESE PLEASE GO TO QUESTION 72 ON PAGE 27,  
OTHERS PLEASE GO TO THE NEXT QUESTION**

**WWnSti (new)**

**Q70** When were you last told by a doctor or health professional that you had an infection transmitted by sex?

**Tick ONE box**

453

- |  |                            |
|--|----------------------------|
| Less than 1 year ago                         | <input type="checkbox"/> 1 |
| Between 1 year and 2 years ago               | <input type="checkbox"/> 2 |
| Between 2 years and 3 years ago              | <input type="checkbox"/> 3 |
| Between 3 years and 4 years ago              | <input type="checkbox"/> 4 |
| Between 4 years and 5 years ago              | <input type="checkbox"/> 5 |
| More than five years ago                     | <input type="checkbox"/> 6 |
| Have not had an infection transmitted by sex | <input type="checkbox"/> 7 |

**WWrSti (new)**

**Q71** Where were you last treated for an infection transmitted by sex?

**Tick ONE box**

454-455

- |  |                             |
|--|-----------------------------|
| A doctor or nurse at your GP's surgery                                     | <input type="checkbox"/> 02 |
| Sexual health clinic (GUM clinic)  | <input type="checkbox"/> 03 |
| NHS Family planning clinic/contraceptive clinic/reproductive health clinic | <input type="checkbox"/> 04 |
| NHS ante-natal clinic/midwife  | <input type="checkbox"/> 05 |
| Private non-NHS doctor or clinic   | <input type="checkbox"/> 06 |
| Youth advisory clinic (e.g. Brook clinic)                                  | <input type="checkbox"/> 07 |
| Pharmacy / chemist   | <input type="checkbox"/> 08 |
| Internet site offering treatment   | <input type="checkbox"/> 09 |
| Termination of pregnancy (abortion) clinic                                 | <input type="checkbox"/> 14 |
| Hospital accident and emergency (A&E) department                           | <input type="checkbox"/> 15 |
| Somewhere else<br>WRITE IN   | <input type="checkbox"/> 17 |
| Have not had an infection transmitted by sex                               | <input type="checkbox"/> 01 |

Spare 456-460

## EVERYONE PLEASE ANSWER

### W1stInt (new)

**Q72** How old were you when you **first** had sexual intercourse with a man?

461-462

**Go to Q73**

**Write in**

This hasn't happened

  
97

**Go to Q77**

### WHetLife (new)

**Q73** Altogether, in your life so far, with how many men have you had sexual intercourse ?

463-466

**Write in**

### WCert (new)

**Q74** Are you certain of that number or have you had to estimate it?

**Tick ONE box**

467

Certain

  
1

Estimate

  
2

### WHet1Yr (new)

**Q75** Altogether, in the last **year**, with how many men have you had sexual intercourse?

468-471

**Write in**

### WCon4wk (new)

**Q76** Was a condom (sheath) used on any occasions of having vaginal or anal sex with a man in the last 4 weeks?

**Tick ONE box**

472

Yes, used on every occasion

  
1

Yes, used on some occasions

  
2

No, not used in the last 4 weeks

  
3

Not had vaginal or anal sex in last 4 weeks

  
4

### WEvSam (New)

**Q77** Have you ever had sex with a woman? That is, oral sex or other forms of genital contact.

**Tick ONE box**

473

Yes

  
1

**Go to Q78**

No

  
2

**Go to end**

**WSamLif (new)**

**Q78** Altogether, in your life so far, with how many women have you had sex?

474-477

**Write in****WCert2 (new)**

**Q79** Are you certain of that number or have you had to estimate it? **Tick ONE box**

478

Certain

 1

Estimate

 2**WSam5yr (new)**

**Q80** Altogether, in the last **five years**, with how many women have you had sex?

479-482

**Write in****Thank you for answering these questions.****Please give the booklet back to the interviewer in the envelope provided.**

**P3027**

Point	1-4

Address	5-6

HHLD	7

CKL	

Person No	8-9

First  
name:

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

Survey  
month:

## **Health Survey for England 2010**

### **Booklet for Young Adult Men**

In Confidence

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

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

## How to fill in this questionnaire

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

**Example:**

Tick **one** box

Do you feel that you lead a ...

<b>Very healthy life</b>	<b>Fairly healthy life</b>	<b>Not very healthy life</b>	<b>An unhealthy life</b>
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

**Example:**

Write in no.

6

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

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

**Example:**

Tick **one** box

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

- D. For some of the questions you will not need to give an answer. These have been put in to direct you to another point of the questionnaire, based on the answers you have already given.

**Example:**

If you ticked more than one box at question 10, please answer question 11. Others please go to question 15 on page 8.

## **Smoking**

**DSmokevr (+smokever = smkevr)**

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

**Tick ONE box**

21  
1

No  
2

→ **Go to next question**

→ **Go to Q12 on page 5**

**Dsmokcig (+ smokecig = cigevr)**

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

**Tick ONE box**

22  
1

No  
2

→ **Go to next question**

→ **Go to Q12 on page 5**

**DCigage**

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

23-24

**Write in how old you were then**

**DSmoknow (+ smokenow = cignow)**

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

**Tick ONE box**

25  
1

No  
2

→ **Go to Q7 on page 4**

→ **Go to next question**

**DQTres**  
**Q5** Why did you decide to give up smoking?

**Tick ALL that apply**  
 26-43

- Advice from a GP/health professional  01
- Advert for a nicotine replacement product  02
- Government TV, radio or press advert  03
- Hearing about a new stop smoking treatment  04
- Financial reasons (couldn't afford it)**  05
- Because of the smoking ban in all enclosed public places, including pubs and restaurants  06 (New)
- I knew someone else who was stopping  07
- Seeing a health warning on a cigarette packet  08
- Family or friends wanted me to stop  09
- Being contacted by my local NHS Stop Smoking Services  10
- Health problems I had at the time  11
- Worried about future health problems  12
- Worried about the effect on my children  14
- Worried about the effect on other family members  15
- My own motivation  16
- Something else  17
- Cannot remember  98

**DSmokreg (+ smokereg = cigreg)**

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

**Tick ONE box**

44

<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3

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

→ Go to Q12 on page 5

**DDlysmok (+ Dlysmoke = cigwday)**  
**CURRENT SMOKERS**

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

45-46

**Write in number smoked a day**

**Dwkndsmo (+ wkndsmok = cigwend)**

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

47-48

**Write in number smoked a day**

**DCigType (+ CigType = CigTyp)**

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

**Tick ONE box**

49

filter-tipped cigarettes,

 1

plain or untipped cigarettes,

 2

or hand-rolled cigarettes?

 3

**DGiveup (+ Giveup = GivupSk)**

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

**Tick ONE box**

50

Yes

 1

→ **Go to next question**

No

 2

→ **Go to Q12**

**DyGvUp**

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

**Tick ALL that apply**

51-66

Because of a health problem I have at present

 01

Better for my health in general

 02

Less risk of getting smoking related illnesses

 03

Family/friends wanted me to stop

 04

Financial reasons (couldn't afford it)

 05

Worried about the effect on my children

 06

Because of the ban on smoking in all public places

 07

Other

 08

**Dpareg (+Fathsm = SmkDad)**  
**EVERYONE PLEASE ANSWER**

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

**Tick ONE box**

67

  
1

No

  
2

Don't know

  
8

**Dmareg (+Mothsm = SmkMum)**

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

**Tick ONE box**

68

  
1

No

  
2

Don't know

  
8

**DExpsm (+ Expsm = ExpSmok)**

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

69-71

Number of hours a week

**Write in**

**Dnrsmo2 (new) (+Passive = Passmk7)**

**Q15** Are you regularly exposed to other people's tobacco smoke in any of these places?  
a)

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

**Tick ALL boxes which apply**

72-77

  
1

At home

  
2  
3

In other people's homes

  
4

Outdoor smoking areas of pubs/restaurants/cafes

  
5

In other places

  
6

No, none of these

→ **Go to Q15 b)**

→ **Go to Q16 on page 6**

## DSmkbthr

**Q15** Does this bother you?

b)

**Tick ONE box**

78

Yes

1

No

2

## DRINKING

### DDrink (+ drink = dnnow)

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

**Tick one box**

79

Yes

1

No

2

→ **Go to Q19**

→ **Go to next question**

### DDrinkan (+drinkany = dnany)

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

**Tick one box**

80

Very occasionally

1

Never

2

→ **Go to Q19**

→ **Go to next question**

### Dalwaytt (+alwaystt = dnevr)

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

**Tick one box**

81

Always a non-drinker

1

Used to drink but stopped

2

→ **Go to Q24 on page 9**

### DDrinkag

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

82-83

Write in how old you were then

**DDrinkof (+ drinkoft = dnoft)**

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

**Tick one box**

84-85

Almost every day

 01

Five or six days a week

 02

Three or four days a week

 03

Once or twice a week

 04

Once or twice a month

 05

Once every couple of months

 06

Once or twice a year

 07

Not all in the last 12 months

 08**DDrinkL7 (+drinkL7 = d7day)**

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

**Tick one box**

86

Yes

 1 → **Go to next question**

No

 2 → **Go to Q24 on page 9****DDrnkday (+drinkday = d7many)**

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

**Tick one box**

87

One

 1

Two

 2

Three

 3

Four

 4

Five

 5

Six

 6

Seven

 7

**Q23** Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

<b>TICK ALL DRINKS DRUNK ON THAT DAY</b>		<b>WRITE IN HOW MUCH DRUNK ON THAT DAY</b>					
		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles		
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy. <b>DDktyp01</b>	88-103 01		<input type="checkbox"/> Nberqpt7	<input type="checkbox"/> Dnbl7q2	<input type="checkbox"/> Dnbl7q3	104-111	
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White) <b>DDktyp02</b>	02		<input type="checkbox"/> SBerqpt7	<input type="checkbox"/> Dsbl7q2	<input type="checkbox"/> Dsbl7q3	112-119	
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails <b>DDktyp03</b>	03		<input type="checkbox"/> DSpirl7q			120-121	
Sherry or martini (including port, vermouth, cinzano, dubonnet) <b>DDktyp04</b>	04		<input type="checkbox"/> Dshrl7q			122-123	
Wine (including babycham and champagne) <b>DDktyp05</b>	05		<input type="checkbox"/> Dw250ml	<input type="checkbox"/> Dw175ml	<input type="checkbox"/> Dw125ml	<input type="checkbox"/> dwbtl	124-132
Alcoholic soft drink ('alcopop') or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice <b>DDktyp06</b>	06					<input type="checkbox"/> Dpopsl7q	133-134
Other kinds of alcoholic drink							
<b>WRITE IN NAME OF DRINK</b>							
1. <b>DDktyp07</b>	07						135-144
2. <b>DDktyp08</b>	08						145-154

Spare 155-168

## **Happy (new)**

**Q24** Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

169-170

**Write in**


Spare 171-300

## **GENERAL HEALTH TODAY**

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

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

### **Mobility**

**Q25 Mobility****Tick ONE box**

301

I have no problems in walking about

 1

I have some problems in walking about

 2

I am confined to bed

 3

### **Selfcare**

**Q26 Self-Care****Tick ONE box**

302

I have no problems with self-care

 1

I have some problems washing or dressing myself

 2

I am unable to wash or dress myself

 3

### **Usualact**

**Q27 Usual activities****Tick ONE box**

303

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

I have some problems with performing my usual activities

 2

I am unable to perform my usual activities

 3

### **Pain**

**Q28 Pain/Discomfort****Tick ONE box**

304

I have no pain or discomfort

 1

I have moderate pain or discomfort

 2

I have extreme pain or discomfort

 3

## Anxiety

### Q29 Anxiety/Depression

**Tick ONE box**

305

I am not anxious or depressed

1

I am moderately anxious or depressed

2

I am extremely anxious or depressed

3

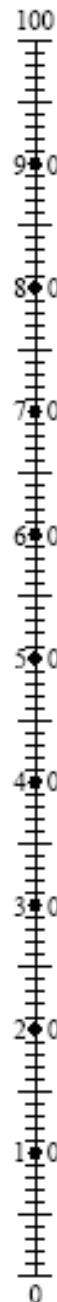
306-308

### Q30

### HthStat (new)

**Best imaginable**

**health state**



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

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

Your own  
health state  
today

**Worst imaginable**

**health state**

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Spare 309-310

## GENERAL HEALTH OVER THE LAST FEW WEEKS

### Please read this carefully:

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

### HAVE YOU RECENTLY:

#### GHQConc

- Q31** been able to concentrate on whatever you're doing?

Better than usual

 1

Same as usual

 2

Less than usual

 3

Much less than usual

 4

Tick **ONE** box  
311

#### GHQSleep

- Q32** lost much sleep over worry?

Not at all

 1

No more than usual

 2

Rather more than usual

 3

Much more than usual

 4

Tick **ONE** box  
312

#### GHQUse

- Q33** felt you were playing a useful part in things?

More so than usual

 1

Same as usual

 2

Less useful than usual

 3

Much less useful

 4

Tick **ONE** box  
313

#### GHQDecis

- Q34** felt capable of making decisions about things?

More so than usual

 1

Same as usual

 2

Less so than usual

 3

Much less capable

 4

Tick **ONE** box  
314

#### GHQStrai

- Q35** felt constantly under strain?

Not at all

 1

No more than usual

 2

Rather more than usual

 3

Much more than usual

 4

Tick **ONE** box  
315

#### GHQOver

- Q36** felt you couldn't overcome your difficulties?

Not at all

 1

No more than usual

 2

Rather more than usual

 3

Much more than usual

 4

Tick **ONE** box  
316

**HAVE YOU RECENTLY:**

**GHQEnjoy**

**Q37** been able to enjoy your normal day-to-day activities?

Tick ONE box  
317

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

**GHQFace**

**Q38** been able to face up to your problems?

Tick ONE box  
318

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

**GHQUnhap**

**Q39** been feeling unhappy and depressed?

Tick ONE box  
319

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

**GHQConfi**

**Q40** been losing confidence in yourself?

Tick ONE box  
320

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

**GHQWorth**

**Q41** been thinking of yourself as a worthless person?

Tick ONE box  
321

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

**GHQHappy**

**Q42** been feeling reasonably happy, all things considered?

Tick ONE box  
322

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

Spare 323-325

General Health Questionnaire (GHQ – 12)

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## GENERAL WELLBEING

- Q43** Below are some statements about feelings and thoughts.  
Please circle the number that best describes your experience of each over the last 2 weeks.

<b>(ALL NEW)</b>		<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>OptimF</b> I've been feeling optimistic about the future		1	2	3	4	5	326
<b>Useful</b> I've been feeling useful		1	2	3	4	5	327
<b>Relax</b> I've been feeling relaxed		1	2	3	4	5	328
<b>IntPeop</b> I've been feeling interested in other people		1	2	3	4	5	329
<b>Energy</b> I've had energy to spare		1	2	3	4	5	330
<b>Dealprb</b> I've been dealing with problems well		1	2	3	4	5	331
<b>ThkClr</b> I've been thinking clearly		1	2	3	4	5	332
<b>Goodme</b> I've been feeling good about myself		1	2	3	4	5	333
<b>ClsePeop</b> I've been feeling close to other people		1	2	3	4	5	334
<b>Confidet</b> I've been feeling confident		1	2	3	4	5	335
<b>Makemind</b> I've been able to make up my own mind about things		1	2	3	4	5	336
<b>Loved</b> I've been feeling loved		1	2	3	4	5	337
<b>IntThgs</b> I've been interested in new things		1	2	3	4	5	338
<b>Cheer</b> I've been feeling cheerful		1	2	3	4	5	339

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)  
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### **Paidwk (new)**

- Q44** Are you currently in paid employment?

**Tick ONE box**

340

Yes	<input type="checkbox"/> 1 → <b>Go to Q45</b>
No	<input type="checkbox"/> 2 → <b>Go to Q49</b>

### Copejob (new)

**Q45** How much do you agree or disagree with the statement that 'I feel able to cope with the demands of my job'?

**Tick ONE box**

341

Strongly agree

1

Agree

2

Neither agree nor disagree

3

Disagree

4

Strongly disagree

5

### Choicewk (new)

**Q46** Do you have a choice in deciding HOW you go about your work?

**Tick ONE box**

342

Never

1

Occasionally

2

Some of the time

3

Much of the time

4

Most of the time

5

All of the time

6

### Supptwk (new)

**Q47** Do you get help and support from your line manager?

**Tick ONE box**

343

Often

1

Sometimes

2

Seldom

3

Never/ almost never

4

Does not apply/ have no manager

5

## Losejob (new)

**Q48** How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.

- **0** means that such a change will definitely **not** take place.
- **100** means that such a change definitely will take place.

**Circle one box**

 0 10 20 30 40 50 60 70 80 90 100

344-346

Spare 347-350

**Q49** The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

**MCont01 - 08 (new)**

**Q50** This is a list of possible contraception methods. Which, if any, do you (and a partner) usually use **at present?**

**Tick ALL that apply**  
351-370

The contraceptive pill

 06

Male condom

 10

Female condom

 11

Emergency contraception (morning after pill)

 12

Long acting reversible contraception –  
IU (intra-uterine) Devices / Systems,  
contraceptive injections, patches, implants

 13

Another method of protection

WRITE IN

29

No method

 01

No sexual relations with a woman currently

 02

**Go to Q51**

Spare 371-390

**MFPS01 – 15 (new)**

**Q51** In the past year have you sought advice on contraception, or obtained supplies, from any of these sources?

**Tick ALL that apply**

391-410

A doctor or nurse at your GP's surgery	<input type="checkbox"/> 02
Sexual health clinic (GUM clinic)	<input type="checkbox"/> 03
NHS family planning clinic/contraceptive clinic/reproductive health clinic	<input type="checkbox"/> 04
NHS ante-natal clinic/midwife	<input type="checkbox"/> 05
Private non-NHS doctor or clinic	<input type="checkbox"/> 06
Youth advisory clinic (e.g. Brook clinic)	<input type="checkbox"/> 07
Pharmacy / chemist	<input type="checkbox"/> 08
Internet website	<input type="checkbox"/> 09
Supplies from school/college/university services	<input type="checkbox"/> 10
Over the counter at a petrol station/supermarket/other shop	<input type="checkbox"/> 11
Vending machine	<input type="checkbox"/> 12
Mail order	<input type="checkbox"/> 13
Hospital accident and emergency (A&E) department	<input type="checkbox"/> 15
Any other place WRITE IN	<input type="checkbox"/> 17
I have not sought advice or supplies	<input type="checkbox"/> 01

**Go to Q52****MTstCh (new)**

**Q52** Have you ever had a test for Chlamydia?

**Tick ONE box**

411

Yes	<input type="checkbox"/> 1 → <b>Go to Q53</b>
No	<input type="checkbox"/> 2 → <b>Go to Q56</b>

**MTChWn (new)**

**Q53** When did you have your last test for Chlamydia?

**Tick ONE box**

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

**Go to Q54**

**MCTsWr (new)**

**Q54** Where were you (last) tested for Chlamydia?

**Tick ONE box**

413-414	<input type="checkbox"/>	02
	<input type="checkbox"/>	03
	<input type="checkbox"/>	04
	<input type="checkbox"/>	05
	<input type="checkbox"/>	06
	<input type="checkbox"/>	07
	<input type="checkbox"/>	08
	<input type="checkbox"/>	09
	<input type="checkbox"/>	11
	<input type="checkbox"/>	14
	<input type="checkbox"/>	15
	<input type="checkbox"/>	17

**Go to Q55**

Hospital accident and emergency (A&E) department

Somewhere else  
WRITE IN

**MCTWy01 – 08 (new)****Q55** Why were you (last) tested for Chlamydia?**Tick ALL that****apply**

415-430

I had symptoms

 01

My partner had symptoms

 02I was notified because a partner was diagnosed  
with Chlamydia 03

I wanted a general sexual health check-up

 04

Check-up after previous positive test

 05I had no symptoms but I was worried about the  
risk of Chlamydia 06

I was offered a routine test

 07Other  
WRITE IN

08

**Go to Q56**

**EVERYONE PLEASE ANSWER**

**MDiag01-12 (a) MDiarec (b) (new)**

**Q56** (a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

(b) If you have had more than one of these, which were you told about most recently?

	(a) Ever	(b) Most recent
<b>Tick ALL that apply</b>		<b>Tick ONE box</b>
Chlamydia	<input type="checkbox"/> 431-450 01	<input type="checkbox"/> 451-452 01
Gonorrhoea	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Genital warts (venereal warts)	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Syphilis	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Trichomonas vaginalis (Trich, TV)	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Herpes (genital herpes)	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Pubic lice / crabs	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Hepatitis B	<input type="checkbox"/> 08	<input type="checkbox"/> 08
NSU (Non Specific Urethritis), NGU (Non Gonococcal Urethritis)	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Epididymitis	<input type="checkbox"/> 13	<input type="checkbox"/> 13
An infection transmitted by sex – <b>can't</b> remember which	<input type="checkbox"/> 14	<input type="checkbox"/> 14
None of these	<input type="checkbox"/> 15	

**IF YOU HAD NONE OF THESE PLEASE GO TO QUESTION 59,  
OTHERS PLEASE GO TO THE NEXT QUESTION**

**MWnSti (new)**

**Q57** When were you last told by a doctor or health professional that you had an infection transmitted by sex?

**Tick ONE box**

Less than 1 year ago	453 1
Between 1 year and 2 years ago	2
Between 2 years and 3 years ago	3
Between 3 years and 4 years ago	4
Between 4 years and 5 years ago	5
More than 5 years ago	6

**Go to Q58**

**MWrSti (new)**

**Q58** Where were you last treated for an infection transmitted by sex?

**Tick ONE box**

A doctor or nurse at your GP's surgery	454-455 02
Sexual health clinic (GUM clinic)	03
NHS Family planning clinic/contraceptive clinic/reproductive health clinic	04
NHS ante-natal clinic/midwife	05
Private non-NHS doctor or clinic	06
Youth advisory clinic (e.g. Brook clinic)	07
Pharmacy / chemist	08
Internet site offering treatment	09
Termination of pregnancy (abortion) clinic	14
Hospital accident and emergency (A&E) department	15
Somewhere else WRITE IN	17

**Go to Q59**

Spare 456-460

## EVERYONE PLEASE ANSWER

### M1stInt (new)

**Q59** How old were you when you **first** had sexual intercourse with a woman?

461-462

**Go to 60**

**Write in**

This hasn't happened

  
97

**Go to Q64**

### MHetLife (new)

**Q60** Altogether, in your life so far, with how many women have you had sexual intercourse ?

463-466

**Write in**

### MCert (new)

**Q61** Are you certain of that number or have you had to estimate it?

**Tick ONE box**

467

Certain

  
1

Estimate

  
2

### MHet1Yr (new)

**Q62** Altogether, in the **last year**, with how many women have you had sexual intercourse?

468-471

**Write in**

### MCon4wk (new)

**Q63** Was a condom (sheath) used on any occasions of having vaginal or anal sex with a woman in the **last 4 weeks**?

**Tick ONE box**

472

Yes, used on every occasion

  
1

Yes, used on some occasions

  
2

**Go to Q64**

No, not used in the last 4 weeks

  
3

Not had vaginal or anal sex in last 4 weeks

  
4

### MEvSam (New)

**Q64** Have you ever had sex with a man? That is, oral or anal sex or any other forms of genital contact.

**Tick ONE box**

473

Yes

  
1

**Go to Q65**

No

  
2

**Go to Q68**

**MSamLif (new)**

**Q65** Altogether, in your life so far, with how many men have you had sex?

474-477

**Write in****MCert2 (new)**

**Q66** Are you certain of that number or have you had to estimate it?

**Tick ONE box**
 478  
1

Certain

  
2

Estimate

**MSam5yr (new)**

**Q67** Altogether, in the last **five years**, with how many men have you had sex?

479-482

**Write in**

**Q68 IF YOU HAVE NEVER HAD SEX WITH A WOMAN, PLEASE GO TO THE END OF THE BOOKLET, OTHERS PLEASE GO TO QUESTION 69**

**MEvrPd (new)**

**Q69** Have you ever paid money for sex with a woman?

**Tick ONE box**
 483  
1

Yes

  
2
No → **Go to end****MLstPay (new)**

**Q70** When was the last time you paid for sex with a woman?

**Tick ONE box**
 484  
1

In the last 7 days

  
2

More than 7 days , up to 4 weeks ago

  
3

More than 4 weeks, up to 1 year ago

  
4

More than 1 year, up to 5 years ago

  
5

Longer than 5 years ago

**Thank you for answering these questions.**

**Please give the booklet back to the interviewer in the envelope provided.**

**P3027**

Point	1-4

Address	5-6

HHLD	7

CKL	

Person No	8-9

First name:

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

3	1	6
---	---	---

Survey month:

## **Health Survey for England 2010**

### **Booklet for 13-15 year olds**

In Confidence

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell your answers to anyone you know.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

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

## How to answer these questions

- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

Yes  1

No  2

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

I was **10** years old

write in

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

No  2 → **Go to question 4**

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

## **Happy (New)**

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

169-170

Spare 21-168

**Write in**

## **Cigarette Smoking**

### **ASmokCig**

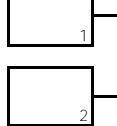
- Q2** Have you ever tried smoking a cigarette, even if it was only a puff or two?

**Tick one box**

171  
 1  
 2

Yes

No



### **ASmokReg**

- Q3** Now read all the following sentences very carefully and tick the box next to the one which best describes you.

**Tick one box**

172  
 1

I have never smoked

2

I have only smoked once or twice

3

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

4

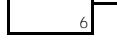
I sometimes smoke, but I don't smoke every week

5

I smoke between one and six cigarettes a week

6

I smoke more than six cigarettes a week



### **ACigAge**

- Q4** How old were you when you tried smoking a cigarette, even if it was only a puff or two?

173-174

I was

years old

**write in****Go to next question**

### **ACigweek**

- Q5** Did you smoke any cigarettes last week?

**Tick one box**

175  
 1

Yes

2

No



**ACigNum**

**Q6** How many cigarettes did you smoke last week?

I smoked   cigarettes

176-177  
**write in**

**Go to next question**

Spare 178-184

**Anrsmo2 (new)**

**EVERYONE PLEASE ANSWER**

**Q7** Do you find that you are often near people who are smoking in any of these places?

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

**Tick all boxes which apply**

185-204

At home 01

02

03

In other people's homes

In other places

(please write these other places on the line below)

**Go to next question**

---

No, none of these

97

**Go to question 9**

**Asmkbthr**

**Q8** Does this bother you?

**Tick one box**

205

Yes 1

2

No

**Go to next question**

Spare 206-214

## Drinking

### Adrprop

**Q9** Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

**Tick one box**

215

Yes

 1

**Go to question 11**

No

 2

**Go to next question**

### Adropops

**Q10** Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch etc)?

**Tick one box**

216

Yes

 1

**Go to next question**

No

 2

**Go to question 20 on page 8**

### Adrinkag

**Q11** How old were you the first time you had a proper alcoholic drink or an alcopop?

217-218

I was

years old

**write in**

**Go to next question**

### Adrinkof

**Q12** How often do you usually have an alcoholic drink or alcopop?

**Tick one box**

219

Almost every day

 1

About twice a week

 2

About once a week

 3

About once a fortnight

 4

**Go to next question**

About once a month

 5

Only a few times a year

 6

I never drink alcohol now

 7

## Adrlast

**Q13** When did you **last** have an alcoholic drink or alcopop?

**Tick one box**  
220

Today	<input type="checkbox"/> 1	→ <b>Go to next question</b>
Yesterday	<input type="checkbox"/> 2	
Some other time during the last week	<input type="checkbox"/> 3	
1 week, but less than 2 weeks ago	<input type="checkbox"/> 4	
2 weeks, but less than 4 weeks ago	<input type="checkbox"/> 5	
1 month, but less than 6 months ago	<input type="checkbox"/> 6	
6 months ago or more	<input type="checkbox"/> 7	

## Aberzw

**Q14** Which, if any, of the drinks shown below, have you drunk in the last 7 days?

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

For each kind of drink, write in the box how much you drank in the last 7 days.

### **Beer, lager cider or shandy (exclude bottles or cans of shandy)**

Have you drunk this in the last 7 days?

**Tick one box**

221

No	<input type="checkbox"/> 2	→ <b>Go to question 15</b>
Yes	<input type="checkbox"/> 1	↓

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

Write in:

222-225

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

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

226-227

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

**Large cans or bottles**

228-229

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

**Small cans or bottles**

**Aberzqpt**

**Aberzqlg**

**Aberzqsm**

## Aspirw

**Q15 Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails**

Have you drunk this in the last 7 days?

**Tick one box**

230

No

 2

**Go to question 16**

Yes

 1

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

Write in:

231-232

**Aspirqgs**

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

## Asherw

**Q16 Sherry or martini (including port, vermouth, cinzano, dubonnet)**

Have you drunk this in the last 7 days?

**Tick one box**

233

No

 2

**Go to question 17**

Yes

 1

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

Write in:

234-235

**Asherqgs**

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

## Awinew

**Q17 Wine (including babycham and champagne)**

Have you drunk this in the last 7 days?

**Tick one box**

236

No

 2

**Go to question 18**

Yes

 1

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

Write in:

237-238

**Awineqgs**

**Glasses**

Spare 239-245

**Apopsw**

**Q18 Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch, etc.)**

Have you drunk this in the last 7 days?

**Tick one box**

246

No

→ **Go to question 19**

Yes

1



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

Write in:

247-248

**Large cans or bottles**

249-250

**Small cans or bottles**

**Apopsqlg**

**Apopsqsm**

AND/OR

**Q19 Other kinds of alcoholic drink?**

Have you drunk this in the last 7 days?

**Tick one box**

251

No

→ **Go to question 20**

Yes

→ **Complete details below**

**Write in name of drink**

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

Write in:

253-262



264-273



275-284



Spare 285-287

## Your weight

**Everyone please answer**

**Saywgt**

**Q20** Given your age and height, would you say  
that you are...

About the right weight

too heavy

or too light?

Not sure

**Tick one box**

288

1
2
3
8

**Go to next question**

**Saydiet**

**Q21** At the present time are you trying to **lose** weight, trying  
to **gain** weight, or are you **not trying** to change your  
weight?

**Tick one box**

289

Trying to lose weight

Trying to gain weight

Not trying to change weight

1
2
3

Spare 290-310

# General health over the last few weeks

## Please read this carefully:

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

## HAVE YOU RECENTLY:

### GHQConc

**Q22** been able to concentrate on whatever you're doing?

Tick **one** box  
311

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

### GHQSleep

**Q23** lost much sleep over worry?

Tick **one** box  
312

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

### GHQUse

**Q24** felt you were playing a useful part in things?

Tick **one** box  
313

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

### GHQDecis

**Q25** felt capable of making decisions about things?

Tick **one** box  
314

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

### GHQStrai

**Q26** felt constantly under strain?

Tick **one** box  
315

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

### GHQOver

**Q27** felt you couldn't overcome your difficulties?

Tick **one** box  
316

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

**HAVE YOU RECENTLY:**Tick **one** box  
317**GHQEnjoy****Q28** been able to enjoy your normal day-to-day activities?

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

**GHQFace****Q29** been able to face up to your problems?

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

**GHQUnhap****Q30** been feeling unhappy and depressed?

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

**GHQConfi****Q31** been losing confidence in yourself?

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

**GHQWorth****Q32** been thinking of yourself as a worthless person?

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

**GHQHappy****Q33** been feeling reasonably happy, all things considered?

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

General Health Questionnaire (GHQ-12)

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

**P3027**

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

First name:

Spare Card Spare  
10-11      3 1 7      15-20  
12-14

Survey month:

## **Health Survey for England 2010**

### **Booklet for 8-12 year olds**

In Confidence

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell your answers to anyone you know.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

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

## How to answer these questions

- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

Yes  1

No  2

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

I was **10** years old

**write in**

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

No  2 → **Go to question 4**

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

## **Happy (new)**

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

169-170

Spare 21-168

**Write in**

## **Cigarette Smoking**

### **CSmokCig**

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

Spare 171-177

**Tick one box**

178

No

 2

→ **Go to question 3**

Yes

 1

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

179-180

I was  years old

**Write in**

### **CSmokAge**

### **CSmokReg**

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

**Tick one box**

181

I have never smoked

 1

I have only smoked once or twice

 2

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

 3

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

 4

I smoke between one and six cigarettes a week

 5

I smoke more than six cigarettes a week

 6

→ **Go to next question**

**CCigWeek**

- 4.** Did you smoke any cigarettes last week?

**Tick one box**

182

No

 2**Go to question 5**

Yes

 1

How many cigarettes did you smoke last week?

183-184

I smoked

Cigarettes

**Write in****CCigNum****Ansrmo****EVERYONE PLEASE ANSWER**

- 5.** Do you find that you are often near people who are smoking in any of these places?

**Please tick all the places where you are often near people who are smoking****Tick all boxes which apply**

185-204

At home

 01**Go to next question**

In other people's homes

 02

In other places

(Please write these other places on the line below)

 03

No, none of these

 97**Go to question 7 on page 4****Asmkbthr**

- 6.** Does this bother you?

**Tick one box**

205

Yes

 1**Go to next question**

No

 2

Spare 206-214

## Drinking

### Adrprop

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

**Tick one box**

215

Yes

1

2

→ **Go to question 9**

No

1

2

→ **Go to next question**

### Adropops

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

**Tick one box**

216

Yes

1

2

→ **Go to next question**

No

1

2

→ **Go to question 12 on page 6**

### Adrinkag

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

217-218

I was

years old

**write in**

### Adrinkof

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

**Tick one box**

219

Almost every day

1

2

About twice a week

3

About once a week

4

About once a fortnight

5

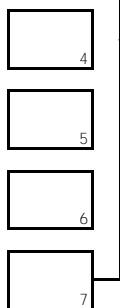
About once a month

6

Only a few times a year

7

I never drink alcohol now



→ **Go to next question**

**Adr last**

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

**Tick one box**

220

Today	<input type="checkbox"/> 1
Yesterday	<input type="checkbox"/> 2
Some other time during the last week	<input type="checkbox"/> 3
1 week, but less than 2 weeks ago	<input type="checkbox"/> 4
2 weeks, but less than 4 weeks ago	<input type="checkbox"/> 5
1 month, but less than 6 months ago	<input type="checkbox"/> 6
6 months ago or more	<input type="checkbox"/> 7

**Go to next question** →

Spare 221-287

## Your weight

**Everyone please answer**

**Saywgt**

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

**Tick one box**

288

About the right weight

 1

too heavy

 2

or too light?

 3

Not sure

 8

→ **Go to next question**

**Saydiet**

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

**Tick one box**

289

Trying to lose weight

 1

Trying to gain weight

 2

Not trying to change weight

 3

→ **Go to next question**

# Cycling

**Everyone please answer**

**CBicycle**

**14.** Do you have a bicycle?

**Tick one box**

290

Yes

 1  
 2

No

→ **Go to next question**

**CHelma**

**15.** Do you wear a bicycle helmet when you ride a bike?

**Tick one box**

291

I always wear a helmet when I ride a bike

 1  
 2

I sometimes wear a helmet when I ride a bike

 3  
 4

I never wear a helmet when I ride a bike

→ **Go to next question**

I never ride a bike

**CHelmb1-7**

**16.** What do you think about bicycle helmets?

**Please tick all the boxes that you agree with**

292-298

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

 1

I sometimes forget to put my helmet on

 2

Bicycle helmets cost too much money

 3

Helmets look good

 4

It is difficult to get helmets to fit

 5

Helmets can protect you if you have an accident

 6

Wearing a helmet makes me feel like a proper cyclist

 7

**Thank you for answering these questions.**

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

**P3027**

Point

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

Address

5-6	
-----	--

HHLD

7
---

CKL

--

Child No

8-9	
-----	--

First name of  
**child**:

Spare Card

10-11	3	2
12-13		

First name of **parent** completing booklet:

Person no of parent

14-15	
-------	--

Spare

16-20

Survey month:

## Health Survey for England 2010

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

In Confidence

#### How to fill in this questionnaire

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

**Example:**

**Tick one box**

Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel that you lead a ...

## Strengths and Difficulties Questionnaire

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

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

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

	<b>Not True</b>	<b>Somewhat true</b>	<b>Certainly true</b>	
<b>1.</b> <i>Sdqfeel</i> Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	51
<b>2.</b> <i>Sdqhyper</i> Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	52
<b>3.</b> <i>Sdqaches</i> Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	53
<b>4.</b> <i>Sdqshare</i> Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	54
<b>5.</b> <i>Sdqtempr</i> Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	55
<b>6.</b> <i>Sdqalone</i> Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	56
<b>7.</b> <i>Sdqobeys</i> Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	57
<b>8.</b> <i>Sdqworry</i> Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	58
<b>9.</b> <i>Sdqhelp</i> Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	59
<b>10.</b> <i>Sdqfidget</i> Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	60
<b>11.</b> <i>Sdqpal</i> Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	61
<b>12.</b> <i>Sdqfight</i> Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	62
<b>13.</b> <i>Sdqsad</i> Often unhappy, down-hearted or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	63
<b>14.</b> <i>Sdqliked</i> Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	64
<b>15.</b> <i>Sdqdaze</i> Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	65
<b>16.</b> <i>Sdqcling</i> Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	66
<b>17.</b> <i>Sdqkind</i> Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	67
<b>18.</b> <i>Sdqlies</i> Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	68
<b>19.</b> <i>Sdqbulld</i> Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	69
<b>20.</b> <i>Sdqvols</i> Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	70

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

	<b>Not True</b>	<b>Somewhat true</b>	<b>Certainly true</b>	
<b>21.</b> <i>Sdqthink</i> Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	71
<b>22.</b> <i>Sdqsteal</i> Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	72
<b>23.</b> <i>Sdqadult</i> Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	73
<b>24.</b> <i>Sdqfears</i> Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	74
<b>25.</b> <i>Sdqtend</i> Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	75

### **Sdqdiff (new)**

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

	<b>76</b>
No	<input type="checkbox"/> 4
Yes – minor difficulties	<input type="checkbox"/> 1
Yes – definite difficulties	<input type="checkbox"/> 2
Yes – severe difficulties	<input type="checkbox"/> 3

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

### *SdqLdif (new)*

**27.** How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

77

### *SdqDDis (new)*

**28.** Do the difficulties upset or distress your child?

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

78

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

	Not at all	Only a little	Quite a lot	A great deal	
SdqDhom (new) HOME LIFE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	79
SdqDfrnd (new) FRIENDSHIPS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	80
SdqDClss (new) CLASSROOM LEARNING	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	81
SdqDLeis (new) LEISURE ACTIVITIES	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	82

**SDqDBurd (new)**

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

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

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

P8027

**The Health Survey for England 2010**

**Program Documentation**

**Nurse Schedule**

**Household grid**

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

**Person**

*Person number of person who was interviewed*

*Range 01..12*

**Name**

*Name of person who was interviewed*

**Sex**

*Sex of person who was interviewed*

- 1 Male
- 2 Female

**Age**

*Age of person who was interviewed*

*Range 0..120*

**OC**

*Interview outcome of person who was interviewed*

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

IF AGE <= 15 THEN

*P1*

*Person number of child's Parent 1.*

*Range: 1..12*

*NatPs1*

*Parent type of Parent 1.*

- 1 Parent
- 2 Legal parental responsibility

*P2*

*Person number of child's Parent 2*

*(code 97=no Parent 2 in household)*

*Range: 01..97*

IF P2 IN [1..12] THEN

*NatPs2*

*Parent type of Parent 2.*

- 1 Parent
- 2 Legal parental responsibility

*ENDIF*

*ENDIF*

**AdrField**

PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS TAKEN FROM N.R.F. ADDRESS LABEL.

MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED.:

Text: Maximum 10 characters

**HHDate**

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

**OpenDisp**

HERE ARE THE PEOPLE AT THIS HOUSEHOLD WHO HAVE BEEN SEEN BY THE INTERVIEWER (N/Y UNDER Nurse means 'Not yet interviewed', N/E means 'not eligible for interview').

No, Name, Sex, Age, Nurse

PRESS 1 AND <Enter> TO SEE WHICH NURSE SCHEDULE TO SELECT FOR EACH PERSON.

**SchDisp**

TO INTERVIEW EACH PERSON, PRESS <Ctrl+Enter> AND SELECT THE CORRESPONDING NURSE SCHEDULE AS LISTED BELOW.

No, Name, Sex, Age, Nurse, Nurse Schedule Type

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

**Introduction****IF OC = 1 THEN****Info**

You are in the Nurse Schedule for:

Person Number:

Name:

Age:

Sex:

Can you interview this person?

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

**ELSEIF OC=2 THEN****RefInfo**NURSE: (*Name of respondent*) IS RECORDED AS HAVING REFUSED A NURSE VISIT.  
HAS (*he/she*) CHANGED (*his/her*) MIND?NURSE: THERE IS NO INFORMATION YET FROM THE INTERVIEWER WHETHER  
(*Name of respondent*) HAS AGREED TO A NURSE VISIT. IF YOU ARE SURE THAT  
(*he/she*) HAS COMPLETED AN INTERVIEW AND HAS AGREED TO SEE YOU, CODE 1  
FOR "Yes" HERE. ELSE CODE 2 FOR "No"

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

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

NURSE: ENTER THE DATE OF THIS INTERVIEW.

**NDoBD**

Can I just check your date of birth?

NURSE: ENTER DAY, MONTH AND YEAR OF (NAME OF RESPONDENT'S) DATE OF  
BIRTH SEPERATELY

ENTER THE DAY HERE.

**NDoBM**

NURSE: ENTER THE CODE FOR THE MONTH OF NATALIE'S DATE OF BIRTH.

**NDoBY**

ENTER THE YEAR OF NATALIE'S DATE OF BIRTH.

**ConfAge***Derived: Age of respondent based on Nurse entered date of birth and date at time of household interview.**Range: 0..120***DispAge**CHECK WITH RESPONDENT: So your age is (*computed age*)?

- 1 Yes
- 2 No

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

**CParInt**

NURSE: A child can be interviewed **only** with the permission of, and in the presence of, their parent or person who has (permanent) legal parental responsibility, ('parent'). No measurements should be carried out without the agreement of both the parent **and** the child. Press <1> and <Enter> to continue.

**CParNo**

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

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

**ENDIF**

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

**PregNTJ**

Can I check, are you pregnant at the moment?

- 1 Yes
- 2 No

**ENDIF**

**Prescribed medicines, drug coding and folic acid****ALL WITH A NURSE VISIT****MedCNJD**

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

NURSE: IF STATINS HAVE BEEN PRESCRIBED BY A DOCTOR PLEASE CODE THEM HERE. IF THEY HAVE BEEN BOUGHT WITHOUT A PRESCRIPTION CODE AT THE STATINS QUESTION.

- 1 Yes
- 2 No
- 3 Yes, but unable to code as name of drug(s) not available.

**IF MedCNJD = Yes THEN****MedIntro**

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor or nurse?

NURSE: INCLUDING THE CONTRACEPTIVE PILL.

- 1 Continue

*Collect details of up to 22 prescribed medicines*

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

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

**MedBI[i]**

NURSE: ENTER NAME OF DRUG NO. (1,2,3..etc.). ASK IF YOU CAN SEE THE CONTAINERS FOR ALL PRESCRIBED MEDICINES CURRENTLY BEING TAKEN. IF ASPIRIN, RECORD DOSAGE AS WELL AS NAME.

Text: Maximum 30 characters

**MedBIA[i]**

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

- 1 Yes
- 2 No

**MedBIC[i]**

NURSE CHECK: ANY MORE DRUGS TO ENTER?

- 1 Yes
- 2 No

**ENDIF**

**ENDDO**

**ENDIF**

**TBMed**

Are you currently taking any medications for the treatment of tuberculosis?

- 1 Yes
- 2 No

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

**Statins**

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

NURSE: HERE ARE SOME EXAMPLES OF COMMON STATINS, WHICH MAY BE BOUGHT OVER THE COUNTER:

- Atorvastatin (Lipitor)
- Fluvastatin (Lescol, Lescol XL)
- Pravastatin (Lipostat)
- Rosuvastatin (Crestor) and Simvastatin (Zocor)

- 1 Yes
- 2 No

**IF Statins = Yes THEN**

**StatinA**

Have you taken/used statins in the last 7 days?

- 1 Yes
- 2 No

**ENDIF**

**ENDIF**

**Melaton**

Are you currently taking any melatonin supplements such as tablets, capsules, creams or liquid drops? These may be prescribed such as Circadin or be bought over the counter.

- 1 Yes
- 2 No

**IF MedCNJD = Yes THEN**

*Drug coding block*

**Dintro**

NURSE: PLEASE COMPLETE DRUG CODING FOR Person (*person no.*) (*person name*).

PRESS 1 AND <Enter> TO CONTINUE.

- 1 Continue

*Repeat for up to 22 drugs coded*

**FOR j:= 1 TO (Number of drugs recorded) DO**  
**DrC1**

NURSE: ENTER CODE FOR (*name of drug*) ENTER 999999 IF UNABLE TO CODE  
Text: Maximum 6 characters

**IF (Age of Respondent is over 15 years) AND (Drug code begins 02) THEN**  
**YTake1**

Do you take (*name of drug*) because of a heart problem, high blood pressure or for some other reason?

- 1 Heart problem
- 2 High blood pressure
- 3 Other reason

**IF YTake1 = Other THEN**

**TakeOth1**

NURSE: GIVE FULL DETAILS OF REASON(S) FOR TAKING (*name of drug*):

Text: Maximum 255 characters

**ENDIF**

**ENDIF**

**ENDDO**

**ENDIF**

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

**Folic**

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

- 1 Yes
- 2 No

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

**FolPreg**

Did you start taking folic acid supplements before becoming pregnant?

- 1 Yes
- 2 No

**IF FolPreg = Yes**

**FolPreg12**

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

- 1 Yes
- 2 No

**ENDIF**

**ENDIF**

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

**FolPregHR**

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

- 1 Yes
- 2 No

**ENDIF**

**ENDIF**

**Nicotine replacement therapy****ASK IF RESPONDENT AGED 16 AND OVER****Smoke**

Can I ask, do you smoke cigarettes, cigars or a pipe at all these days?

CODE ALL THAT APPLY.

IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO'.

- 1 Yes, cigarettes
- 2 Yes, cigars
- 3 Yes, pipe
- 4 No

IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe) THEN

**LastSmok**How long is it since you last smoked a (*cigarette, (and/or a) cigar, (and/or a) pipe*)?

- 1 Within the last 30 minutes
- 2 Within the last 31-60 minutes
- 3 Over an hour ago, but within the last 2 hours
- 4 Over two hours ago, but within the last 24 hours
- 5 More than 24 hours ago

**ENDIF****UseNic**

We are also interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum, patches or inhalers. Have you used any of these types of products in the last seven days?

NURSE: PLEASE NOTE THIS DOES NOT INCLUDE THE NEW MEDICATION PRESCRIBED TO AID SMOKING CESSATION.

- 1 Yes
- 2 No

IF UseNic=Yes THEN

**UseGum**

First, in the last seven days have you used any nicotine chewing gum?

- 1 Yes
- 2 No

IF UseGum=Yes THEN

**GumMG**

What strength is the nicotine chewing gum you are using - is it 2mg or 4mg?

CODE ONE ONLY. IF BOTH - WHICH MOST RECENTLY? IF CAN'T SAY - ASK TO SEE PACKET

- 1 2mg
- 2 4mg
- 3 Can't say (and no packet available)

**ENDIF****UsePat**

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

- 1 Yes
- 2 No

**IF UsePat=Yes THEN****NicPats**

Can you tell me which brand and strength of nicotine patches you use?

CODE ONE ONLY. DO NOT PROMPT.

IF MORE THAN ONE TYPE - WHICH MOST RECENTLY? IF NOT SURE - ASK TO SEE PACKET

- 1 Nicorette: 5mg
- 2 Nicorette: 10mg
- 3 Nicorette: 15mg
- 4 Nicotinell TTS: 10 (7mg)
- 5 Nicotinell TTS: 20 (14mg)
- 6 Nicotinell TTS: 30 (21mg)
- 7 Niquitin: 7mg
- 8 Niquitin: 14mg
- 9 Niquitin: 21mg
- 95 Other (SPECIFY AT NEXT QUESTION)
- 96 Can't say (and no packet available)

**IF NicPats=Other THEN****OthNic**

STATE NAME AND STRENGTH OF NICOTINE PATCHES

Text: Maximum 140 characters

**ENDIF****ENDIF****UseNas**

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

- 1 Yes
- 2 No

**ENDIF**

**Blood pressure**

---

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

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

1 Continue

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

RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE.

1 Continue

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

NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE.

PRESS &lt;1&gt; AND &lt;ENTER&gt; TO CONTINUE.

**IF Age of Respondent is over 15 years THEN****BPIintro**

(As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.

1 Continue

**ELSE (Respondent aged 5-15)****BPPBlurb**READ OUT TO PARENT/PARENTS:(As I mentioned earlier) we would like to measure (*name of child's*) blood pressure. If you wish, I will write the results on (*his/her*) Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using (*his/her*) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a high blood pressure. However if you would like us to, we will send your results to your GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for (*his/her*) age and height, we shall advise (*his/her*) GP (with your permission) that (*name of child's*) blood pressure should be measured again.

1 Continue

**ENDIF****BPCconst**

NURSE: Does the respondent agree to blood pressure measurement?

1 Yes, agrees

2 No, refuses

3 Unable to measure BP for reason other than refusal

**IF BPCconst = Yes, agrees THEN****IF Age of Respondent is 13 years or over THEN****ConSubX**

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

CODE ALL THAT APPLY.

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

**IF BPConst = Yes, agrees THEN**

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

**ConSubX**

May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 60 minutes?

CODE ALL THAT APPLY.

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

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

**ConSubX2**

May I just check, has (*name of child*) eaten, or done any vigorous exercise, in the past 30 minutes?

CODE ALL THAT APPLY.

- 1 Eaten
- 2 Done vigorous exercise
- 3 Neither

**ENDIF**

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

**ConSubX2**

May I just check, has (*name of child*) eaten, or done any vigorous exercise, in the past 60 minutes?

CODE ALL THAT APPLY.

- 1 Eaten
- 2 Done vigorous exercise
- 3 Neither

**ENDIF**

**OMRONNo**

NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:

Range: 001..999

**CufSize**

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

READ OUT: 'I am going to leave you to sit quietly now for 5 minutes. During that time you must not read and your legs must remain uncrossed. After the 5 minutes I will carry out 3 recordings with a minute between them. While I am doing these recordings I will not speak to you, and you must not speak to me. Once I have completed the recordings I will tell you what they are'.

RECORD CUFF SIZE CHOSEN.

- 1 Child (15-22 cm)
- 2 Adult (22-32 cm)
- 3 Large adult (32-42 cm)

**AirTemp**

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

Range: 00.0..40.0

**BPRReady**

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

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

- 1 Continue

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

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

**Map[i]**

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

IF READING NOT OBTAINED, ENTER 999.

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

Range: 001..999

**Pulse[i]**

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

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

**Sys[i]**

ENTER (FIRST/SECOND/THIRD) SYSTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

**Dias[i]**

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

IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

**ENDDO**

**IF NO FULL MEASUREMENT OBTAINED THEN:**

**YNoBP**

ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

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

**ENDIF**

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

**NAttBP**

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

- 0 Problems with PC
- 1 Respondent upset/anxious/nervous
- 2 Error reading
- 3 (IF AGED UNDER 16: Too shy)
- 4 (IF AGED UNDER 16: Child would not sit still long enough)
- 5 Problems with cuff fitting/painful
- 6 Problems with equipment (not error reading)
- 95 Other reason(s) (SPECIFY AT NEXT QUESTION)

**IF NattBP = Other THEN**

**OthNBP**

ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:

Text: Maximum 140 characters

**ENDIF**

**ENDIF**

**IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN DifBPC**

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.

- 1 No problems taking blood pressure
- 2 Reading taken on left arm because right arm not suitable
- 3 Respondent was upset/anxious/nervous
- 4 Problems with cuff fitting/painful
- 5 Problems with equipment (not error reading)
- 6 Error reading
- 95 Other problems (SPECIFY AT NEXT QUESTION)

**IF DifBPC=Other THEN**

**OthDifBP**

NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.

Text: Maximum 140 characters

**ENDIF**

**ENDIF**

**IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN GPRegB**

Are you registered with a GP?

- 1 Yes
- 2 No

**IF GPRegB = Yes THEN**

**GPSend**

May we send your blood pressure readings to your GP?

- 1 Yes
- 2 No

**IF GPSend = No THEN**

**GPRefC**

NURSE: SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO GP. CODE ALL THAT APPLY.

- 1 Hardly/Never sees GP
- 2 GP knows respondent's BP level
- 3 Does not want to bother GP
- 95 Other (SPECIFY AT NEXT QUESTION)

**IF GPRefM = Other THEN**

**OthRefC**

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

Text: Maximum 140 characters

**ENDIF**

**ENDIF**

**ENDIF**

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

**Code022**

CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.

- 1 Continue

**ELSEIF GPSend = Yes THEN**

**ConsFrm1**

NURSE:

A) ASK THE RESPONDENT TO READ AND COMPLETE THE 'BLOOD PRESSURE TO GP' SECTION OF THE CONSENT BOOKLET.

B) CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON CONSENT FORM.

C) CHECK NAME BY WHICH GP KNOWS RESPONDENT.

D) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.

- 1 Continue

**ENDIF**

**BPOffer**

NURSE: OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.

Systolic	Diastolic	Pulse
----------	-----------	-------

- i) (*First Systolic reading*)      (*First Diastolic reading*)      (*First Pulse reading*)
- ii) (*Second Systolic reading*)      (*Second Diastolic reading*)      (*Second Pulse reading*)
- iii) (*Third Systolic reading*)      (*Third Diastolic reading*)      (*Third Pulse reading*)

ENTER ON THEIR MEASUREMENT RECORD CARD (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING

**IF Systolic reading >179 OR Diastolic reading >114 THEN**

TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.

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

**IF Systolic reading 160-179 OR Diastolic reading 100-114 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 170-179 OR Diastolic reading 105-114 (Men aged 50+)**  
**THEN**

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

**IF Systolic reading 140-159 OR Diastolic reading 85-99 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 160-169 OR Diastolic reading 96-104 (Men aged 50+)**  
**THEN**

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

**IF Systolic reading <140 AND Diastolic reading <85 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading <160 AND Diastolic reading <95 (Men aged 50+)**  
**THEN**

TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

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

**Waist and hip circumference****ASK ALL Respondents aged 11+ AND PregNTJ=No THEN****WHMod**

NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.

1 Continue

**WHIntro**

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

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

**IF WHIntro=Agree THEN**

*Repeat for up to three waist-hip measurements. Third measurement taken only if difference between first two measurements is greater than 3cm.*

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

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

**Waist**

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

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 45.0..1000.0

**ENDIF**

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

**Hip**

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

IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 75.0..1000.0

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

ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS

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

**ENDIF****ENDIF**

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

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

- 1 Respondent is in a wheelchair
- 2 Respondent is confined to bed
- 3 Respondent is too stooped
- 4 Respondent did not understand the procedure
- 5 Respondent is embarrassed / sensitive about their size
- 6 No time/ busy/ already spent enough time on this survey
- 95 Other (SPECIFY AT NEXT QUESTION)

**IF WHPNABM = Other THEN**

**OthWH**

GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP  
MEASUREMENT:

Text: Maximum 140 characters

**ENDIF**

**ENDIF**

**IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND  
Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN**

**WJRel**

RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:

- 1 No problems experienced, **reliable** waist measurement
- 2 Problems experienced - waist measurement **likely to be reliable**
- 3 Problems experienced - waist measurement likely to be **slightly unreliable**
- 4 Problems experienced - waist measurement **likely to be unreliable**

**IF WJRel = Problems experienced THEN**

**ProbWJ**

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR  
DECREASE THE WAIST MEASUREMENT.

- 1 Increases measurement (e.g. bulky clothing)
- 2 Decreases measurement (e.g. very tight clothing)
- 3 Measurement not affected

**ENDIF**

**ENDIF**

**IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1  
<> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN**

**HJRel**

RECORD ANY PROBLEMS WITH HIP MEASUREMENT (include here restrictions from  
type of clothing worn such as saris or religious/cultural items worn on the body):

- 1 No problems experienced, **reliable** hip measurement
- 2 Problems experienced - hip measurement **likely to be reliable**
- 3 Problems experienced - hip measurement likely to be **slightly unreliable**
- 4 Problems experienced - hip measurement **likely to be unreliable**

**IF HJRel = Problems experienced THEN  
ProbHJ**

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE HIP MEASUREMENT.

- 1 Increases measurement (e.g. bulky clothing)
- 2 Decreases measurement (e.g. very tight clothing)
- 3 Measurement not affected

**ENDIF**

**ENDIF**

**IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN  
WHRes**

NURSE: OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist: *(Waist measurements 1 and 2)*

Hip: *(Hip measurements 1 and 2)*

Press <1> and <Enter> to continue.

**ENDIF**

**ENDIF**

**Saliva sample****IF Respondent aged 4 and over THEN****SalInt1**

NURSE: NOW FOLLOWS THE SALIVA SAMPLE.

1 Continue

**SalIntr1**

NURSE: ASK RESPONDENT FOR A SALIVA SAMPLE.

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

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

**IF SalIntr1=Agree AND Age=16+ THEN****SalWrit**

NURSE: Ask the respondent to read and complete the 'Saliva sample' section of the consent booklet.

Circle code 03 on front of the Consent Booklet.

Turn to the lab dispatch note and at smoking status circle (1/2)

Press <1> and <Enter> to continue

**ENDIF****IF SalIntr1=Agree AND Age=4-15 THEN****SalWritC**

NURSE: Ask the parent to read and complete the 'Saliva sample' section of the consent booklet. Show respondent the saliva sample information on the child information sheet and consent booklet.

Circle code 03 on front of the Consent Booklet.

Press <1> and <Enter> to continue.

**ENDIF****IF SalIntr1=Refuse****SalCode**

NURSE: Circle code 04 on front of the Consent Booklet

Press <1> and <Enter> to continue.

**ENDIF****IF SalIntr1=Agree****SalInst**

NURSE: Ask respondent to keep the (absorbent swab in the mouth for a few minutes / dribble through straw into the tube).

Write the serial number and date of birth on the blue label using a biro.

Serial number:

Date of birth:

Press <1> and <Enter> to continue.

**ENDIF**

**SalObt1**

NURSE CHECK:

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

**IF SalObt1=obtained****SalHow**

NURSE: Code the method used to obtain the saliva sample.

- 1 Dribbled into tube
- 2 Absorbent swab

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

NURSE: Record why saliva sample not obtained.

CODE ALL THAT APPLY.

- 1 Respondent not able to produce any saliva
- 95 Other (specify at next question)

**IF SalNObt = Other THEN****OthNObt**

NURSE: Give full details of reason(s) why saliva sample not obtained.

Text: Maximum 140 characters

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

**Lung Function Module****IF Respondent aged 7 and over THEN****LungMod**

NURSE: Now follows the Lung Function module

Press &lt;1&gt; and &lt;Enter&gt; to continue.

**LungInt**

The next part of my visit is a lung function test. This will involve you breathing out as hard and as fast as (*he/she*) can for as long as (*he/she*) can into a tube. Before I explain more about the test, I need to ask you a couple of questions to make sure it is safe for (*him/her*) to do.  
Press <1> and <Enter> to continue.

**LungSurg**

Can I check, have you had abdominal or chest surgery in the past 3 months?

- 1 Yes
- 2 No

**LungEye**Do you have detached retina or (*have/has*) (*he/she*) had eye or ear surgery in the past 3 months?

- 1 Yes
- 2 No

**IF LungEye=2 AND age>15 THEN****LungHrt**

Have you had a heart attack in the past 3 months?

- 1 Yes
- 2 No

**LungHosp IF HaSurg = No**

Have you been admitted to hospital with a heart complaint in the past month?

- 1 Yes
- 2 No

**LungEx***Derived: Excluded from lung function test?*

: YesNo

**IF LungSurg=1 OR LungEye=1 OR LungHrt=1 OR LungHosp=1 OR TBMed=1 OR  
PulsAv>120THEN****NoLungT**

NURSE: This respondent is not eligible for a lung function test. Circle code 06 on the front of the Consent Booklet. Explain to the respondent that it will not be safe for them to do the lung function test.

Press &lt;1&gt; and &lt;Enter&gt; to continue.

**ENDIF****{If not excluded}****LungTest**

A lung function test tells you how well your lungs are working. It measures how fast you can push air out of your lungs as well as how much air your lungs can breathe out. How the results are interpreted depends on your age, sex, height and ethnicity. For this reason I will not be able to interpret the results for you, however should you agree, the results can be sent to your GP who is in the best place to tell you what they mean.

To do the test you will need to blow out into a tube as hard and as fast as (*he/she*) can for as long as (*he/she*) can. To get an accurate test (*he/she*) will need to do this at least 3 times but no more than 8 times.

Would you be willing to have your lung function measured?

- 1 Yes, agrees
- 2 No, refuses
- 3 Yes but unable to take lung function measurement for reason other than refusal

**IF LungTest = 3 THEN**

**NoAttLF**

NURSE: Record why unable to take reading.

CODE ALL THAT APPLY.

- 0 Problems with PC
- 1 Respondent is breathless
- 2 Respondent is unwell
- 3 Respondent upset/anxious/nervous
- 4 Nurse concern over respondent safety
- 5 Equipment / software problems
- 95 Other reason (PLEASE SPECIFY)

**IF NoAttLF=95 THEN**

**NoAttO**

NURSE Give other reason why the respondent did not attempt / refused lung function test

ENDIF

ENDIF

**IF LungTest=1 AND Smoke=1-3 THEN**

**LungSmok**

Can I just check, have you smoked in the last 24 hours? This may have been a cigarette, cigar or pipe.

- 1 Yes
- 2 No

**IF LungSmok=Yes THEN**

**LungSmHr**

How many hours ago did you last smoke?

NURSE: Code the number of hours. If less than one hour, code 0.

: 0..24

ENDIF

ENDIF

**IF LungTest=1 THEN**

**LungInhl**

(Can I just check) Have you used an inhaler, puffer or any medication for (*his/her*) breathing in the last 24 hours?

- 1 Yes
- 2 No

**IF LungInhl=Yes THEN**

**LungInHr**

How many hours ago did you last use it?

NURSE: Code the number of hours. If less than one hour, code 0.

: 0..24

**ENDIF**

**LungExpl**

NURSE: Explain the manoeuvre to the respondent.

Point out the following:

- They need to put a nose clip on.
- They need to breath in as deeply as they can
- They need to put the spirette in their mouth.
- They need to form a seal around the mouthpiece with their lips.
- They need to make sure their tongue is not blocking the spirette.
- Straightaway they need to blast the air out as hard as they can.
- They need to keep breathing out for as long as possible and that you will encourage them to do this.
- When they have finished breathing out to then remove the spirette from their mouth.
- To be accepted the blow needs to be at least 3 seconds long but ideally at least 6 seconds long.
- They will do a minimum of 3 blows and a maximum of 8 blows.
- After each blow, the laptop will tell you if the blow was accepted and if another blow is required.
- They can stop at any time.

NURSE: If respondent wears dentures they should leave them in as a tighter seal will be achieved. If the dentures are loose, the respondent can remove them.

Press <1> and <Enter> to continue.

**LungDemo**

NURSE: Demonstrate the blow to the respondent using a spirette that is not attached to the spirometer and a nose clip.

ASK: Do you have any questions?

NURSE: Connect the spirometer to the laptop.

**Insert a spirette into the spirometer, ensuring that the plastic bag stays on the mouthpiece of the spirette.**

Press <1> and <Enter> to continue.

**LungPrac**

NURSE: Give the spirometer to the respondent and ask them to remove the plastic bag from the mouthpiece. Ask the respondent to put the mouthpiece in their mouth and the nose clip on and to breathe normally through the tube. Explain that this is so they can get comfortable with the spirette in their mouth and that they should not do a practice blow. Once they are

comfortable with the equipment, ask the respondent to hand the spirometer back as you will now start the spirometer program and will need to set the baseline.

**PRESS <1> AND <Enter> TO LAUNCH THE SPIROMETRY SOFTWARE**

**AFTER NURSE HAS EXITED THE NDD SOFTWARE BRING FORWARD THE SESSION QUALITY FROM THE SOFTWARE INTO CAPI**

**HTFVC**

*Highest technically satisfactory value for FVC.*

: 0.00..9.96

**PRFVC**

*Predicted value for FVC.*

: 0.00..9.96

**PCFVC**

*FVC as percentage of predicted FVC.*

: 0..100

**HTFEV**

*Highest technically satisfactory value for FEV.*

: 0.00..9.95

**PRFEV**

*Predicted value for FEV.*

: 0.00..9.95

**PCFEV**

*FEV as percentage of predicted FEV.*

: 0..100

**HTPEF**

*Highest technically satisfactory value for PEF.*

: 0..995

**PRPEF**

*Predicted value for PEF.*

: 0..995

**PCPEF**

*PEF as percentage of predicted PEF.*

: 0..100

**Quality**

*Derived: Outcome from lung function software (A - F).*

*Testing: Enter quality level letter.*

**IF Quality= C OR D OR F THEN**

**QualCDF**

Nurse: Code the reason for the session quality for this respondent.

CODE ALL THAT APPLY.

0 Problems with PC

- 1 Respondent did not understand manoeuvre
- 2 Respondent stopped due to discomfort
- 3 Respondent did not wish to continue for reason other than discomfort
- 4 Nurse concern over respondent safety
- 5 Caused coughing / breathlessness in respondent
- 6 Maximum number of blows reached
- 7 Equipment /software problems
- 95 Other (PLEASE SPECIFY)

**IF (Other IN QualCDF) THEN**  
**QualOth**  
 NURSE: Please give other reason.  
**ENDIF**  
**ENDIF**

**IF Quality= A or B THEN**  
**QualAB**  
 NURSE: Are there any comments which need to be noted about this respondent's lung function test.  

- 1 Yes
- 2 No

**IF QualAB = Yes THEN**  
**QualABOt**  
 NURSE: Please note comment about this respondent's spirometry test.  
**ENDIF**  
**ENDIF**

**NullLF**  
 NURSE: Record why you were unable to take any readings.  
 CODE ALL THAT APPLY.  

- 0 Problems with PC
- 1 Respondent did not understand manoeuvre
- 2 Respondent stopped due to discomfort
- 3 Respondent did not wish to continue for reason other than discomfort
- 4 Nurse concern over respondent safety
- 5 Caused coughing / breathlessness in respondent
- 6 Equipment /software problems
- 95 Other (PLEASE SPECIFY)

**NullLFot**  
 NURSE: Please specify other reason.

**GPRegChk**  
 NURSE: Please check if the respondent is registered with a GP.  
 Reg "Respondent registered with GP",  
 NotReg "Respondent not registered with GP"

**IF GPRegChk = Reg THEN**  
**LungGP**  
 May we send the results of your lung function test to your GP?

- 1 Yes
- 2 No

**IF LungGP = No THEN**

**NoLungGP**

Why do you not want your lung function test results sent to your GP?

CODE ALL THAT APPLY.

- 1 Hardly/never sees GP
- 2 Does not want to bother GP
- 95 Other (PLEASE SPECIFY)

**IF NoLungGP = OTHER THEN**

**LungGPOt**

NURSE: Please give other reason.

**ENDIF**

**IF LungGP = Yes THEN**

**LungSign**

NURSE: Ask the respondent to read and complete the Lung Function section in the Consent Booklet.

- Check the name by which the GP knows the respondent.
- Check GP name, address and phone number are recorded on the front of the consent booklet.
- Circle consent code 05 on the front of the Consent Booklet.

Press <1> and <Enter> to continue.

**ENDIF**

**IF (LungTest IN [No,YesUn]) OR (GPRegChk = NotReg)**

**OR (LungEx = Yes) OR (LungGP = No) THEN Code04**

NURSE: Circle code 06 on the front of the Consent Booklet.

Press <1> and <Enter> to continue.

**ENDIF**

**Urine Sample****ASK IF Age of Respondent 16+****UriDisp**

NURSE: Now follows the Urine Sample.

- 1 Continue

**UriIntro**

NURSE READ OUT: I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people's diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population. Would you be willing to provide a urine sample?

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

**IF UriIntro =Agree THEN****UriWrit**

NURSE: Ask the respondent to read and initial the 'Urine sample' section of the consent booklet. Circle code 15 on front of the consent booklet.

Turn to lab dispatch note and at point 6 (MELATONIN ANALYSIS), circle code (1/2)  
Press <1> and <Enter> to continue.

**ELSEIF UriIntro = Refuse THEN****UriCode**

NURSE: Circle code 16 on front of the consent booklet.

Turn to lab dispatch note and at Melatonin analysis circle code 2 (No).

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

**ENDIF****IF UriIntro = Agree THEN****UriSamp**

NURSE: ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE A URINE SAMPLE. WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A BLUE LABEL AND ATTACH TO URINE SAMPLE TUBE OVER PRE-EXISTING LABEL.

- 1 Continue

**UriObt1**

NURSE CHECK:

- 1 Urine sample obtained
- 2 Urine sample refused
- 3 Urine sample not attempted
- 4 Attempted not obtained

**ENDIF****IF (UriObt1 = Refused, Not Attempted, Attempted not Obtained) OR (UriIntro=Unable)  
THEN****UriNObt**

NURSE: RECORD WHY URINE SAMPLE NOT OBTAINED  
CODE ALL THAT APPLY.

3. Respondent not able to produce any urine  
95. Other (SPECIFY AT NEXT QUESTION)

**IF (UriNObt = Other) THEN**

**OthNObt**

NURSE: GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED.

Text: Maximum of 140 characters.

**ENDIF**

**ENDIF**

**Blood sample**

---

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

NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE.

PRESS &lt;1&gt; AND &lt;ENTER&gt; TO CONTINUE.

- 1 Continue

**ClotB**

The next part of my visit is a blood sample. Before I can take blood, I need to ask you a couple of questions and I will then explain what is involved.

May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin?

(NURSE: ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE)

- 1 Yes
- 2 No

**IF ClotB = No THEN****Fit**

May I just check, have you had a fit (including epileptic fit, convulsion) in the last five years?

- 1 Yes
- 2 No

**ENDIF****IF Fit = No THEN****BSWill**

EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.

Would you be willing to have a blood sample taken?

- 1 Yes
- 2 No
- 3 Respondent unable to give blood sample for reason other than refusal (PLEASE SPECIFY)

**IF BSWill = No THEN****RefBSC**

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**

GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.

Text: Maximum 135 characters

**ENDIF****ELSEIF BSWill = Yes THEN****BSConsC**

**EXPLAIN NEED FOR WRITTEN CONSENT:** Before I can take any blood, I have to obtain written consent from you.

PRESS <1> AND <ENTER> TO CONTINUE.

1 Continue

**ENDIF**

**ENDIF**

**IF BSWill = Yes THEN**

**BSCons**

NURSE: Ask the respondent to read and complete point number one in the 'Blood sample' section of the consent booklet.

Circle consent code 07 on the front of the Consent Booklet.

Press <1> and <Enter> to continue.

**GPSam**

NURSE CHECK:

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

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

**SendSam**

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

- 1 Yes
- 2 No

**IF SendSam = Yes THEN**

**BSSign**

NURSE: Ask the respondent to read and complete point number two in the 'Blood sample' section of the consent booklet.

Check name by which GP knows respondent.

Check GP name, address and phone no. are recorded on front of the Consent Booklet.

Circle consent code 09 on front of the Consent Booklet.

Press <1> and <Enter> to continue.

**ELSEIF SendSam = No THEN**

**SenSaC**

**Why do you not want your blood sample results sent to your GP?**

- 1 Hardly/never sees GP
- 2 GP recently took blood sample
- 3 Does not want to bother GP
- 95 Other (SPECIFY AT NEXT QUESTION)

**IF SenSaC = Other THEN**

**OthSam**

GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.

Text: Maximum 140 characters

**ENDIF**

**ENDIF**

**IF (GPSam = No GP OR SendSam = No) THEN**

**Code08**

CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET.

PRESS <1> AND <ENTER> TO CONTINUE.

**ENDIF**

### **ConStorB**

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

- 1 Storage consent given
- 2 Consent refused

**IF ConStorB = Yes THEN**

### **Code09**

NURSE: Ask the respondent to read and complete point number three in the 'Blood sample' section of the consent booklet.

Circle consent code 11 on front of the Consent Booklet.

Press <1> and <Enter> to continue.

**ELSEIF ConStorB = No THEN**

### **Code10**

CIRCLE CONSENT CODE 12 ON FRONT OF THE CONSENT BOOKLET.

PRESS <1> AND <ENTER> TO CONTINUE.

**ENDIF**

### **TakeSam**

CHECK YOU HAVE ALL APPLICABLE SIGNATURES. TAKE BLOOD SAMPLES:

FILL (1 Plain (red) tube, 1 EDTA (purple) tube).

WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE BLUE LABEL USING A BIRO. ONE LABEL PER TUBE.

Serial number: *(displays serial number)*

Date of birth: *(displays date of birth)*

CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT. STICK THE BLUE LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.

TURN TO THE LABORATORY DISPATCH NOTE AND AT ETHNICITY CODE CIRCLE (1/2)

PRESS <1> AND <ENTER> TO CONTINUE.

### **SampF1**

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

- 1 Yes
- 2 No

### **SampF2**

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

- 1 Yes
- 2 No

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

**SampTak:= Yes**

**ELSEIF**

**SampTak:= No**

**ENDIF**

**SampTak****Computed: Blood sample outcome.**

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

**IF SampTak = Yes THEN****SampArm**

NURSE: RECORD FROM WHICH ARM THE BLOOD WAS TAKEN:

- 1    Right**
- 2    Left**
- 3    Both**

**SamDifC**

RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE. CODE ALL THAT APPLY.

- 1    No problem**
- 2    Incomplete sample**
- 3    Collapsing/poor veins**
- 4    Second attempt necessary**
- 5    Some blood obtained, but respondent felt faint/fainted**
- 6    Unable to use tourniquet**
- 95 Other (SPECIFY AT NEXT QUESTION)**

**IF SamDif = Other THEN****OthBDif**

GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.

Text: Maximum 140 characters

**ENDIF****SnDrSam**

Would you like to be sent the results of your blood sample analysis?

- 1    Yes**
- 2    No**

**IF SnDrSam = Yes THEN****Code11**CIRCLE CONSENT CODE **13** ON FRONT OF CONSENT BOOKLET.

PRESS &lt;1&gt; AND &lt;ENTER&gt; TO CONTINUE.

**ELSEIF SnDrSam = No THEN****Code122**CIRCLE CONSENT CODE **14** ON FRONT OF CONSENT BOOKLET.

PRESS &lt;1&gt; AND &lt;ENTER&gt; TO CONTINUE.

**ENDIF****ELSEIF SampTak = No THEN****NoBSC**

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

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

**IF NoBSM = Other THEN**  
**OthNoBSM**  
 GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.  
 Text: Maximum 140 characters  
**ENDIF**

**Code12**  
 CROSS OUT CONSENT CODES **07, 09, 11, AND 13** IF ALREADY CIRCLED ON FRONT OF CONSENT BOOKLET. REPLACE WITH CONSENT CODES **08, 10, 12, AND 14** ON FRONT OF CONSENT BOOKLET. TURN TO LABORATORY DESPATCH NOTE AND ENSURE THAT AT ETHNICITY CODE **2** IS CIRCLED. PRESS <1> AND <ENTER> TO CONTINUE.  
**ENDIF**  
**ENDIF**  
**ENDIF**

### **Venepuncture checklist**

**VpSys**  
 NURSE: Which system did you use to take blood?  
 1 Vacutainer needle  
 2 Butterfly needle

**VpHand**  
 NURSE: Was the respondent left handed or right handed?  
 1 Left handed  
 2 Right handed

**VpArm**  
 NURSE: Which arm did you use to take blood?  
 1 Right arm  
 2 Left arm  
 3 Both

**VpSkin**  
 NURSE: Code the skin condition of the arm used.  
 1 Skin intact  
 2 Skin not intact

**VpAlco**  
 NURSE: Did you use an alcohol wipe?  
 1 Yes  
 2 No

**VpSam**  
 NURSE: Code the number of attempts made to take blood.  
 1 Sample taken on first attempt  
 2 Sample taken on second attempt  
 3 Both attempts failed  
 4 First attempt failed, did not make second attempt

**VpPress**

NURSE: Code who applied pressure to the puncture site.

CODE ALL THAT APPLY

- 1 Nurse
- 2 Respondent
- 3 Partner or spouse

**VpSens**

NURSE: Was the respondent sensitive to the tape or plaster?

- 1 Sensitive to tape/plaster
- 2 Not sensitive to tape/plaster
- 3 (Did not check)

**VpProb**

NURSE: Was there any abnormality noted after 5 minutes?

(Please remember to recheck the site after completion of the blood sample module)

CODE ALL THAT APPLY

- 1 Sensory deficit
- 2 Haematoma
- 3 Swelling
- 95 Other (DESCRIBE AT NEXT QUESTION)
- 96 None

**IF VpProb = Other THEN**

**VpOther**

NURSE: RECORD THE DETAILS OF THE OTHER ABNORMALITY FULLY.

Text: Maximum 140 characters

**ENDIF**

**IF VpProb= Sensory deficit, Haematoma, Swelling or Other THEN**

**VpDetail**

NURSE: You have coded that an abnormality was noted after 5 minutes.

Please record the action you took when you noticed this abnormality on the office dispatch 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

**HSE 2010**

**INTERVIEWER  
SHOWCARDS**

**&**

**Coding Frame**

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

**HEIGHT CONVERSION CHART**

1 inch = 2.54 cm

<b>Centimetres</b>	<b>Feet</b>	<b>Inches</b>
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

<b>Centimetres</b>	<b>Feet</b>	<b>Inches</b>
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
28.6	4	7

<b>Kg</b>	<b>st</b>	<b>lbs</b>
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
50.9	8	0
51.4	8	1

<b>Kg</b>	<b>st</b>	<b>lbs</b>
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
73.2	11	7
73.6	11	8
74.1	11	9

**WEIGHT CONVERSION CHART**  
 1 kg = 2.2 lbs

<b>Kg</b>	<b>st</b>	<b>lbs</b>
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
95.9	15	1
96.4	15	2
96.8	15	3

<b>Kg</b>	<b>st</b>	<b>lbs</b>
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
118.6	18	9
119.1	18	10
119.5	18	11

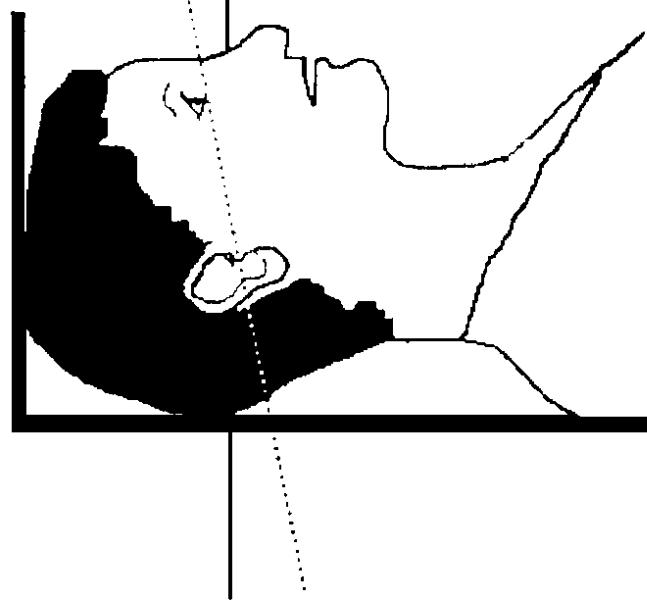
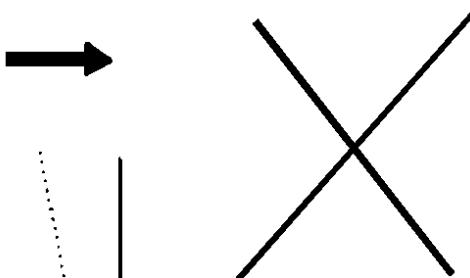
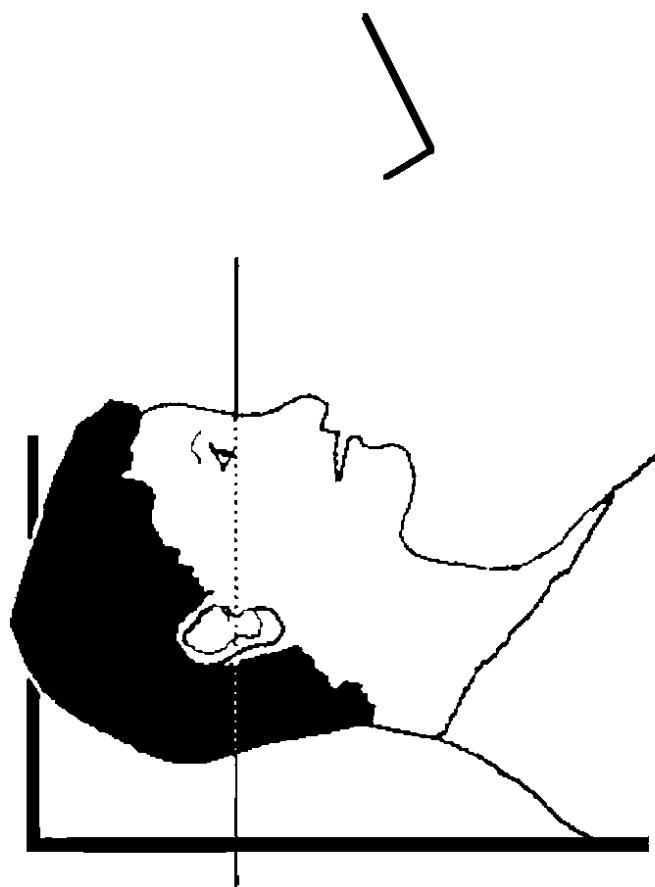
<b>Kg</b>	<b>st</b>	<b>lbs</b>
120.0	18	12
120.5	18	13
120.9	19	0
121.4	19	1
121.8	19	2
122.3	19	3
122.7	19	4
123.2	19	5
123.6	19	6
124.1	19	7
124.5	19	8
125.0	19	9
125.5	19	10
125.9	19	11
126.4	19	12
126.8	19	13
127.3	20	0
127.7	20	1
128.2	20	2
128.6	20	3
129.1	20	4
129.5	20	5
130.0	20	6
130.5	20	7
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 *//sm*. This is to help you with the spelling. It should **not** be used as a prompt for respondents.

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

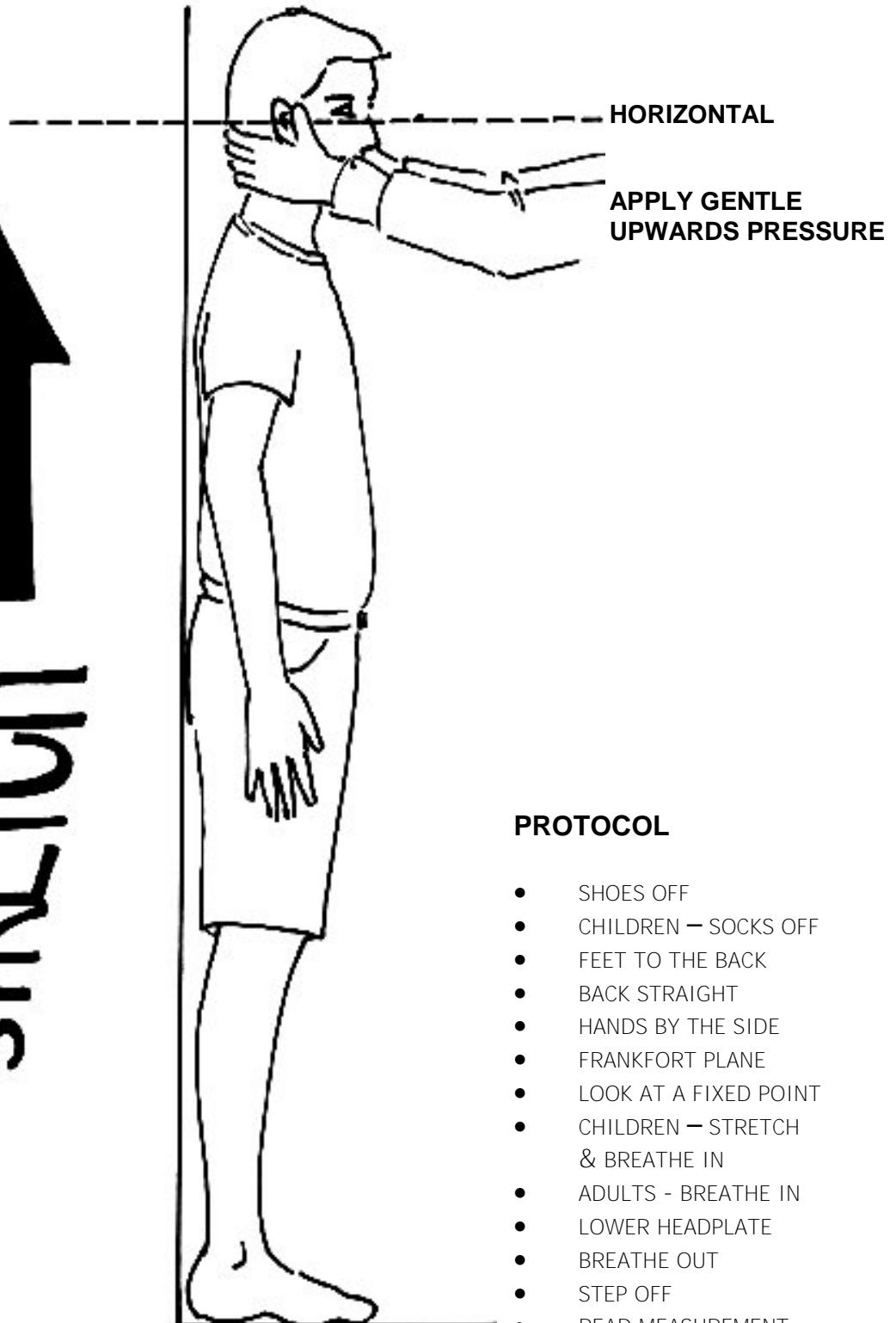
## FRANKFORT PLANE - ADULTS



# MEASURING CHILDREN'S HEIGHT

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

**STRETCH**



## PROTOCOL

- SHOES OFF
- CHILDREN – SOCKS OFF
- FEET TO THE BACK
- BACK STRAIGHT
- HANDS BY THE SIDE
- FRANKFORT PLANE
- LOOK AT A FIXED POINT
- CHILDREN – STRETCH & BREATHE IN
- ADULTS - BREATHE IN
- LOWER HEADPLATE
- BREATHE OUT
- STEP OFF
- READ MEASUREMENT

**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

**HSE 2010**

**SHOWCARDS**

**&**

**Coding Frame**



# **CARD A1**

## RELATIONSHIP

- 1 Husband / Wife
- 2 Partner / Cohabitee
- 3 Natural son / daughter
- 4 Adopted son / daughter
- 5 Foster son / daughter
- 6 Stepson / Stepdaughter / Child of partner
- 7 Son-in-law / Daughter-in-law
  
- 8 Natural parent
- 9 Adoptive parent
- 10 Foster parent
- 11 Step-parent
- 12 Parent-in-law
  
- 13 Natural brother / Natural sister (i.e. both natural parents the same)
- 14 Half-brother / Half-sister (i.e. one natural parent the same)
- 15 Step-brother / Step-sister (i.e. no natural parents the same)
- 16 Adopted brother / Adopted sister
- 17 Foster brother / Foster sister
- 18 Brother-in-law / Sister-in-law
- 19 Grandchild
- 20 Grandparent
- 21 Other relative
- 22 Other non-relative

## **CARD A2**

- 1 Own natural child
- 2 Other (e.g. adopted, foster, child of partner, etc)

## **CARD A3**

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

## CARD A4

- 1 Gas fired boiler for central heating or hot water
- 2 Oil fired boiler for central heating or hot water
- 3 Coal or coke boiler or stove
- 4 Wood burning stove
- 5 Gas or calor gas fire in fireplace **with** flue or chimney
- 6 Other gas or calor gas fire
- 7 Open coal fire
- 8 Gas hob or cooking rings
- 9 Gas oven
- 10 Paraffin heater

## **CARD A5**

- 1 Earnings from employment or self-employment
- 2 State retirement pension
- 3 Pension from former employer
- 4 Personal pensions
- 5 Child Benefit
- 6 Job-Seekers Allowance
- 7 Pension credit
- 8 Income Support
- 9 Working Tax Credit
- 10 Child Tax Credit
- 11 Housing Benefit
- 12 Other State Benefits
- 13 Interest from savings and investments (e.g. stocks and shares)
- 14 Other kinds of regular allowance from outside your household (e.g. maintenance, student grants, rent)
- 15 No source of income

# CARD A6

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

<b>WEEKLY</b>	<b>or</b>	<b>MONTHLY</b>	<b>or</b>	<b>ANNUAL</b>
Less than £10	<b>57</b>	Less than £40	<b>57</b>	Less than £520
£10 less than £30	<b>66</b>	£40 less than £130	<b>66</b>	£520 less than £1,600
£30 less than £50	<b>55</b>	£130 less than £220	<b>55</b>	£1,600 less than £2,600
£50 less than £70	<b>74</b>	£220 less than £300	<b>74</b>	£2,600 less than £3,600
£70 less than £100	<b>62</b>	£300 less than £430	<b>62</b>	£3,600 less than £5,200
£100 less than £150	<b>73</b>	£430 less than £650	<b>73</b>	£5,200 less than £7,800
£150 less than £200	<b>65</b>	£650 less than £870	<b>65</b>	£7,800 less than £10,400
£200 less than £250	<b>51</b>	£870 less than £1,100	<b>51</b>	£10,400 less than £13,000
£250 less than £300	<b>78</b>	£1,100 less than £1,300	<b>78</b>	£13,000 less than £15,600
£300 less than £350	<b>54</b>	£1,300 less than £1,500	<b>54</b>	£15,600 less than £18,200
£350 less than £400	<b>76</b>	£1,500 less than £1,700	<b>76</b>	£18,200 less than £20,800
£400 less than £450	<b>81</b>	£1,700 less than £2,000	<b>81</b>	£20,800 less than £23,400
£450 less than £500	<b>53</b>	£2,000 less than £2,200	<b>53</b>	£23,400 less than £26,000
£500 less than £550	<b>72</b>	£2,200 less than £2,400	<b>72</b>	£26,000 less than £28,600
£550 less than £600	<b>58</b>	£2,400 less than £2,600	<b>58</b>	£28,600 less than £31,200
£600 less than £650	<b>70</b>	£2,600 less than £2,800	<b>70</b>	£31,200 less than £33,800
£650 less than £700	<b>68</b>	£2,800 less than £3,000	<b>68</b>	£33,800 less than £36,400
£700 less than £800	<b>75</b>	£3,000 less than £3,500	<b>75</b>	£36,400 less than £41,600
£800 less than £900	<b>64</b>	£3,500 less than £3,900	<b>64</b>	£41,600 less than £46,800
£900 less than £1,000	<b>71</b>	£3,900 less than £4,300	<b>71</b>	£46,800 less than £52,000
£1,000 less than £1,150	<b>69</b>	£4,300 less than £5,000	<b>69</b>	£52,000 less than £60,000
£1,150 less than £1,350	<b>80</b>	£5,000 less than £5,800	<b>80</b>	£60,000 less than £70,000
£1,350 less than £1,550	<b>79</b>	£5,800 less than £6,700	<b>79</b>	£70,000 less than £80,000
£1,550 less than £1,750	<b>60</b>	£6,700 less than £7,500	<b>60</b>	£80,000 less than £90,000
£1,750 less than £1,900	<b>52</b>	£7,500 less than £8,300	<b>52</b>	£90,000 less than £100,000
£1,900 less than £2,100	<b>67</b>	£8,300 less than £9,200	<b>67</b>	£100,000 less than £110,000
£2,100 less than £2,300	<b>59</b>	£9,200 less than £10,000	<b>59</b>	£110,000 less than £120,000
£2,300 less than £2,500	<b>77</b>	£10,000 less than £10,800	<b>77</b>	£120,000 less than £130,000
£2,500 less than £2,700	<b>61</b>	£10,800 less than £11,700	<b>61</b>	£130,000 less than £140,000
£2,700 less than £2,900	<b>56</b>	£11,700 less than £12,500	<b>56</b>	£140,000 less than £150,000
£2,900 or more	<b>63</b>	£12,500 or more	<b>63</b>	£150,000 or more

## CARD A7

- 1 Going to school or college full-time (including on vacation)
- 2 In paid employment or self-employment (or away temporarily)
- 3 On a Government scheme for employment training
- 4 Doing unpaid work for a business that you own, or that a relative owns
- 5 Waiting to take up paid work already obtained
- 6 Looking for paid work or a Government training scheme
- 7 Intending to look for work but prevented by temporary sickness or injury
- 8 Permanently unable to work because of long-term sickness or disability
- 9 Retired from paid work
- 10 Looking after the home or family
- 11 Doing something else (**PLEASE SAY WHAT**)

## **CARD B1**

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

## **CARD B2**

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

## **CARD C1**

- 1 No natural teeth and wear dentures
- 2 Both natural teeth and denture(s)
- 3 Only natural teeth
- 4 Neither natural teeth nor dentures

## **CARD C2**

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

## **CARD D1**

- 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 (PLEASE SAY WHAT)

## **CARD E1**

- 1 Special Diet
- 2 Eye Screening/Regular Eye Tests
- 3 Regular Check-up with GP/Hospital/Clinic
- 4 Other (please say what)

OtherDi

## **CARD F1**

- 1 Special Diet/Dietary Advice
- 2 Regular Check-up with GP
- 3 Regular Check-up with Hospital Clinic
- 4 Regular Dialysis
- 5 Other (please say what)

## **CARD G1**

- 1 Would never doze
- 2 Slight chance of dozing
- 3 Moderate chance of dozing
- 4 High chance of dozing

## **CARD G2**

- 1 Yes, have had symptoms of asthma in the last 12 months
- 2 No symptoms in the last 12 months, asthma controlled by medication
- 3 No symptoms in the last 12 months, no medication taken for asthma

## **CARD G3**

- 1 COPD
- 2 Chronic Bronchitis
- 3 Emphysema

## **CARD G4**

- 1 Breathing got worse
- 2 Started to cough up phlegm
- 3 Phlegm increased in volume
- 4 Colour of phlegm changed
- 5 Other change

## **CARD G5**

- 1 Increased use of inhalers
- 2 Taking antibiotics
- 3 Taking steroid tablets
- 4 Other treatment
- 5 No treatment

## **CARD G6**

- 1 Steroid tablets
- 2 Theophylline tablets (e.g. Nuelin, Slo-Phyllin, Uniphylline, Phylocontin)
- 3 Antibiotics
- 4 Tablets, capsules or other liquid medicine to help bring up phlegm - Carbocisteine, Erdotin, Visclair
- 5 Other tablets or granules (e.g. montelukast /Singulair), zafirlukast/ Accolate
- 6 Inhalers
- 7 Oxygen
- 8 Other treatment or medication
- 9 None

## **CARD G7**

- 1 Airomir
- 2 Asmasal
- 3 Atimos
- 4 Bricanyl
- 5 Foradil
- 6 Formoterol
- 7 Modulite
- 8 Oxis
- 9 Salamol
- 10 Salbulin
- 11 Salbutamol
- 12 Serevent
- 13 Ventolin

## **CARD G8**

- 1 Aerobec
- 2 Alvesco
- 3 Asmabec (Clickhaler)
- 4 Asmanex
- 5 Beclazone
- 6 Beclometasone
- 7 Becodisks
- 8 Budesonide
- 9 Clenil Modulite
- 10 Fixotide
- 11 Novolizer
- 12 Pulmicort
- 13 Qvar

## **CARD G9**

- 1 Fostair
- 2 Seretide
- 3 Symbicort

## **CARD G10**

- 1 Atrovent
- 2 Combivent
- 3 Duovent
- 4 Ipratropium
- 5 Respontin
- 6 Spiriva

## **CARD G11**

1 Intal

2 Tilade

## **CARD G12**

- 1 Very easy
- 2 Quite easy
- 3 Quite difficult
- 4 Very difficult

## **CARD G13**

- 1 The teachers or the nurse had to assist
- 2 Parents had to be called to the school
- 3 An ambulance had to be called
- 4 None of these

## **CARD G14**

- 1 Not limited at all
- 2 Very slightly limited
- 3 Slightly limited
- 4 Moderately limited
- 5 Very limited
- 6 Extremely limited
- 7 Totally limited/**can't do these activities**

## **Card G15**

- 1 Based on my own judgement
- 2 Based on using the Symptom Checker from the National Pandemic Flu Service (on the internet)
- 3 Based on a phone call to GP/hospital/NHS direct/National Pandemic Flu Service
- 4 Based on a face to face consultation with a doctor/nurse
- 5 Based on results of a nose or throat swab or blood test

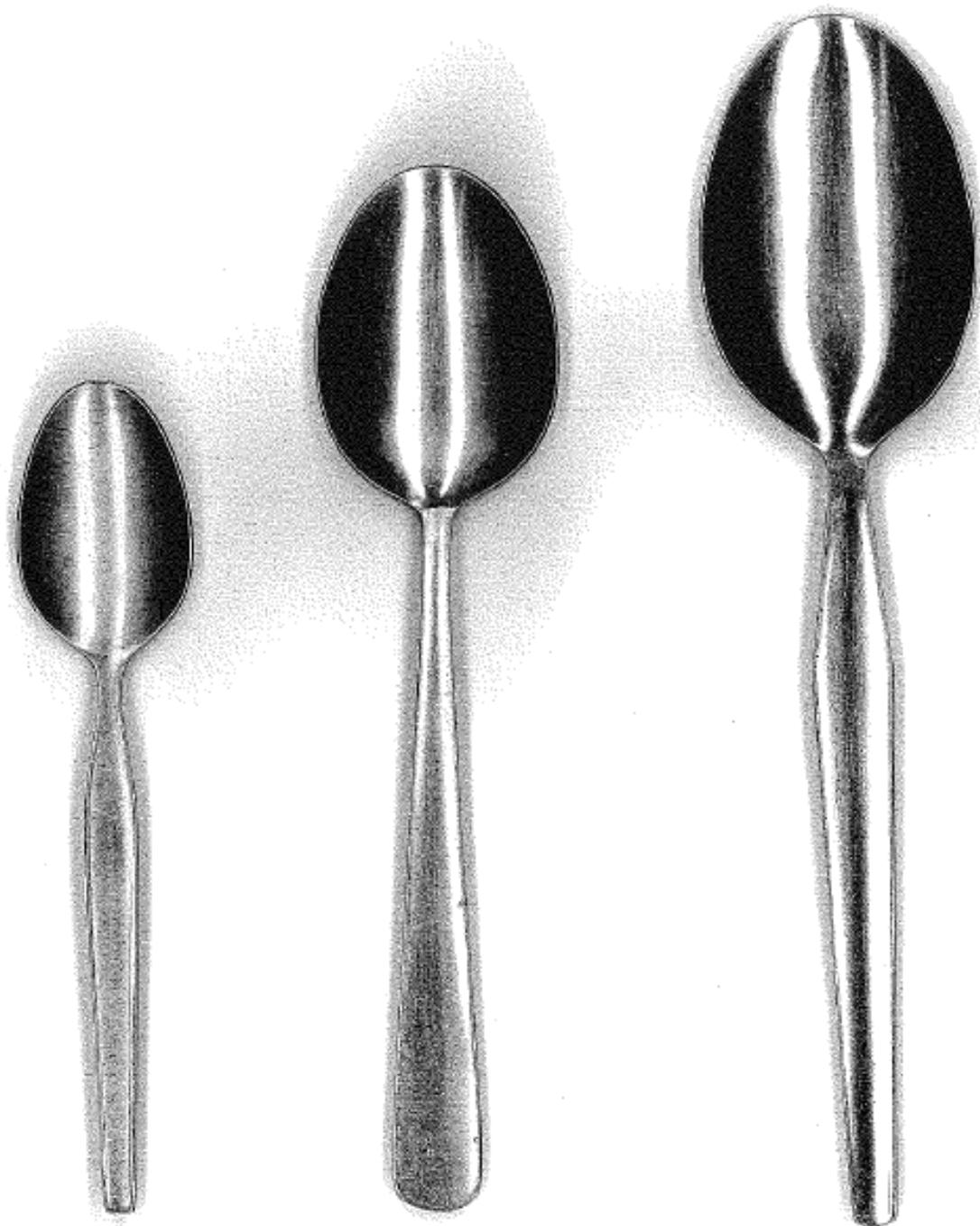
## **Card G16**

- 1 Over the counter cold or flu medicines or pain killers, bought at a shop or chemist
- 2 Antivirals e.g. tamiflu, relenza
- 3 Antibiotics
- 4 Other treatment
- 5 No treatment

## **Card G17**

- 1 Before the vaccine
- 2 Immediately after the vaccine – within 2 days
- 3 After the vaccine – from 3 days to 2 weeks
- 4 More than 2 weeks after the vaccine

# CARD H1



Teaspoon

Dessertspoon

Tablespoon

## CARD I1

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

## **CARD I2**

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

## **CARD I3**

- 1 Outside, for example in the garden or on the doorstep
- 2 Own room or bedroom
- 3 Living room
- 4 Kitchen
- 5 Toilet
- 6 Bathroom
- 7 Study
- 8 Dining room
- 9 Everywhere
- 10 Somewhere else in the home

## **CARD I4**

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

## **CARD I5**

- 1 Babies aged under 2
- 2 Children aged 2-10
- 3 Children aged 11-15
- 4 Older adults aged 65 and older
- 5 Pregnant women
- 6 Adults aged 16-64 with asthma or breathing problems
- 7 No, none of these

## **CARD I6**

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

## **CARD I7**

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

## **CARD J1**

- 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 J2

- 1 Normal strength (less than 6 % alcohol) beer, lager, stout, cider, or shandy (excluding cans or bottles of shandy)
- 2 Strong beer, lager, stout or cider (6% alcohol or more)  
(eg. Tennants Super, Special Brew, Diamond White)
- 3 Spirits or Liqueurs (e.g. Gin, Whisky, Brandy, Rum, Vodka, Advocaat, Cocktails)
- 4 Sherry or Martini (including Port, Vermouth, Cinzano and Dubonnet)
- 5 Wine (including Babycham and Champagne)
- 6 **Alcoholic soft drinks or 'alcopops' such as Two Dogs, or a pre-mixed alcoholic drink such as Bacardi Breezer, Metz or Smirnoff Ice**
- 7 Other alcoholic drinks
- 8 Low alcohol drinks only

## CARD K1

- 1 Going to school or college full-time (including on vacation)
- 2 In paid employment or self-employment (or away temporarily)
- 3 On a Government scheme for employment training
- 4 Doing unpaid work for a business that you own, or that a relative owns
- 5 Waiting to take up paid work already obtained
- 6 Looking for paid work or a Government training scheme
- 7 Intending to look for work but prevented by temporary sickness or injury
- 8 Permanently unable to work because of long-term sickness or disability
- 9 Retired from paid work
- 10 Looking after the home or family
- 11 Doing something else (**PLEASE SAY WHAT**)

## CARD K2

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

Qual

## **CARD K3**

### **White or Mixed background:**

- 1 White – British
- 2 White – Irish
- 3 Any other white background
  
- 4 Mixed - White and Black Caribbean
- 5 Mixed - White and Black African
- 6 Mixed - White and Asian
- 7 Any other mixed background

### **Asian or Asian British:**

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

### **Black or Black British:**

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

### **Chinese or other ethnic group:**

- 15 Chinese
- 16 Any other (please describe)

## **CARD K4**

- 1 None
- 2 Christian - Catholic
- 3 Christian - all other denominations including Church of England, Protestant and all other Christian denominations
- 4 Buddhist
- 5 Hindu
- 6 Jewish
- 7 Muslim
- 8 Sikh
- 9 Any other religion (please specify)

## The Health Survey for England 2010

### CONSENT BOOKLET

**P8027**

Please use capital letters and write in ink

House / Flat number (or name):	Survey month:			
	POINT	ADDRESS		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Nurse number  2. Date schedule completed    DAY   MONTH   YEAR

3. Full name (of person interviewed) \_\_\_\_\_  
Name by which GP knows person (if different) \_\_\_\_\_

4. Sex      Male  1      5. Date of birth:   DAY   MONTH   YEAR    
Female  2

6. Full name of parent/guardian (if person under 18) \_\_\_\_\_

7. **GP NAME AND ADDRESS** (Please complete fully)  
Dr: .....  
Practice Name: .....  
Address: .....  
.....  
Town: .....  
County: .....  
Postcode: .....  
Telephone no: .....

8. **GP ADDRESS OUTCOME**

GP address provided	1
GP address not found	2
No GP	3

9. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM		YES	NO
a) Blood pressure to <b>GP</b>		01	02
b) Saliva sample to be collected		03	04
c) Lung function to <b>GP</b>		05	06
d) Sample of blood to be taken		07	08
e) Blood sample results to <b>GP</b>		09	10
f) Blood sample for <b>storage</b>		11	12
g) Blood sample results to <b>respondent</b>		13	14
h) Urine sample to be collected		15	16

THE HEALTH SURVEY FOR ENGLAND 2010

**DISPATCH NOTE FOR BLOOD, SALIVA and URINE SAMPLES**  
(OFFICE COPY)

1. AGE GROUP: TICK SAMPLE TUBES OBTAINED:

16+  1 Plain  EDTA  Saliva  Urine

2. BLOOD/SALIVA/URINE  
TAKEN: Day   Month   Year

3. BLOOD/SALIVA/URINE  
DESPATCH: Day   Month   Year

**Venepuncture**

---

**Please complete:**

1. Did you experience any problems in taking the blood sample? If yes, please record these below and state what action you took.

Serial No.:

Survey: Health Survey for England 2010

## BLOOD PRESSURE TO GP CONSENT

**BP (A)**

Please initial box if consent given

1. I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my blood pressure results.

I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

## SALIVA SAMPLE CONSENT

**BP (A)**

Please initial box if consent given

1. I consent to a qualified nurse/midwife collecting a sample of my saliva on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.

I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/midwife and I have had an opportunity to discuss this with him/her.

## LUNG FUNCTION TO GP CONSENT

**S (A)**

Please initial box if consent given

1. I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my lung function test results.

I am aware that the results of my lung function test may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

## BLOOD SAMPLE CONSENT

**BS (A)**

Please initial box if consent given

1. I consent to a qualified nurse/midwife taking a sample of my blood on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.

*I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The nurse has explained the procedures, and I have had an opportunity to discuss these with him/her.*

2. I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample analysis results.

3. I consent to any remaining blood being stored for future analysis. I have read the 'Information for Participants' leaflet about the second stage of the survey and understand the processes involved for storing the blood and how the sample may be used in the future. I also understand my right to withdraw consent for storing the blood sample.

## URINE SAMPLE CONSENT

**U (A)**

Please initial box if consent given

1. I consent to a qualified nurse/midwife collecting a sample of my urine on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.

*I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/midwife and I have had an opportunity to discuss this with him/her.*

**Print name (respondent):** \_\_\_\_\_

**Signed (respondent):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print name (nurse):** \_\_\_\_\_

**Signed (nurse):** \_\_\_\_\_

**Date:** \_\_\_\_\_

You can cancel this permission at any time in the future by writing to us at the following address:  
National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.

**THE HEALTH SURVEY FOR ENGLAND 2010**  
**DISPATCH NOTE FOR BLOOD AND SALIVA SAMPLES**  
(LABORATORY COPY)

P8027

**Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.**

	POINT	ADDRESS	HHLD	CKL	PERSON
1. SERIAL NUMBER:	<b>H</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2. SEX:	Male <input type="text" value="1"/> Female <input type="text" value="2"/>		3. AGE GROUP: 16+ <input type="text" value="1"/>		
4. DATE OF BIRTH:	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
5. SMOKING STATUS:	Current smoker <input type="text" value="1"/> Non smoker/NA <input type="text" value="2"/>	6. ETHNICITY:	Black <input type="text" value="1"/> Other/NA <input type="text" value="2"/>	7. MELATONIN ANALYSIS:	Yes <input type="text" value="1"/> No <input type="text" value="2"/>
8. TICK TUBES OBTAINED	Plain <input type="checkbox"/> EDTA <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/>	9. DATE BLOODS/ SALIVA/ URINE TAKEN:	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. STORAGE CONSENT:	Given <input type="text" value="1"/> Not given/not applicable <input type="text" value="2"/>	11. NURSE NUMBER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND  
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING**

LAB USE ONLY

		ACTION REQUIRED
TUBES ENCLOSED:		✓ if rec'd
Plain	Red	IF ITEM 3 ABOVE = 1  Total cholesterol HDL cholesterol Creatinine eGFR Vitamin D  Store if item 10 does <b>NOT</b> = 2
EDTA	Purple	Glycated haemoglobin
Saliva		
Urine		Sodium / Potassium / Creatinine Microalbumin (Alb/Creat ratio), Melatonin

**P8027**

## The Health Survey for England 2010

### CHILD CONSENT BOOKLET 4-15 years

Please use capital letters and write in ink

House / Flat number (or name):	Survey month: _____			
	POINT	ADDRESS		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Nurse number  2. Date schedule completed    DAY   MONTH   PERSON NO   YEAR

3. Full name (of person interviewed) \_\_\_\_\_

Name by which GP knows person (if different) \_\_\_\_\_

4. Sex      Male  1      Female  2      5. Date of birth:   DAY   MONTH   YEAR

6. Full name of parent/guardian) \_\_\_\_\_

7. **GP NAME AND ADDRESS** (Please complete fully)  
Dr: .....  
Practice Name: .....  
Address: .....  
.....  
Town: .....  
County: .....  
Postcode: .....  
Telephone no: .....

8. **GP ADDRESS OUTCOME**

GP address provided	1
GP address not found	2
No GP	3

9. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
a) Blood pressure to <b>GP</b>	01	02
b) Saliva sample to be collected	03	04
c) Lung function to <b>GP</b>	05	06

THE HEALTH SURVEY FOR ENGLAND 2010

**DISPATCH NOTE**  
**FOR SALIVA SAMPLE CHILD AGED 4-15**  
**(OFFICE COPY)**

1. AGE GROUP: TICK SAMPLE TUBES OBTAINED:

4-15  2

Saliva

2. SALIVA TAKEN: Day   Month   Year

3. SALIVA DISPATCHED: Day   Month   Year

P8027

## The Health Survey for England 2010

Serial No.        Child's name: \_\_\_\_\_

### BLOOD PRESSURE TO GP CONSENT (Child aged 5-15)

Please initial box if consent given

1. *I am the parent/guardian of the child named on this booklet and I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing his/her General Practitioner (GP) of his/her blood pressure results.*
2. *I am aware that the results of his/her blood pressure measurement may be used by his/her GP to help monitor his/her health and that his/her GP may wish to include the results in any future report about him/her.*

### SALIVA CONSENT (Child aged 4-15)

Please initial box if consent given

1. *I am the parent/ guardian of the child named on this booklet and I consent to a qualified nurse/ midwife collecting a sample of his/ her saliva on behalf of the National Centre for Social Research/ UCL.*
2. *I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/ midwife and I have had an opportunity to discuss this with him/ her.*

### LUNG FUNCTION TO GP CONSENT (Child aged 7-15)

Please initial box if consent given

1. *I am the parent/guardian of the child named on this booklet and I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing his/her General Practitioner (GP) of his/her lung function results.*
2. *I am aware that the results of his/her lung function measurement may be used by his/her GP to help monitor his/her health and that his/her GP may wish to include the results in any future report about him/her.*

Child gave assent for:  
**(Please initial box)**

Blood pressure  
to GP

Saliva  
sample

Lung function  
to GP

Parent/ Guardian Name

Date

Parent/Guardian Signature

Nurse Name

Date

Nurse Signature

You can cancel this permission at any time in the future by writing to us at the following address:  
 National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.

**DISPATCH NOTE FOR SALIVA SAMPLE CHILD AGED 4-15**  
 (LABORATORY COPY)

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER	<b>H</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
MALE / FEMALE				DAY	MONTH	YEAR
2. SEX:	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/>	3. DATE OF BIRTH:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
4. AGE GROUP:	4-15 <input type="text"/> 2	TICK SAMPLE TUBE OBTAINED: Saliva <input type="checkbox"/>				
5. SALIVA TAKEN:	<input type="text"/> <input type="text"/>	DAY	MONTH	YEAR		
6. STORAGE CONSENT:	Not applicable <input type="text"/> 2	7. NURSE NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

**LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND  
 CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING**

LAB USE ONLY:

		ACTION REQUIRED
TUBES ENCLOSED:	✓ if rec'd <input type="checkbox"/>	
Saliva		THIS SAMPLE IS NOT FOR STORAGE

POINT      ADDRESS      HHOLD      CKL

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PERSON NO.

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P3027 HES (A)

## HEALTH SURVEY FOR ENGLAND 2010

### Hospital Episode Statistics (Adults 16+)

- Thank you for the information that you have provided about your health.
- With your permission, we would like to find out more about your health and treatment from NHS records.
- The Hospital Episode Statistics register collects information on in-patient care delivered by NHS hospitals in England since 1989, such as the length of stay, reason for visit, type of illness, type of operation, maternity care and waiting time.
- We would like to ask for your consent for us to link information about your health and treatment from this database.
- This information will be confidential and used for research purposes only.
- Names and addresses will never be included in these results and no individual can be identified from the research.
- You can cancel this permission at any time in the future by writing to us at the following address:  
National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.

#### **Your consent:**

*I authorise the NHS Information Centre to disclose to the National Centre for Social Research a link to information about my health and treatment held on the Hospital Episode Statistics database.*

Please  
initial  
box

*I understand that the information obtained will be limited to the purposes of this study and will cover dates of admission to and discharge from hospital, diagnoses received and treatments given. The link to this information can only be used by researchers who have gained ethical approval for analysing this database. This consent will remain valid until revoked by me in writing.*

Respondent Name

Date

Respondent Signature

Interviewer Name

Date

Interviewer Signature

**You can cancel this permission at any time in the future by writing to us at the following address:**  
**National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.**

POINT      ADDRESS HHOLD      CKL

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PERSON NO.

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P3027 NHS (A)

## HEALTH SURVEY FOR ENGLAND 2010

### NHS Central Register and Cancer Register

**(Adults 16+)**

- The NHS Central Register lists all the people in the country and their National Health Service (NHS) number.
- We would like to ask for your consent for us to send your name, address and date of birth to the National Health Service Central Register. A marker will be put against your name to show that you took part in the Health Survey.
- If a person who took part in the Health Survey gets cancer, or dies, the type of cancer or cause of death will be linked with their answers to the survey. By linking this information the research is more useful as we can look at how people's lifestyle can have an impact on their future health.
- This information will be confidential and used for research purposes only.
- By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else. We will not be able to obtain any other details from your medical records.
- You can cancel this permission at any time in the future by writing to us at the following address:  
National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.

**Your consent:**

I consent to the National Centre for Social Research /UCL Joint Health Surveys Unit passing my name, address and date of birth to the **National Health Service Central Register**.

Please  
initial  
box

I understand that information held by **the NHS Central Register** may be used to follow up my health status. I understand that these details will be used for research purposes only.



---

Respondent Name

Date

---

Respondent Signature

---

Interviewer Name

Date

---

Interviewer Signature

**You can cancel this permission at any time in the future by writing to us at the following address:**  
**National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.**