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Welsh Health Survey 2014

Technical Report

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1 Introduction.

1.1 The Welsh Health Survey

The Welsh Health Survey 2014 was commissioned by the Welsh Government (WG) and carried out by NatCen Social Research (NatCen).

The main aims of the survey are to:

- provide national estimates of health and health-related lifestyle
- examine differences between population sub-groups (e.g. age, sex, social class) and local areas (health boards and local authorities)
- provide evidence to inform and monitor targets, indicators and policies for promoting better health, such as the Programme for Government, Our Healthy Future and Together for Health.
- provide local authority level information for development of joint local health, social care and wellbeing strategies.

Fieldwork was issued in twelve monthly waves between January and December 2014.

1.2 The development of the Welsh Health Survey

The current Welsh Health Survey (WHS) replaced two previous health surveys in Wales: the Welsh Health Survey (old WHS), carried out in 1995 and 1998, and the Health in Wales Survey (HWS) carried out in 1985, 1988, 1990, 1993 and 1996. In 2002, the Welsh Government commissioned NatCen to undertake a study to explore the feasibility of merging these surveys, using a design that would encompass their policy requirements and also be compatible in methodology and outputs to the old WHS and HWS. Alternative methodological approaches were recommended in that report, including the mixed-mode method adopted for the new WHS, which was launched in October 2003.¹

The first two years of WHS fieldwork were carried out by a consortium of NatCen Social Research (NatCen), formerly known as the National Centre for Social Research, Beaufort Research and the Department of Epidemiology and Public Health at UCL. From 2005, the survey has been carried out by NatCen Social Research.

¹ Nicolaas G, Pickering K, Tipping S (2003) *Feasibility of combining the Welsh Health Survey and the Health in Wales Survey*, National Centre for Social Research, available at http://www.natcen.ac.uk/natcen/pages/publications/combining_welsh.pdf.

1.3 Overview of methodology

The WHS sample comprises addresses randomly selected from the small users' Postcode Address File; the target sample for WHS 2014 was 15,000 adults.

The survey data were collected through a combination of methods. Household data were collected in a face-to-face interview. Individual level data were collected using paper questionnaires. Each adult aged 16 or over in the household was given a questionnaire to complete on their own behalf. In addition, up to two children aged 0 to 15 were randomly selected from each household to participate in the survey. Adults were also asked consent to link their survey answers to information from other public records, such as GP, hospital and education records (data linkage consent).

One of three age-specific questionnaires was used for children selected to participate in the survey. Two questionnaires were designed for parents to complete on behalf of selected children aged 0 to 3, and selected children aged 4 to 12; a third questionnaire was given to selected children aged 13 to 15 to complete on their own behalf.

The survey documents comprised the advance letter, the household questionnaire (administered by an interviewer), a set of showcards, the paper self-completion booklets for adults (23 pages) and children (11 or 12 pages, depending on the version), and the data linkage consent form for adults. All survey documents were available in English and Welsh, and bilingual interviewers were used where required. Interviewers were fully briefed by researchers about survey procedures and materials. Copies of the survey documents for WHS 2014 are shown at Appendix A.

The advance letter was sent to all selected addresses to assist recruitment. Interviewers conducted doorstep recruitment with householders and completed the household questionnaires. The self-completion questionnaires were left with the household members and collected by the interviewers at an agreed time (see Chapter 3).

The household questionnaires were manually keyed. Data from the individual questionnaires were entered into electronic format by scanning. All data were cleaned and edited before tables and other outputs were produced (see Chapter 5).

From 2007 onwards more detailed information was collected in the child elements of WHS.² Child height and weight was measured between 2007 and 2012 in WHS.³

² Welsh Assembly Government. *Welsh Health Survey 2007*. September 2008.

³ Child height and weight is now measured in the Child Measurement Programme for Wales. Ref: <http://www.wales.nhs.uk/sitesplus/888/page/67795>

2 Sampling.

2.1 Overview

The sample for the WHS 2014 was selected from the small user version of the Post Office's Postcode Address File (PAF). The PAF covers more than 99% of private households in Wales. As well as the small number of private households not included, the PAF does not include addresses for institutions. We note that this may exclude a group of people likely to have worse levels of health than people in the general population.

For the 12 month period from January to December 2014, 14,775 addresses were randomly sampled. The sample was stratified by Unitary Authority (UA) to allow for analysis of survey data at this level. An unclustered sample was selected within each UA.

The aim was to achieve interviews with at least 600 adults in each Unitary Authority. In order to achieve this, a minimum of 550 addresses were issued in each UA. The distribution of the sample was adjusted relative to earlier survey years to take account of differing response rates at UA level. Table 2.1 shows the number of addresses that were issued in each UA, along with their selection weights (see Section 6.2.1).

Since the third year of the Welsh Health Survey (2005/6) addresses sampled for the survey have been added to a Historical Database held by the sampling agency, and excluded from future samples for the Welsh Health Survey for at least two years. Addresses sampled for WHS 2014, for example, will not be re-sampled in WHS 2015.

Table 2.1 Issued sample size in each Unitary Authority			
Unitary Authority	Total number of addresses in UA	Number of addresses selected	Selection weight
Isle of Anglesey	35,702	650	54.9
Gwynedd	63,109	675	93.5
Conwy	58,056	625	92.9
Denbighshire	45,882	625	73.4
Flintshire	69,101	625	110.6
Wrexham	61,394	650	94.5
Powys	66,868	600	111.5
Ceredigion	35,998	550	65.5
Pembrokeshire	62,654	675	92.8
Carmarthenshire	87,831	700	125.5
Swansea	114,599	850	134.8
Neath Port Talbot	66,849	625	107.0
Bridgend	64,222	600	107.0
Vale of Glamorgan	57,425	675	85.1
Rhondda Cynon Taf	110,524	850	130
Merthyr Tydfil	27,653	600	46.1
Caerphilly	81,221	650	125.0
Blaenau Gwent	33,599	575	58.4
Torfaen	42,145	600	70.2
Monmouthshire	42,380	600	70.6
Newport	66,103	675	97.9
Cardiff	152,301	1,100	138.5

2.2 Selection of addresses

An un-clustered sample of addresses was selected from each of the 22 UAs. Addresses were selected at random from across the whole UA area and then grouped into interviewer assignments or 'points'.

There were 591 points in total, each containing 25 addresses. Addresses were grouped together on the basis of proximity, taking account of natural barriers such as mountains and rivers.

2.3 Sampling of households

A small proportion of addresses in the PAF contain more than one dwelling unit (i.e. a self-contained unit of accommodation behind a single door), and/or more than one household (i.e. one or more people sharing cooking facilities and a living area). If more than one dwelling unit was found at an address interviewers selected one at random, using a Kish grid. If more than one household existed within either the address or the

dwelling unit, the interviewer again selected one household at random using the same procedure.

2.4 Sampling of children

Families with children aged under 16 were eligible for the child elements of the survey. In households with three or more children, two children were selected for participation to minimise respondent burden. All children in these households were listed in order of age, and two were selected at random.

3 Fieldwork.

3.1 Fieldwork period

WHS 2014 fieldwork started in January 2014, and assignments ('points') were divided between twelve months, ending in December 2014. Each fieldwork point contained 25 addresses and fieldwork began on the first day of each month. Interviewers were expected to complete their assignments within four weeks of issue.

3.2 Briefings

New interviewers were briefed in person by the project researchers. The face-to-face briefings lasted a day each and covered all elements of the survey process. Topics included the aims and background of the survey, the advance letter, strategies for doorstep introductions, an overview of the content of the questionnaires, data linkage consent, and selecting households and children for participation. Particular emphasis was given to doorstep introductions, selection procedures, and to data linkage which was introduced last year. Interviewers were also briefed about the services provided by NHS Direct Wales.

In 2013, all WHS interviewers attended a face to face briefing including those who had worked on the survey for several years. Interviewers who had been briefed and worked on the survey in 2013 completed a home briefing. They were asked to read the instructions, with particular focus on updates, and to complete homework exercises to check their understanding of the survey. Updated interviewer instructions were also circulated to all interviewers for a further home briefing in May, 2015, before we introduced streamlined consent documents.

3.3 Contact procedures

3.3.1 Advance letter

Prior to the interview, advance letters were sent out by interviewers to all selected households. The wording of these was agreed by NatCen and the Welsh Government. Households were sent versions of the letter in both English and Welsh.

Respondents were informed within the letter that their participation was entirely voluntary.

3.3.2 Contacting respondents

Interviewers made contact with respondents by personal visit. Standard guidelines were issued to all interviewers regarding the timing and number of calls they should make to each address. Interviewers were required to make a minimum of four calls at different times of the day and on different days of the week before accepting a 'non-contact' outcome; in practice, where contact was difficult, interviewers made more calls than this.

3.3.3 Confidentiality

Once interviewers had made contact with a household, they introduced the survey and also presented the survey leaflet which contained information about the survey and reinforced confidentiality in data usage. Copies of this information leaflet were left for all respondents, in English or Welsh, as requested.

3.3.4 NHS Direct

A phone number for NHS Direct Wales was included on the advance letters for respondents to use if they had any queries regarding the survey. NHS Direct Wales operates a bilingual 24-hour service.

3.3.5 Welsh-speaking interviewers

Respondents were given the option of having the interview conducted in English or Welsh. If the latter was requested and the original interviewer was unable to interview in Welsh, the interview was re-arranged with a different, Welsh speaking interviewer.

3.4 Data collection

3.4.1 Overview

The survey consisted of a short household interview, lasting around 10 minutes, with a responsible adult living in the accommodation, and a self-completion questionnaire. All adults aged 16 and over were eligible for a self-completion questionnaire and data linkage consent; up to two selected children aged 0 to 15 were eligible for a questionnaire for their age group, for completion by parents (0 to 12) or children (13 to 15). Interviewers collected self-completion questionnaires and consent forms.

The household and adult questionnaires were similar to those used in previous years of the WHS. The child self-completion questionnaires were similar to the revised child questionnaires, introduced in WHS 2007.

3.4.2 Household level

The short face-to-face household interview was offered to respondents in English or Welsh. This was designed to collect information about the household reference person. It also included questions about each person in the household, for example sex, age, length of residence at that address, general health and whether or not each person needed care. (See Appendix A for the household interview questionnaire.)

The household questionnaire also included instructions for selecting up to two children to participate, a grid showing the outcomes for each additional element, and consent forms for the older children to complete questionnaires.

3.4.3 Individual level instruments

The survey also included a 23-page self-completion questionnaire for all adults aged 16 and over in the household that took approximately 20 minutes to complete. There

were three age-specific versions of the children's questionnaire. Those relating to children aged between birth and 3 years old (11 pages) and children aged 4 to 12 (12 pages) were completed by a parent or carer. Children aged between 13 and 15 completed a 12-page questionnaire themselves. English versions of the questionnaires are included in Appendix A.

All survey documents were translated into Welsh, so that respondents could be offered the option of completing the household interview and individual self-completions in either language. All self-completion questionnaires (English and Welsh versions) were professionally designed.

A summary of the questionnaire modules is presented in Table 3.1.

Table 3.1 Summary of survey modules	
Household Questionnaire	
Sex and age (each household member)	Employment Status (HRP)
Years of residence at address, general health and care needs (each household member)	NS-SEC (HRP)
Housing tenure	Contact details
Individual – adults 16+	
Health service use	Fruit and vegetable consumption
Medicines	Exercise
Illnesses	Carers
Untreated problems or symptoms	Sex and age
General health and wellbeing	Height and weight
Smoking	Ethnicity
Alcohol	Qualifications
Individual – children aged 0-3 (completed by parent or carer)	
Sex and age	Accidents, injuries or poisoning
Ethnicity	Current illnesses
General health and wellbeing	Infant feeding
Health service use	
Individual – children aged 4-12 (completed by parent or carer)	
Sex and age	Current illnesses
Ethnicity	Strengths and Difficulties Questionnaire ⁴
General health and wellbeing	Eating habits
Health service use	Physical activity
Accidents, injuries or poisoning	
Individual – children aged 13-15 (completed by child)	
Sex and age	Current illnesses
Ethnicity	Strengths and Difficulties Questionnaire ⁴
General health and wellbeing	Eating habits
Health service use	Physical activity
Accidents, injuries or poisoning	

⁴ By permission of Robert Goodman. See <http://www.sdqinfo.com> for details

3.4.4 Data linkage consent

Adults aged 16 and over were asked consent to link their survey answers to information from other records, like GP, hospital and education records. The interviewer introduced data linkage and gave all adults were given a consent form and information leaflet about this. The English version of the consent form is included in Appendix A.

The consent documents were refined in the second half of the survey year: the data linkage consent form was combined with the main questionnaire and the data linkage leaflet combined with the main survey leaflet. The information on the consent form was not amended, although the leaflet was amended to avoid duplication and to keep the information to a reasonable length. Further information about the approach and rationale is available on the Welsh Government website.⁵

Respondents were informed that data linkage consent was entirely voluntary and that their survey answers would still be useful to us if they chose not to give consent.

⁵ Welsh Health Survey: Streamlining Data Linkage procedures.
<http://gov.wales/docs/statistics/2015/150324-health-survey-2014-streamlining-data-linkage-procedures-jul-dec-en.pdf>

4 Response.

4.1 Introduction

4.1.1 Overview

This chapter presents analysis of the response to the 2014 Welsh Health Survey at two levels, among households and individuals, with adults and children shown separately.

Household and individual response are analysed by unitary authority to present response rates for each of the 22 unitary authorities in Wales. The individual response tables show response for adults and children separately, within productive households (i.e. where the household questionnaire was completed). Further tables show individual response by sex and age and by unitary authority. Household and individual response are shown in combination, again for adults and children separately. Respondents and non-respondents in productive households are compared using proxy measures of general health and need for care, taken from the household interview.

4.1.2 Outcome codes

Interviewers assigned a final outcome code to every address in their assignment. The range of possible outcome codes is shown in the Table 4.1.

If respondents requested the household interview to be carried out in Welsh, a temporary outcome code (614) was assigned until a Welsh speaking interviewer was allocated and the interview completed.

Table 4.1 Outcome codes	
Outcome	Code
Deadwood	
Not yet built/under construction	710
Demolished/derelict	720
Vacant/empty	730
Non-residential address e.g. business, school, office, factory	740
Address occupied, no resident household eg. holiday home	750
Communal establishment/institution	760
Other ineligible	790
Unknown eligibility	
Not attempted	612
Inaccessible	620
Unable to locate address	630
Unknown whether address contains residential housing – non contact	640
Residential address – unknown whether occupied	650
Unknown whether address contains residential housing – information refused	810
Other unknown eligibility	690
Unproductive outcomes	
No contact with anyone at the household	310
No contact with any responsible adult at the household	320
Office refusal	410
Refusal at introduction/before interview	430
Refusal during interview	440
Broken appointment – no re-contact	450
Ill at home during survey period	510
Away or in hospital all survey period	520
Physically or mentally unable/incompetent	530
Language difficulties	540
Other unproductive	590
Productive	
Fully productive	110

4.1.3 Definition of household response

In calculating household response, a recommended standard method for social surveys was used.⁶ It incorporates an estimate of the number of eligible and deadwood cases within addresses where eligibility is uncertain. This calculation is shown below.

$$\text{response rate} = \frac{\text{productive}}{\text{productive} + \text{unproductive} + (e * \text{unknown eligibility})}$$

⁶ Lynn, P, Beerten, R, Laiho, J and Martin, J (2001) *Recommended Standard Final Outcome Categories and Standard Definitions of Response Rate for Social Surveys*, ISER Working Papers, Number 2001-23, Colchester: University of Essex.

where e is an estimate of the proportion of cases of unknown eligibility that are eligible, given by:

$$e = \frac{\text{productive} + \text{unproductive}}{\text{productive} + \text{unproductive} + \text{deadwood}}$$

4.2 Household response

Table 4.2 shows a summary of response at the household level in 2014.

Using the method described above, 12 cases of unknown eligibility were assumed to be deadwood and were therefore removed from the eligible sample. The final adjusted response rate for the Welsh Health Survey in 2014 was 78.2%.

Table 4.2 Household response for WHS 2014			
		% of eligible sample	% of adjusted eligible sample
Households issued*	14,764		
Deadwood	2,111		
Eligible sample	12,653	100.0	
Total unknown eligibility	87	0.7	
Estimate of deadwood among unknown eligibility households	12		
Adjusted eligible sample	12,641		100.0
Estimate of eligible households among those of unknown eligibility	75		0.6
Refusals	1,783	14.1	14.1
Other unproductive	903	7.1	7.1
Productive	9,880	78.1	78.2

* In 2014, only one household was issued at each address; if there was more than one dwelling unit or household at the address, only one was selected. Of the 14,775 addresses issued, 14,764 households were identified.

Table 4.3 below shows household response by unitary authority for WHS 2014.

Table 4.3 Household response for WHS 2014				
Unitary authority	Eligible households	Responding households		Adjusted response rate
			%	%
Isle of Anglesey	489	401	82.0	82.1
Gwynedd	498	416	83.5	83.6
Conwy	511	391	76.5	76.5
Denbighshire	549	437	79.6	79.7
Flintshire	582	459	78.9	78.9
Wrexham	585	447	76.4	76.4
Powys	521	412	79.1	79.2
Ceredigion	439	375	85.4	85.5
Pembrokeshire	526	425	80.8	81.0
Carmarthenshire	582	434	74.6	74.6
Swansea	706	531	75.2	75.4
Neath Port Talbot	556	421	75.7	75.7
Bridgend	480	382	79.6	79.6
Vale of Glamorgan	602	497	82.6	82.6
Rhondda, Cynon, Taff	745	567	76.1	76.2
Merthyr Tydfil	506	390	77.1	77.5
Caerphilly	597	482	80.7	80.7
Blaenau Gwent	504	400	79.4	79.4
Torfaen	545	419	76.9	77.0
Monmouthshire	533	403	75.6	75.6
Newport	599	462	77.1	77.1
Cardiff	998	730	73.1	73.2
Total	12,653	9,880	78.1	78.2

4.3 Individual Response

Table 4.4 shows the response among adults in productive households, 76.7%.

4.3.1 Adults

Table 4.4 Response among adults in productive households for WHS 2014		
	Number of cases	% of issued sample
Total number of adults identified	18,480	100.0
<i>Average number of adults in productive households</i>	1.9	
Refusal	676	3.7
Questionnaire not returned	2,801	15.2
Other unproductive	833	4.5
Productive	14,170	76.7

As Table 4.5 shows, response was higher among women than among men, and among older adults than younger ones. This follows the pattern seen in previous years.

Table 4.5 Response among adults in productive households for WHS 2014, by age and sex										
	16-24 years		25-44 years		45-64 years		65+ years		Total ¹	
		%		%		%		%		%
Men	701	60.3	1,619	66.5	2,240	77.6	1,994	86.5	6,554	74.6
Women	789	66.0	2,063	75.6	2,531	80.7	7,616	84.9	7,616	78.6
Total	1,490	63.2	3,682	71.3	4,771	79.2	14,170	85.7	14,170	76.7

Table 4.6 shows the response among adults in productive households by unitary authority for WHS 2014.

Table 4.6 Response among adults in productive households for WHS 2014, by unitary authority

Unitary authority	Productive	
		%
Isle of Anglesey	552	75.6
Gwynedd	625	77.8
Conwy	561	79.3
Denbighshire	634	78.4
Flintshire	679	78.2
Wrexham	659	77.5
Powys	633	83.0
Ceredigion	592	79.8
Pembrokeshire	567	71.8
Carmarthenshire	597	75.0
Swansea	728	75.7
Neath Port Talbot	610	81.4
Bridgend	552	81.3
Vale of Glamorgan	575	61.4
Rhondda, Cynon, Taff	838	78.5
Merthyr Tydfil	542	74.7
Caerphilly	769	83.2
Blaenau Gwent	519	70.9
Torfaen	632	80.4
Monmouthshire	592	79.0
Newport	659	73.2
Cardiff	1055	74.7
Total	14,170	76.7

4.3.2 Children

Table 4.7 shows the response among children aged 0 to 15 in productive households. 4,218 children were identified, and of these 3,723 were selected to take part in the survey (see Section 2.4 for a description of the child selection process). Response among selected children was 75.2%.

Table 4.7 Response among selected children aged 0 to 15 in productive households for WHS 2014		
	Number of cases	% of eligible sample
Number of productive households with children	2,409	
Total number of children in productive households	4,218	
<i>Average number of children in productive households with children</i>	1.8	
Number of selected children in productive households	3,723	100.0
<i>Average number of selected children in productive households with children</i>	1.5	
Refusal (by child or parent)	84	2.3
Questionnaire not returned	654	17.6
Other unproductive	185	5.0
Productive	2,800	75.2

Table 4.8 shows the response by age group, corresponding to the three versions of the questionnaire (see Section 3.4.3). The differences in response between the three groups is significant. Response among those aged 13 to 15 is significantly lower than the 0 to 3, or 4 to 12 age groups.

Table 4.8 Response among selected children aged 0 to 15 in productive households for WHS 2014, by age group			
	0-3 years	4-12 years	13-15 years
Number of selected children in productive households	928	2,111	684
Refusal (by child or parent)	18	45	21
Questionnaire not returned	180	371	103
Other unproductive	33	66	86
Total non-response	231	482	210
Total self-completions returned	697	1,629	474
<i>Response rate¹</i>	<i>75.1</i>	<i>77.2</i>	<i>69.3</i>

¹ Based on selected children in productive households,

Table 4.9 shows response among selected children by age and sex.

Table 4.9 Response among selected children aged 0 to 15 in productive households for WHS 2014, by age group and sex

	0-3 years		4-12 years		13-15 years		Total	
		%		%		%		%
Boys	357	74.4	814	76.8	238	69.4	1,409	74.8
Girls	340	75.9	815	77.5	236	69.2	1,391	75.6
Total	697	75.1	1,629	77.2	474	69.3	2,800	75.2

Table 4.10 shows the response among selected children by unitary authority.

Table 4.10 Response among selected children aged 0 to 15 in productive households for WHS 2014, by unitary authority

Unitary authority	Productive	
		%
Isle of Anglesey	113	73.9
Gwynedd	109	73.2
Conwy	111	79.9
Denbighshire	117	66.5
Flintshire	147	73.5
Wrexham	143	70.8
Powys	112	86.2
Ceredigion	103	86.6
Pembrokeshire	92	59.0
Carmarthenshire	89	71.2
Swansea	124	70.5
Neath Port Talbot	109	75.7
Bridgend	97	74.6
Vale of Glamorgan	133	63.9
Rhondda, Cynon, Taff	181	81.5
Merthyr Tydfil	134	75.3
Caerphilly	180	90.0
Blaenau Gwent	89	68.5
Torfaen	117	83.0
Monmouthshire	111	79.9
Newport	134	79.3
Cardiff	255	75.7
Total	2,800	75.2

4.4 Combined household and individual response

The following tables show overall response, for adults and children separately. These figures take into account response at both the household and individual levels. The number of adults and children within non-responding households is not known, therefore the average number of adults and children in participating households is

used to impute the denominator (the total number of adults and children in all eligible households). This figure is likely to overestimate the denominator and therefore underestimate the response, since unproductive households are likely to have fewer residents, on average, than productive households.⁷

Table 4.11 shows the combined response rate for adults in 2014, 59.9%.

Table 4.11 WHS 2014 combined response: Adults		
		%
Households issued	14764	100.0
Deadwood	2111	14.3
Estimate of deadwood among households of unknown eligibility	12	0.1
Eligible households after adjustment	12641	85.6
Productive households	9880	
Total number of adults in productive households	18480	
<i>Average number of adults per productive household</i>	<i>1.9</i>	
Imputed number of adults for all eligible households	23643	100.0
Productive (adults in eligible households)	14170	59.9

Table 4.12 shows the combined response rate for selected children in 2014, 58.8%.

Table 4.12 WHS 2014 combined response: Children		
		%
Households issued	14764	100.0
Deadwood	2111	14.3
Estimate of deadwood among households of unknown eligibility	12	0.1
Eligible households	12641	85.6
Productive households	9880	
Total number of selected children in productive households	3723	
<i>Average number of selected children per productive household</i>	<i>0.4</i>	
Imputed number of selected children for all eligible households	4763	100.0
Productive (children in eligible households)	2800	58.8

4.5 Comparison of respondents and non-respondents in productive households

The Welsh Health Survey collects proxy measures of general health and need for care for each member of the household as part of the household questionnaire. It is possible to use these measures to compare respondents and non-respondents within

⁷ McGee A, Fitzgerald R and Thornby M. (2004) *A Description of Non-Respondents to the Family Resources Survey 2002-2003*, National Centre for Social Research.

productive households. Tables 4.13 to 4.16 show the proportions of respondents and non-respondents with 'good', 'fairly good' and 'not good' health and the proportion who need care. These measures are shown for adults and selected children

Non-responding adults were more likely than those who responded to the survey to be described by the household informant as having good general health ($p < 0.005$).

Responding children were more likely than those who did not respond to the survey to be described by the household informant as having good general health ($p < 0.01$)

Non-responding children were more likely than responding children to be described by the household informant as needing care ($p < 0.001$).

There was no significant difference in the proportion needing care between responding and non-responding adults.

Table 4.13 Comparison of general health between adult respondents and non-respondents in 2014

	Respondents		Non-respondents	
	No.	%	No.	%
Good	9058	64.3	2970	68.8
Fairly good	3174	22.5	756	17.5
Not good	1852	13.1	593	13.7
Total	14084	100.0	4319	100.0

Table 4.14 Comparison of general health between child respondents and non-respondents in 2014

	Respondents		Non-respondents	
	No.	%	No.	%
Good	2580	94.4	824	92.3
Fairly good	118	4.3	44	4.9
Not good	35	1.3	25	2.8
Total¹	2733	100.0	893	100.0

¹ Based on eligible selected children in productive households

Table 4.15 Comparison of need for care between adult respondents and non-respondents in 2014

	Respondents		Non-respondents	
	No.	%	No.	%
Need care	1,071	7.7	339	8.0
Do not need care	12,861	92.3	3,899	92.0
Total	13,932	100.0	4,238	100.0

Table 4.16 Comparison of need for care between child respondents and non-respondents in 2014

	Respondents		Non-respondents	
	No.	%	No.	%
Need care	89	3.4	66	7.6
Do not need care	2,540	96.6	798	92.4
Total¹	2,629	100.0	864	100.0

¹ Based on eligible selected children in productive households

5 Data preparation.

5.1 Data keying and scanning

Once interviewers had completed both household and self-completion questionnaires for a household, the questionnaires were returned for processing. The household questionnaires were double keyed in-house at NatCen. The self-completion questionnaires were returned to the office and then sent to a scanning agency. Once these stages were complete, the scanned questionnaires, data and electronic images were sent to NatCen and the data linked to the household data through serial numbers (at both household and individual levels).

A report was run comparing the household data to the data booked in at the scanning agency and subsequently scanned. For cases where the data could not be immediately matched a 'problem file' was produced. Reconciliation procedures were then undertaken to match up household data and self-completion discrepancies (for instance, error in the serial number, individual name or number).

5.2 Data coding and editing

5.2.1 Editing procedures

The self-completion questionnaires were edited using NatCen's in-house system.

The data was checked to correct cases where routing had not been followed, where respondents had coded more than one answer where only one was required, or where incompatible answers had been entered.

As a separate checking measure all handwritten digits on the questionnaires were verified visually as part of the quality control process.

5.2.2 NS-SEC (SOC) coding

The occupation and industry of the Household Reference Person (HRP) was coded using the Standard Occupational Classification (SOC2000) and Standard Industrial Classifications (SIC 1992). The National Statistics Socio-economic Classification (NS-SEC) was derived from SOC2000 and employment status.

5.2.3 Backcoding and International Classification of Diseases (ICD) coding

If appropriate, cases where an 'other' answer was given to questions on chronic or long-term illnesses, health problems or disabilities were 'backcoded' into the previous pre-coded individual illness questions. This process converted the text at 'other' answers on illnesses into ICD groups and chapters which were then matched into the previous illness questions. This process was carried out for both adults and children.

5.3 Data set formats

The data were organised into three data sets for analysis. These were delivered to the Welsh Government after initial analyses. Two productive data sets at the individual level were produced – one for **adult data** and one for **child data**. A **combined data set** was also created containing information from all productive households at the individual level (household data for productive and unproductive individual cases). This enabled a further level of analysis, as the household questionnaire collected information on age, sex, the number of years living at that address, general health and need for care for each member of the household.

6 Weighting.

6.1 Overview

Weights were calculated for the WHS data to correct for unequal selection probabilities and survey non-response.

The sample design, described in Chapter 2, led to respondents having unequal chances of selection for two reasons: the probability of selecting an address varied by Unitary Authority and where addresses contained more than one dwelling unit or household. In addition, up to two children were selected in each household.

Weights were also calculated to adjust for non-response. Response rates differed between groups (see Section 4.3); for example, younger people, particularly young men, were under-represented in the achieved sample, and people aged 65 and over were over-represented. Weighting compensates for these differences, and corrects any resulting bias in the survey estimates.

Two sets of non-response weights were generated, household weights (`wt_hhold`) and individual weights (`wt_adult` and `wt_child`). The household weights adjust for non-contact and refusals of entire households. The individual weights, calculated separately for adults and children, adjust for non-response among individuals within responding households (in addition to adjusting for household non-response).

6.2 Calculating the weights

6.2.1 Selection weights

The first stage of weighting corrected for the imbalances created by the different probabilities of selection within each Unitary Authority. Addresses in smaller UAs were over-sampled to ensure a minimum issued sample in each. Without appropriate weighting, these smaller UAs would be over-represented in the sample. Consequently, selection weights were calculated as the inverse of the selection probabilities (see Table 2.1 in Chapter 2).

For each selected address, only one household was selected for the issued sample (see Section 2.3). Weights were therefore required to correct for the cases where more than one dwelling unit or household was found at a single address. The dwelling unit weights were calculated as the number of dwellings found at an address, and trimmed at 3. The household weights were calculated as the number of households found in the dwelling unit or address, and trimmed at 2. These two weights were then multiplied together.

6.2.2 Household non-response weight

A household non-response model with area-level covariates was used to adjust for non-contact and refusals of entire households. The probability of household response was estimated using a logistic regression model, weighted by the composite selection weights. The dependent variable was whether the household responded or not. The independent variables included both geographic and Census 2011 variables.

Variables included in the model are shown in Appendix B. The odds ratio is a measure used to compare the odds of response for each category of an independent variable relative to a reference category. An odds ratio greater than 1 indicates greater odds of response in that category than in the reference category.

The household non-response weights were calculated as the inverse of the probability of response. Extreme weights below the 1st and above the 99th percentiles were trimmed to the values at these percentiles.⁸ This trimming avoided the situation where some individuals have a very large disproportionate influence on the survey estimates (either disproportionately large or disproportionate small).

Calibration weighting was used to further reduce household non-response bias. The initial weights were the product of the selection weights and the household non-response weight. Calibration weighting adjusted the weighted household sample so that the marginal distributions of age/sex and unitary authority for all individuals within responding households matched the 2013 mid-year population estimates for Wales (see Tables 6.1 and 6.2).

Table 6.1 2013 mid year population estimates for Wales, by age and sex⁹

Age	Males			Females		
	N	% of total	% of adults	N	% of total	% of adults
0-4	91,700	6.1	n/a	87,100	5.6	n/a
5-10	104,700	6.9	n/a	99,800	6.4	n/a
11-15	88,300	5.8	n/a	83,500	5.3	n/a
16-24	191,800	12.7	15.6	181,700	11.6	14
25-34	186,300	12.3	15.1	184,000	11.7	14.2
35-44	183,000	12.1	14.9	189,000	12.1	14.6
45-54	211,100	13.9	17.2	219,400	14	16.9
55-64	186,400	12.3	15.1	193,900	12.4	14.9
65-74	160,000	10.6	13	169,500	10.8	13.1
75+	111,900	7.4	9.1	159,300	10.2	12.3
Total	1,515,200			1,567,200		

⁸ 113 cases were below the 1st percentile, 71 cases were above the 99th percentile

⁹ Source: ONS

Table 6.2 2013 mid year population estimates for Wales, by unitary authority¹⁰

Unitary authority	
Anglesey	70,100
Blaenau Gwent	69,800
Bridgend	140,500
Caerphilly	179,200
Cardiff	351,700
Carmarthenshire	184,700
Ceredigion	76,000
Conwy	115,800
Denbighshire	94,500
Flintshire	153,200
Gwynedd	121,900
Merthyr Tydfil	59,000
Monmouthshire	92,100
Neath Port Talbot	139,900
Newport	146,600
Pembrokeshire	123,300
Powys	132,700
Rhondda Cynon Taff	236,100
Swansea	240,300
Torfaen	91,400
Vale of Glamorgan	127,200
Wrexham	136,400
Total	3,082,400

The final household weights used (wt_hhold) were the weights after calibration.

6.2.3 Child selection weight

In households with children aged under 16, no more than two children were selected for inclusion (see Section 2.4). Weights were therefore required to correct for households including three or more children. These weights were calculated as the number of children found within the household divided by the number of children selected for inclusion and were trimmed at 2 (4/2). Three or more children were identified in 374 productive households.

¹⁰ Source: ONS

6.2.4 Individual level non-response weight

Individual weights were calculated for individual respondents to the survey to adjust for non-response at the self-completion stage, in addition to household non-participation. As non-response at each stage was hierarchical, the individual weights were calculated for responding individuals within responding households. Weighted logistic regression models for adults and children were used to estimate the probability of response. The dependent variable in each model was whether an individual in a responding household responded or not. The independent variables were age, sex, UA, household type, NS-SEC of household reference person, self-reported general health and household tenure.

All covariates were significantly associated with response among adults. After adjusting for the other variables in the model, adults were more likely to respond if they were older or living in a managerial and professional household.

For children, response was significantly associated with age and sex, UA, tenure and NS-SEC of household reference person; general health was not significant. Children were more likely to respond if they were under 10 (and the questionnaire was completed by the parent rather than the child), living in owner occupied homes, or in a household headed by someone in a managerial or professional occupation (see Appendix B).

The individual level non-response weights were calculated as the inverse of the probability of response.¹¹

Calibration weighting was used to ensure that the final sample matched the age/sex distribution of the population. The initial weights were the product of the household weights and the individual level non-response weights. The calibration weighting adjusted the weighted individual sample so that the marginal distributions of age/sex for all individuals and those of children and adults (separately) within Unitary Authority matched the 2013 mid-population estimates for Wales (see Tables 6.1 and 6.3).

¹¹ The individual weights were also trimmed at the 1st and 99th percentiles. 141 adults were below the 1st percentile, 146 above the 99th percentile. In the sample of children, 27 were below the 1st percentile and 28 above the 99th percentile.

Table 6.3 2013 mid year population estimates for adults and children in Wales, by unitary authority¹²

Unitary authority	Children 0-15	Adults 16+
Anglesey	12,100	58,000
Blaenau Gwent	12,400	57,400
Bridgend	25,500	115,000
Caerphilly	34,300	145,000
Cardiff	64,600	287,100
Carmarthenshire	32,800	151,900
Ceredigion	11,100	64,900
Conwy	19,000	96,900
Denbighshire	17,000	77,500
Flintshire	28,400	124,800
Gwynedd	20,900	101,000
Merthyr Tydfil	11,000	48,000
Monmouthshire	15,800	76,300
Neath Port Talbot	24,400	115,500
Newport	29,400	117,200
Pembrokeshire	21,800	101,500
Powys	22,100	110,600
Rhondda Cynon Taff	44,200	191,900
Swansea	41,500	198,800
Torfaen	17,000	74,400
Vale of Glamorgan	23,800	103,400
Wrexham	26,200	110,200
Total	555,200	2,527,200

As a last step, each set of weights (wt_hhold, wt_adult and wt_child) were scaled so that the mean of the weights was equal to 1 and consequently the weighted sample size was the same as the un-weighted sample size.¹³

¹² Source: ONS

¹³ As this was done separately for adults and children, the profile of the (combined) all-age sample will not match the profile of the all-age population. Children were under-represented relative to adults due to the selection of a maximum of two children per household and to the lower response rate amongst children. The imbalance can be easily rectified by re-scaling the weights before combining the samples.

7 Sampling Errors.

7.1 Design factors (defts)

The WHS sample was stratified by Unitary Authority and whilst the sampled addresses were un-clustered, respondents are clustered within household. The overall effect of this complex design is that standard errors for survey estimates are generally a little higher than would be obtained from a simple random sample of the same size.¹⁴

The ratio of the standard error of the complex sample to that of a simple random sample of the same size is known as the design factor. The design factor (or 'deft') is the factor by which the standard error of an estimate from a simple random sample has to be multiplied to give the true standard error of the estimate, given the complex design.

The true standard errors and defts for the WHS have been calculated using a Taylor Series expansion method. These take into account weighting, stratification and, although the sample itself was un-clustered, household-level clustering.

Tables 7.1 to 7.6 show the true standard errors and defts for key variables in WHS 2013 covering adults' illnesses, self perceived health, health service use, and health-related lifestyle, as well as various indicators of children's health and related behaviours and children's health service use.

¹⁴ Although standard errors for survey estimates are generally higher than would be obtained from a simple random of sample of the same size in some cases they are slightly lower as the positive effects of stratification outweigh the negative effects of clustering.

Table 7-1 True standard errors and 95% confidence intervals for adults' illnesses in WHS 2014						
Characteristic	%/ mean	Sample size	True standard error	95% confidence interval		Deft
				lower	upper	
Currently being treated for High blood pressure						
Men	19.8	6,345	0.52	18.8	20.9	1.03
Women	19.4	7,391	0.48	18.4	20.3	1.04
Total	19.6	13,736	0.38	18.9	20.3	1.11
Any heart condition (excluding high blood pressure)						
Men	9.6	6,180	0.37	8.9	10.3	0.98
Women	7.5	7,077	0.33	6.8	8.1	1.05
Total	8.5	13,257	0.25	8.0	9.0	1.05
Currently being treated for any respiratory illness						
Men	12.1	6,230	0.44	11.2	12.9	1.06
Women	14.1	7,221	0.44	13.2	14.9	1.08
Total	13.1	13,451	0.32	12.5	13.7	1.1
Currently being treated for any mental illness						
Men	8.9	6,313	0.43	8.1	9.8	1.18
Women	15.1	7,308	0.47	14.2	16	1.11
Total	12.1	13,621	0.33	11.4	12.7	1.18
Currently being treated for Arthritis						
Men	8.7	6,325	0.35	8.1	9.4	0.99
Women	14.6	7,345	0.43	13.8	15.4	1.04
Total	11.7	13,670	0.29	11.2	12.3	1.07
Currently being treated for Diabetes						
Men	8.2	6,518	0.34	7.5	8.8	1.00
Women	6.3	7,555	0.29	5.7	6.9	1.03
Total	7.2	14,073	0.23	6.8	7.7	1.05

Table 7-2 True standard errors and 95% confidence intervals for adults' perceived health and SF-36 scores for WHS 2014						
Characteristic	%/ mean	Sample size	True standard error	95% confidence interval		Deft
				lower	upper	
Limited by health problem/disability						
Men	30.7	6,438	0.62	29.5	31.9	1.07
Women	35.4	7,455	0.61	34.2	36.6	1.10
Total	33.1	13,893	0.48	32.2	34.1	1.19
Mean of summary of SF-36 Physical score						
Men	49.7	6,012	0.16	49.4	50.0	1.08
Women	47.9	6,917	0.16	47.6	48.2	1.10
Total	48.8	12,929	0.13	48.5	49.0	1.20
Mean of summary of SF-36 Mental score						
Men	50.8	6,012	0.17	50.5	51.2	1.22
Women	48.4	6,917	0.16	48.0	48.7	1.12
Total	49.6	12,929	0.13	49.3	49.8	1.27

Table 7-3 True standard errors and 95% confidence intervals for adults' health related lifestyle in WHS 2014						
Characteristic	%/ mean	Sample size	True standard error	95% confidence interval		Deft
				lower	upper	
Current smokers						
Men	22.1	6,463	0.63	20.9	23.4	1.23
Women	18.8	7,504	0.50	17.8	19.8	1.11
Total	20.4	13,967	0.45	19.6	21.3	1.31
Passive smoking indoors or outdoors (as % of non-smokers)						
Men	28.5	4,864	0.80	27.0	30.1	1.23
Women	30.8	5,711	0.72	29.4	32.2	1.17
Total	29.7	10,575	0.59	28.5	30.9	1.32
Passive smoking indoors (as % of non-smokers)						
Men	16.0	4,789	0.71	14.6	17.4	1.34
Women	16.8	5,620	0.57	15.7	17.9	1.15
Total	16.4	10,409	0.49	15.4	17.4	1.35
Drinking above guidelines on heaviest day last week (including non-drinkers)						
Men	45.8	6,386	0.75	44.4	47.3	1.20
Women	34.9	7,404	0.62	33.7	36.2	1.13
Total	40.3	13,790	0.54	39.2	41.3	1.30
Binge drinking on heaviest day in last week (including non-drinkers)						
Men	29.0	6,386	0.70	27.6	30.3	1.22
Women	19.3	7,404	0.53	18.3	20.4	1.16
Total	24.0	13,790	0.48	23.1	25.0	1.32
5+ portions of fruit and vegetable the previous day						
Men	30.4	6,350	0.64	29.2	31.7	1.11
Women	34.1	7,380	0.62	32.9	35.3	1.12
Total	32.3	13,730	0.49	31.4	33.3	1.22
Moderate exercise at least 5+ times in last week						
Men	38.3	6,425	0.69	36.9	39.6	1.15
Women	23.5	7,491	0.54	22.4	24.5	1.11
Total	30.7	13,916	0.47	29.8	31.6	1.21
Overweight or obese						
Men	61.0	6,183	0.72	59.6	62.4	1.17
Women	54.1	6,900	0.67	52.8	55.4	1.11
Total	57.5	13,083	0.51	56.5	58.5	1.19
Obese						
Men	21.5	6,183	0.57	20.4	22.6	1.09
Women	22.9	6,900	0.55	21.8	24.0	1.08
Total	22.2	13,083	0.42	21.4	23.0	1.15

Table 7-4 True standard errors and 95% confidence intervals for adults' health service use in WHS 2014						
Characteristic	%/ mean	Sample size	True standard error	95% confidence interval		Deft
				lower	upper	
Talked to a GP in last 2 weeks						
Men	13.9	6,477	0.47	12.9	14.8	1.09
Women	20.6	7,513	0.51	19.6	21.6	1.10
Total	17.3	13,990	0.36	16.6	18.0	1.12
Visited hospital for accident or injury in past 3 months						
Men	4.8	6,521	0.31	4.2	5.4	1.17
Women	4.5	7,579	0.26	4.0	5.0	1.10
Total	4.6	14,100	0.21	4.2	5.0	1.17
Outpatient in last 12 months						
Men	28.9	6,513	0.61	27.7	30.1	1.08
Women	35.5	7,544	0.60	34.3	36.7	1.09
Total	32.3	14,057	0.44	31.4	33.1	1.11
Inpatient in last 12 months						
Men	7.4	6,517	0.35	6.7	8.1	1.07
Women	11.1	7,542	0.39	10.3	11.9	1.09
Total	9.3	14,059	0.27	8.8	9.8	1.10
Visited a pharmacist in last 12 months						
Men	61.7	6,080	0.73	60.3	63.1	1.16
Women	74.7	7,037	0.60	73.6	75.9	1.15
Total	68.4	13,117	0.50	67.4	69.4	1.23
Visited a dentist in last 12 months						
Men	67.0	6,254	0.74	65.5	68.4	1.24
Women	73.4	7,250	0.60	72.2	74.5	1.16
Total	70.2	13,504	0.52	69.2	71.3	1.33
Visited an optician in last 12 months						
Men	44.9	6,347	0.73	43.5	46.3	1.17
Women	55.9	7,320	0.65	54.6	57.2	1.13
Total	50.5	13,667	0.53	49.5	51.6	1.25

Table 7-5 True standard errors and 95% confidence intervals for children's health status and health-related behaviour in WHS 2014						
Characteristic	%/ mean	Sample size	True standard error	95% confidence interval		Deft
				lower	upper	
Longstanding illness (0 to 15 year olds)						
Boys	23.2	1,401	1.25	20.8	25.7	1.10
Girls	18.6	1,381	1.13	16.3	20.8	1.08
Total	21.0	2,782	0.86	19.3	22.7	1.12
Limiting longstanding illness (0 to 15 year olds)						
Boys	7.4	1,397	0.76	6.0	8.9	1.08
Girls	5.3	1,377	0.69	4.0	6.7	1.13
Total	6.4	2,774	0.52	5.4	7.4	1.12
Asthma as a longstanding illness (0 to 15 year olds)						
Boys	8.2	1,398	0.79	6.7	9.8	1.07
Girls	4.4	1,376	0.59	3.2	5.6	1.07
Total	6.4	2,774	0.51	5.4	7.4	1.10
Currently being treated for asthma (0 to 15 year olds)						
Boys	11.2	1,384	0.94	9.4	13.0	1.11
Girls	7.2	1,366	0.74	5.7	8.6	1.07
Total	9.2	2,750	0.61	8.0	10.4	1.11
Eats fruit daily (4 to 15 year olds)						
Boys	64.1	1,036	1.71	60.7	67.5	1.15
Girls	66.3	1,041	1.77	62.8	69.8	1.21
Total	65.2	2,077	1.29	62.7	67.7	1.23
Eats vegetables daily (4 to 15 year olds)						
Boys	56.2	1,037	1.80	52.7	59.8	1.17
Girls	56.3	1,038	1.85	52.6	59.9	1.20
Total	56.2	2,075	1.37	53.6	58.9	1.25
5 or more days with at least one hour exercise last week (4 to 15 year olds)						
Boys	56.7	1,037	1.75	53.3	60.2	1.14
Girls	44.3	1,035	1.83	40.7	47.9	1.18
Total	50.7	2,072	1.34	48.0	53.3	1.22

Table 7-6 True standard errors and 95% confidence intervals for children's health service use in WHS 2014

Characteristic	%/ mean	Sample size	True standard error	95% confidence interval		Deft
				lower	upper	
Spoke to a GP in past 2 weeks						
Boys	14.2	1,404	1.02	12.2	16.2	1.10
Girls	14.0	1,384	1.05	12.0	16.1	1.12
Total	14.1	2,788	0.75	12.6	15.6	1.14
Visited hospital for accident or injury in past 3 months						
Boys	8.1	1,407	0.80	6.5	9.7	1.10
Girls	6.7	1,387	0.71	5.3	8.1	1.05
Total	7.4	2,794	0.54	6.4	8.5	1.09
Visited A&E in past 12 months						
Boys	22.9	1,363	1.23	20.5	25.4	1.08
Girls	17.2	1,339	1.13	15.0	19.4	1.10
Total	20.1	2,702	0.85	18.5	21.8	1.10
Visited dentist in past 12 months						
Boys	74.5	1,386	1.39	71.8	77.3	1.19
Girls	76.5	1,369	1.35	73.9	79.1	1.18
Total	75.5	2,755	1.06	73.4	77.6	1.29

8 Outputs.

8.1 NatCen outputs

NatCen supplied the following outputs to the Welsh Government during and after fieldwork.

- **Monthly progress reports**, describing the progress of fieldwork and summarising response rates.
- **Quarterly progress reports**, showing more detailed analyses of response.
- **Interim data set**
- **Final data sets**: three data sets (described in Section 5.3) for the Welsh Health Survey in 2014

8.2 Data releases and reports

All survey outputs published by the Welsh Government can be found at <http://gov.wales/statistics-and-research/welsh-health-survey/?lang=en>

Headline results from the 2014 WHS were published in June 2015. More detailed results were published by the Welsh Government as a series of statistical bulletins between June, 2015 and September 2015 and is available at the time of writing at

<http://gov.wales/statistics-and-research/welsh-health-survey/?lang=en>

Data sets from 2014, with supporting documentation, will be lodged with the ESRC Data Archive at Essex in late 2015.

For those who gave consent, an anonymised dataset will also be lodged with Swansea University's Health Information Research Unit (HIRU) who will deal with requests for linked data. Further information about HIRU and data linkage can be found here:

<http://www.swansea.ac.uk/medicine/research/researchthemes/patientpopulationhealthinformatics/ehealth-and-informatics-research/healthinformationresearchunit/>

Appendix A. Survey Documents

- **Address record form (ARF)/Household questionnaire**

The version shown was used from Quarter 2 onwards. The version used in Quarter 1 was identical to earlier years and can be seen in the 2013 technical report.

- **Questionnaire for adults, including consent form**

The consent form was added to the adult questionnaire from Quarter 3 onwards. Prior to that a separate consent form was used, as in 2013 and can be seen in the 2013 technical report.

- **Questionnaire for parents of children aged 0 to 3**

- **Questionnaire for parents of children aged 4 to 12**

- **Questionnaire for children aged 13 to 15**

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P10078: WELSH HEALTH SURVEY 2014

101-135 Kings Road, Brentwood, Essex CM14 4LX, Telephone 01277 200600, Fax 01277 214 117

ADDRESS DETAILS

DU/HOUSEHOLD SELECTION LABEL

Respondent's name:

Telephone number:

No. adult questionnaires placed

Total number of calls:

No Tel

No. Refused / ex-directory

No. child questionnaires placed

INTERVIEWER: Please record name and surname in the table below at the end of the household interview (Q21)

Person number	First name	HOUSEHOLD RECORD (Q21)	Surname	Selected?
1				Y
2				Y
3				Y
4				Y
5				Y
6				Y
7				Y
8				Y
9				Y
10				Y
11				Y / N
12				Y / N
13				Y / N
14				Y / N
15				Y / N
16				Y / N
17				Y / N
18				Y / N
19				Y / N
20				Y / N

Call No.	Date DD/MM	Day of week	Call Start Time 24hr clock	VISITS RECORD Record all visits, even if no reply. For phone calls – see separate grid on next page	*Call Status (Enter codes only)	Call End Time 24hr Clock	4 if call followed by personal/ non-capi time
1	/		:			:	
2	/		:			:	
3	/		:			:	
4	/		:			:	
5	/		:			:	
6	/		:			:	
7	/		:			:	
8	/		:			:	
9	/		:			:	
10	/		:			:	
11	/		:			:	
12	/		:			:	
13	/		:			:	
14	/		:			:	
15	/		:			:	
16	/		:			:	
17	/		:			:	
18	/		:			:	
19	/		:			:	
20	/		:			:	

***Call Status codes:** 1= No reply, 2 =Contact made, 3 =Appointment made, 5 =Any interviewing done or Any other status

**Remember when entering calls and signing off each address please enter the CMS through
'Working at Home → Calls Entry' NOT 'Live Interviewing'**

OUTCOME: Interview conducted in English.....1 Interview conducted in Welsh..... 2

Call No.	Date DD/MM	Day of week	Call Start Time 24hr clock	TELEPHONE CALLS RECORD Please do not record in CMS	*Call Status (Enter codes only)	Call End Time 24hr Clock
1	/		:			:
2	/		:			:
3	/		:			:
4	/		:			:
5	/		:			:
6	/		:			:
7	/		:			:
8	/		:			:
9	/		:			:
10	/		:			:

***Call Status codes:** 1= No reply, 2 =Contact made, 3 =Appointment made, 5 =Any interviewing done or Any other status

TEAR OFF THIS PAGE AND SHRED

P10078 HOUSEHOLD OUTCOME

--	--	--

SERIAL NUMBER LABEL

INTERVIEWER ID

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

Complete before tearing off and shredding front page. This section must be returned SEPARATELY from the individual questionnaires.

A: Tracing Address

A. Is this address traceable, residential and occupied as main residence?

Yes	1	Go to B1 below
No (Deadwood)	2	Go to E6 (page 20)
Unsure (no contact)	3	Go to E5 (page 19)
Unsure (contact made)	4	Go to E7 (page 20)
Office refusal	5	Go to E3 (page 19)

B: Selection of 1 dwelling unit (DUs)

B1. How many dwelling units (DUs) are at this address? Write in number of DUs

--	--

and then code:

1 DU	A	Go to B4 (page 4)
2+ DUs	B	Go to B2 below
Unsure about number of DUs: information refused	C	Go to E3 (page 19)
Unsure about number of DUs: no contact	D	Go to E2 (page 19)

B2. IF 2+ DWELLING UNITS: LIST ALL DWELLING UNITS AT ADDRESS

- In flat/room number order
- OR from bottom to top of building, left to right, front to back

DU Code	Description	DU Code	Description	DU Code	Description
01		05		09	
02		06		10	
03		07		11	
04		08		12	

- **If 2-12 DUs:** Select 1 DU using DU/HH selection label on page 1 and ring on grid above.
- **If 13+ DUs:** Select 1 DU using Section G.

B3 Is the selected DU residential and occupied?

Yes	1	Go to B4
No (Deadwood)	2	Go to E6 (page 20)
Unsure (no contact)	3	Go to E5 (page 19)
Unsure (contact made)	4	Go to E7 (page 20)

B4 Check address of selected dwelling unit is correct and complete, if not amend address label of selected DU on front page if necessary

Go to C1

C: Selection of 1 household (HH)

Definition of a household: *One person living alone or a group of people (not necessarily related) living at the same address who share cooking facilities AND share a living room or sitting room or dining area*

C1 ESTABLISH NUMBER OF HOUSEHOLDS IN (SELECTED) DU.

Ask: Do you all share a living room or sitting room or dining area **AND** do you share cooking facilities?

Write in total number of households:

--	--

 and then code:

1 HH	A	Go to D (page 5)
2+ HHs	B	Go to C2 (below)
Unsure about number of HHs – information refused	C	Go to E3 (page 19)
Unsure about number of HHs - no contact	D	Go to E2 (page 19)

C2 IF 2+ HOUSEHOLDS

List households in alphabetical order of names. Identify households by the first names or initials of adult members. If more than one adult per household, list the adult with the name first in the alphabet.

HH Code	Description	HH Code	Description	HH Code	Description
01		05		09	
02		06		10	
03		07		11	
04		08		12	

- If 2-12 Households:** Select 1 household using DU/HH selection label on page 1 and ring on grid above.
- If 13+ Households:** Select 1 household using Section G.

D: Household questionnaire

CARRY OUT THE HOUSEHOLD QUESTIONNAIRE WITH RESPONSIBLE ADULT (AGED 18+)

D. Would you like to carry out this interview in English or Welsh?

English..... 1

Welsh..... 2

Welsh speaking interviewer required for interview – reallocate.....3

**Code in admin
section E8 (page 20)**

1 Can I check, how many people aged 16 and over live in your household?

WRITE IN

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2 **INTERVIEWER: COMPLETE GRID OVERLEAF FOR EACH PERSON AGED 16+.**
FIRST ENTER DETAILS OF RESPONDENT ON FIRST LINE OF GRID.

Age

What was (.....NAME'S) age last birthday?

No. of years at address

How long has (.....NAME) lived at this address?

General health

Over the last 12 months, would you say that (.....NAME'S) health has on the whole been:
Good, Fairly good, Not good?

Need for care

Does anyone look after or give special help to (.....NAME) because of sickness, disability or old age?

Version of self-completion questionnaire

Would (.....NAME) like to have the self-completion questionnaire in English or Welsh?

Final self-completion outcome code (AFTER BOOKLET COMPLETION)

INTERVIEWER: TRANSFER TWO-DIGIT CODE FROM LIST BELOW TO GRID BEFORE
SENDING WORK FOR HOUSEHOLD BACK TO OFFICE

Final self-completion outcome codes

- | | |
|----|---|
| 51 | Productive self-completion q'naire |
| 72 | Personal refusal by named person |
| 73 | Proxy refusal (on behalf of named person) |
| 74 | Person ill at home during survey period |
| 75 | Person away/at college/in hospital etc during survey period |
| 76 | Questionnaire placed but not returned/completed |
| 77 | Other reason (please write reason under final s.c outcome code in adult grid) |
| 78 | Questionnaire returned blank (apart from front cover) |

ADULT GRID (THOSE AGED 16+)

PERSON NO (transfer to S.C)	FIRST NAME	SEX		AGE	Number of years at address	General Health	Need for care	Version of S.C	FINAL S.C OUTCOME
		M	F						
01 (Respondent)		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good....2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English...1 Welsh....2	<input type="text"/> <input type="text"/>
02		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good....2 Not good.....3 (Don't know)...4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English...1 Welsh....2	<input type="text"/> <input type="text"/>
03		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good....2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English...1 Welsh....2	<input type="text"/> <input type="text"/>
04		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good....2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English...1 Welsh....2	<input type="text"/> <input type="text"/>
05		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good....2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English...1 Welsh....2	<input type="text"/> <input type="text"/>

ADULT GRID (THOSE AGED 16+)

PERSON NO (transfer to S.C)	FIRST NAME	SEX		AGE	Number of years at address	General Health	Need for care	Version of S.C	FINAL S.C OUTCOME
		M	F						
06		1	2	<div><div></div><div></div><div></div></div>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English.....1 Welsh.....2	<div><div></div><div></div></div>
07		1	2	<div><div></div><div></div><div></div></div>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good...2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English.....1 Welsh.....2	<div><div></div><div></div></div>
08		1	2	<div><div></div><div></div><div></div></div>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English.....1 Welsh.....2	<div><div></div><div></div></div>
09		1	2	<div><div></div><div></div><div></div></div>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English.....1 Welsh.....2	<div><div></div><div></div></div>
10		1	2	<div><div></div><div></div><div></div></div>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good...2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English.....1 Welsh.....2	<div><div></div><div></div></div>

3 How many people aged under 16 live in your household?

WRITE IN

--	--

if none, write "0"
and go to page 14

4a **COMPLETE GRID BELOW FOR ALL CHILDREN AGED UNDER 16.**
ENTER DETAILS IN ORDER OF AGE, OLDEST CHILD FIRST (TOP ROW)

INTERVIEWER: 'Child selected' for each child, circle '1' if selected for interview, circle '2' if not selected for interview (see part 4b)

PERSON NO (transfer to Q4c)	FIRST NAME	SEX		AGE	Number of years at address	General Health	Need for care	Child selected (see part 4b)			
		M	F					Yes	No		
11		1	2	<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
12		1	2	<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
13		1	2	<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
14		1	2	<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2

CHILD GRID (cont'd)

PERSON NO (transfer to Q4c)	FIRST NAME	SEX		AGE	Number of years at address	General Health	Need for care	Child selected (see part 4b)	
		M	F					Yes	No
15		1	2	<div><div></div><div></div></div>	Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
16		1	2	<div><div></div><div></div></div>	Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
17		1	2	<div><div></div><div></div></div>	Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
18		1	2	<div><div></div><div></div></div>	Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
19		1	2	<div><div></div><div></div></div>	Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2

CHILD GRID (cont'd)

PERSON NO (transfer to Q4c)	FIRST NAME	SEX		AGE	Number of years at address	General Health	Need for care	Child selected (see part 4b)	
		M	F					Yes	No
20		1	2	<div><div></div><div></div></div>	Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
21		1	2	<div><div></div><div></div></div>	Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
22		1	2	<div><div></div><div></div></div>	Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2

4b Child Selection Procedure

INTERVIEWER: How many children (aged 15 or under)?

1 child	A	Circle 1 in 'child selected' column for person no. 11 in child grid above and go to 4c
2 children	B	Circle 1 in 'child selected' column for person nos. 11 and 12 in child grid above and go to 4c
3 to 12 children	C	<ul style="list-style-type: none"> Look at selection label on front page of this document SELECT TWO CHILDREN In the 'TOTAL' row: find the number corresponding to the total number of children <ul style="list-style-type: none"> ⇒ The number in the 'SEL 1 HH/C' row: 'child respondent 1' ⇒ The number in the 'SEL 2 HH/C' row: 'child respondent 2' Circle 'child selected' for those two children in grid above and go to 4c
More than 12 children	D	<ul style="list-style-type: none"> Refer to project instructions

INTERVIEWER:
NOW FILL IN THE DETAILS OF THE TWO SELECTED CHILDREN ON THE NEXT PAGE (4c)

4c	CHILD RESPONDENT 1			CHILD RESPONDENT 2		
Person number (from child grid above – transfer to questionnaire)	<div><div></div><div></div></div>			<div><div></div><div></div></div>		
Child's name						
Age (if less than 1 year old, enter '0')	<div><div></div><div></div></div>			<div><div></div><div></div></div>		
Questionnaire language (circle)	English		Welsh	English		Welsh
Questionnaire version (circle) Blue = 0-3 yrs (FOR PARENT) Yellow = 4-12 yrs (FOR PARENT) Purple = 13-15 yrs (FOR CHILD)	Blue	Yellow	Purple	Blue	Yellow	Purple
Final questionnaire outcome code (see below)	<div><div></div><div></div></div>			<div><div></div><div></div></div>		

Final self-completion outcome codes

- 51 Productive self-completion q'naire
- 72 Personal refusal by named person
- 73 Proxy refusal (on behalf of named person)
- 74 Person ill at home during survey period
- 75 Person away/at college/in hospital etc during survey period
- 76 Questionnaire placed but not returned/completed
- 77 Other reason (please write reason next to final questionnaire outcome code above)
- 78 Questionnaire returned blank (apart from front cover)

INTERVIEWER: REMEMBER TO COMPLETE **CONSENT FORMS TO OBTAIN PARENTAL PERMISSION FOR 13-15 YEAR OLDS' SELF-COMPLETION**

**WELSH HEALTH SURVEY
CONSENT FORM**
(office copy)

CHILD SELF-COMPLETION QUESTIONNAIRE (ages 13-15)

I, (name) _____ am the parent/guardian of

(child's name) _____

(child's name) _____

and I consent to the above named child(ren) completing a questionnaire for the Welsh Health Survey. I understand that this information will be treated in the strictest confidence and used for research purposes only. (Please tick) ☐

Signed by _____ Date _____

Countersignature by interviewer _____ Date _____

Interviewer name _____

**AROLWG IECHYD CYMRU
FFURFLEN GANIATÂD**
(copi'r swyddfa)

HOLIADUR HUNAN-GWBLHAU PLENTYN (13-15 oed)

Myfi, (enw) _____ yw rhiant/gwarcheidwad

(enw'r plentyn) _____

(enw'r plentyn) _____

ac rwy'n caniatáu i'r plentyn/plant a enwir uchod gwblhau holiadur ar gyfer Arolwg Iechyd Cymru. Deallaf y caiff y wybodaeth hon ei thrin yn gwbl gyfrinachol, a'i defnyddio at ddiben ymchwil yn unig. (Ticiwch) ☐

Llofnod _____ Dyddiad _____

Cydlfnod gan gyfwelydd _____ Dyddiad _____

Enw'r cyfwelydd _____

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

--

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**WELSH HEALTH SURVEY
CONSENT FORM**
(respondent copy)

CHILD SELF-COMPLETION QUESTIONNAIRE (ages 13-15)

I, (name) _____ am the parent/guardian of

(child's name) _____

(child's name) _____

and I consent to the above named child(ren) completing a questionnaire for the Welsh Health Survey. I understand that this information will be treated in the strictest confidence and used for research purposes only. (Please tick) ☐

Signed by _____ Date _____

Countersignature by interviewer _____ Date _____

Interviewer name _____

**AROLWG IECHYD CYMRU
FFURFLEN GANIATÂD**
(copi'r atebwr)

HOLIADUR HUNAN-GWBLHAU PLENTYN (13-15 oed)

Myfi, (enw) _____ yw rhiant/gwarcheidwad

(enw'r plentyn) _____

(enw'r plentyn) _____

ac rwy'n caniatáu i'r plentyn/plant a enwir uchod gwblhau holiadur ar gyfer Arolwg Iechyd Cymru. Deallaf y caiff y wybodaeth hon ei thrin yn gwbl gyfrinachol, a'i defnyddio at ddiben ymchwil yn unig. (Ticiwch) ☐

Llofnod _____ Dyddiad _____

Cydlfnod gan gyfwelydd _____ Dyddiad _____

Enw'r cyfwelydd _____

SHOW CARD A

As you may know, personal circumstances such as the work you do and where you live may be linked to your health and well-being. Because of this, I would like to ask a few questions about your accommodation and what you were doing last week.

5. Does your household own or rent this accommodation?

CODE ONE ONLY.

INTERVIEWER: IF PART RENT/PART BUY (SHARED OWNERSHIP) CODE AS 1.

I own it or live with the person who owns it
(includes homes being bought with a mortgage)..... 1

It is rented from the local Council..... 2

It is rented from a Housing Association or Housing Trust..... 3

It is rented from a private landlord..... 4

Other (e.g. live rent free or home comes with job)..... 5

INTERVIEWER: ESTABLISH HRP BY ASKING THE FOLLOWING QUESTIONS:

6. In whose name is the accommodation owned or rented?

IF LIVING RENT FREE ASK FOR PERSON RESPONSIBLE FOR ACCOMMODATION.

1 Person..... 1 **GO TO Q9**

2 or more people..... 2 **GO TO Q7**

IF MORE THAN ONE PERSON CODED AT Q6:

7. You have told me that this accommodation is jointly owned or rented.

Of these people, who has the highest income (from earnings, benefits, pensions and any other sources)? *If necessary, explain that 'If we asked about everyone in all households it would take too long, so this is the rule we follow'.*

1 Person..... 1 **GO TO Q9**

2 or more people..... 2 **GO TO Q8**

(Don't know)..... 3 **GO TO Q8**

(Refusal)..... 4 **GO TO Q8**

IF MORE THAN ONE PERSON CODED AT Q7

8. Who is the eldest (of these people)?

INTERVIEWER: COMPLETE Q9

9. **INTERVIEWER: WRITE IN NAME AND PERSON NUMBER OF HOUSEHOLD REFERENCE PERSON:**

First Name _____

Person Number

--	--

(Transferred from household grid)

10. **INTERVIEWER CODE**

Respondent is:

- HRP.....1
 Spouse/partner of HRP.....2
 Son/daughter of HRP.....3
 Other relative of HRP.....4
 Other adult (age 18 or over).....5

**INTERVIEWER: FILL IN THE FOLLOWING QUESTIONS ABOUT THE HRP.
 USE FIRST NAME OF HRP WHERE APPROPRIATE.**

SHOW CARD B

11. Which of these descriptions applies to what you/(name of HRP) were doing last week?
(CODE FIRST TO APPLY)

In paid employment or self-employment (or away temporarily).....01 **GO TO Q13**

Looking for paid work or a Government training scheme.....02
 Waiting to take up paid work already obtained.....03 } **GO TO Q12a**

Going to school or college full-time (including on vacation).....04
 Doing unpaid work for a business that you or a relative owns.....05
 On a Government scheme for employment training.....06
 Intending to look for work but prevented by temporary sickness
 or injury (sick or injured for 28 days or less).....07
 Permanently unable to work because of long-term sickness/disability.....08
 Retired from paid work.....09
 Looking after the home or family.....10
 Doing something else.....11 } **GO TO Q12b**

- 12a. How long have/has you/(name of HRP)
 been looking for paid work or a place on a
 government training scheme?

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

- 12b. Have/has you/(name of HRP) ever had a paid job, apart from casual or holiday work?

- Yes.....1 **GO TO Q12c**
 No.....2 **GO TO Q20a**

- 12c. How long ago did you/(name of HRP) last have a paid job?
- | | | |
|----------------------------------|---|---------------------|
| Within past 12 months..... | 1 | } GO TO Q14a |
| 1 year, less than 5 years..... | 2 | |
| 5 years, less than 10 years..... | 3 | |
| 10 years or more..... | 4 | |
| Can't say..... | 8 | |

IN PAID EMPLOYMENT OR SELF-EMPLOYMENT

13. People who are working can also be full-time students. May I check, at present are/is you/(name of HRP) enrolled on any full-time education course?
INTERVIEWER: CODE 'YES' IF WAITING TO START COLLEGE/UNIVERSITY OR IF ON HOLIDAY AND INTENDING TO GO BACK TO COLLEGE/UNIVERSITY.

Yes.....1
 No.....2

ASK ABOUT PRESENT JOB IF HRP IS CURRENTLY IN WORK,
ASK ABOUT LAST JOB IF CURRENTLY NOT IN WORK
NEVER WORKED GO TO Q20a

- 14a. What did the firm/organisation you/(name of HRP) worked for mainly make or do (at the place where you/they worked)?
DESCRIBE FULLY – PROBE MANUFACTURING or PROCESSING or DISTRIBUTING ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE or RETAIL ETC.

- 14b. What was your/(name of HRP) main job (in the week ending last Sunday)
ENTER JOB TITLE

- 14c. What did you/(name of HRP) mainly do in your/their job?
CHECK QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

15. Were you/(name of HRP) working as an employee or were you self-employed?

Employee 1 **GO TO Q16a**
Self-employed 2 **GO TO Q17**

IF EMPLOYEE

16a. In your/their job, did you/(name of HRP) have formal responsibility for supervising the work of other employees?

DO NOT INCLUDE PEOPLE WHO ONLY SUPERVISE: Children e.g. teachers, nannies, childminders, Animals, Security or buildings e.g. caretakers, security guards

Yes.....1
No.....2

16b. How many people worked for your/(name of HRP) employer at the place where you/they worked?

1 – 24.....1
25 – 499.....2
or 500 or more employees.....3
Can't say.....8 } **GO TO Q19**

IF SELF-EMPLOYED (CODE 2 AT Q15)

17. Were you (name of HRP) working on your/their own or did you/they have employees?
ASK OR RECORD

On own/with partner(s) but no employees.....1 **GO TO Q19**
With employees.....2 **GO TO Q18**

18. How many people did you/(name of HRP) employ at the place where you/they worked?

1 – 24.....1
25 – 499.....2
or 500 or more employees.....3
Can't say.....8

IN PAID EMPLOYMENT OR SELF-EMPLOYED

19. In your (main) job were/was you/(name of HRP) working full or part time?

Full-time.....1
Part-time.....2

20a. A certain number of interviews on any survey are checked by a supervisor to make sure that people were satisfied with the way the interview was carried out. Can we contact you for this purpose?

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

20b. Is there a telephone number in your accommodation that can be used to receive and to make calls?

IF YES, RECORD PHONE NUMBER ON FRONT PAGE

Yes.....1
No.....2
Refusal.....3

THIS IS THE END OF THE INTERVIEW – THANK RESPONDENT
HAVE YOU COMPLETED THE ASSESSMENT OF THE EXTERNAL CONDITIONS OF
THE PROPERTY ON PAGE 23?

21. Before I finish, can I just confirm the names of people in this household?

IF YES, RECORD NAMES ON FRONT PAGE.

Yes.....1
No.....2

INTERVIEWER TO COMPLETE

A. Duration of **questionnaire** interview mins

Date / /
DD MM YY

B. Interviewer signature: _____

E: Final outcome code and Admin

INTERVIEWER ADMIN SECTION

HOUSEHOLD INTERVIEW OUTCOME CODES

Productive			
E1.			
	Fully productive (complete interview by desired respondent(s))	110	Go to part F
Non-Contact			
E2.			
	No contact with anyone at the household	310	Go to E9
	No contact with any responsible adult at the household	320	
Refusal			
E3.			
	Office Refusal	410	Go to E9
	Refusal at introduction / before interview	430	
	Refusal during interview	440	
	Broken Appointment – No re-contact	450	
Other Unproductive			
E4.			
	Ill at home during survey period	510	Go to E9
	Away or in hospital all survey period	520	
	Physically or mentally unable/incompetent	530	
	Language difficulties	540	
	OFFICE USE ONLY - Other Unproductive	590	
Unknown eligibility (No contact)			
E5.			
	OFFICE APPROVAL ONLY – Issued but not attempted	612	END
	Inaccessible	620	
	Unable to locate address	630	
	Unknown whether address contains residential housing – non contact	640	
	Residential address – unknown whether occupied	650	
	Other unknown eligibility	690	Go to E9

Deadwood/Ineligible							
E6.							
	Not yet built/under construction		710	END			
	Demolished/derelict		720				
	Vacant/empty		730				
	Non-residential address e.g. business, school, office, factory etc		740				
	Address occupied, no resident household e.g. holiday/weekend homes		750				
	Communal Establishment/Institution (no private dwellings)		760				
	Other Ineligible		790	Go to E9			
Unknown eligibility (Contacted)							
E7.	Information refused about whether address is residential					810	END
Temporary Outcome							
E8.	Welsh speaking interviewer required					614	SEND BACK TO OFFICE (Record address on next page)
E9.	IF UNPRODUCTIVE (codes 310-590) OR USED CODES 690 AND 790: Record reason for using this code						
<u>IF REFUSAL, CODE SEX OF PERSON WHO REFUSED:</u> <div style="float: right;"> Male.....1 Female.....2 </div>							

IF REALLOCATING ADDRESS TO WELSH SPEAKING INTERVIEWER RECORD DIRECTIONS TO ADDRESS HERE:

F: External Condition of Property

INTERVIEWER TO COMPLETE (PRODUCTIVE HOUSEHOLDS ONLY)

FOR EACH COLUMN:

- **IF NOT APPLICABLE CODE 1**
- **CODE LEVEL OF DISREPAIR (CODES 2 TO 5)**
- **AND IF “UNDER RENOVATION” CODE 6**

	External walls	Doors and windows	Roofs/Roof Structure
Not applicable	1	1	1
No evidence of disrepair	2	2	2
Moderate disrepair	3	3	3
Major disrepair	4	4	4
Not visible	5	5	5
Under renovation	6	6	6

G: Lookup chart for 13+ DUs /Hholds

NUMBER OF DUs/HHs:	SELECT NUMBER:	NUMBER OF DUs/HHs:	SELECT NUMBER:
13	12	57	39
14	8	58	3
15	11	59	48
16	7	60	35
17	13	61	22
18	3	62	10
19	14	63	51
20	2	64	37
21	14	65	64
22	8	66	65
23	13	67	66
24	5	68	28
25	12	69	45
26	6	70	53
27	17	71	25
28	17	72	48
29	2	73	50
30	21	74	39
31	10	75	51
32	26	76	11
33	8	77	12
34	22	78	74
35	8	79	42
36	3	80	9
37	28	81	33
38	19	82	51
39	25	83	69
40	16	84	78
41	41	85	53
42	32	86	19
43	9	87	66
44	40	88	23
45	7	89	17
46	35	90	19
47	8	91	40
48	36	92	11
49	15	93	35
50	44	94	12
51	35	95	41
52	2	96	3
53	24	97	10
54	17	98	25
55	49	99	61
56	27	100	99

WELSH HEALTH SURVEY 2014

QUESTIONNAIRE FOR ADULTS

About the survey

This important survey collects information about health and health-related factors. Some questions you may have about this survey are answered in the accompanying leaflet. By completing this questionnaire, you are agreeing to the use of your data as explained in the leaflet. If you have other questions, or would like to talk to someone about the study, please contact NHS Direct Wales on 0845 46 47. (A Minicom service is available on 0845 606 46 47.) When you phone, check firstly that you have reached NHS Direct **Wales**, and then ask to speak to someone about the Welsh Health Survey. Or you can visit: <http://www.natcen.ac.uk/study/welsh-health-survey/participants> for more information.

If you would like this questionnaire in Welsh

Please contact NHS Direct Wales on **0845 46 47**.

Os hoffech gael yr holiadur hwn yn Gymraeg

Cysylltwch â Galw Iechyd Cymru ar **0845 46 47**.

Questionnaire to be filled in by:

First Name

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

2026-037

Male		1
------	--	---

Female	2
--------	---

Serial Number

2001-006						2007	2010	2008-009	

Hhold Number

CKL

Person Number

Date of placement

--	--	--

Day

Month

Year

Interviewer I.D. Number

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

2019-024

1 2025

Version

Card 02
2011-012

To be collected on:

How to complete the questionnaire:

The questionnaire should be completed by the person named on the front page.

Most questions can be answered by simply ticking the box alongside the answer that applies to you.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow (→) with a note that tells you what question to answer next, like this:

Example questions (please do not fill in)

E1 Do you live in a house or a flat?

Tick one only

A house	<input checked="" type="checkbox"/>	→ Go to E2
A flat	<input type="checkbox"/>	→ Go to E3

E2 How many bedrooms are there in your house?

Please write in

<div>2</div>	bedrooms
--------------	----------

E3 Do you own any of the following forms of transport?

Tick one box on each row

	Yes	No
Car	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Don't worry if you make a mistake; simply cross out the mistake and tick the correct box.

When you have completed it, please return the questionnaire to the interviewer (or in the envelope provided if sent to you in the post).

This questionnaire is about **you**. Please answer about **yourself** and **your health** only.

HEALTH SERVICE USE

- 1a** During the **2 weeks ending yesterday**, did you talk to a family doctor (GP) about your own health either in **person** or by **telephone**?

Tick one only

Yes ☐ 1 → Go to 1b

2051

No ☐ 2 → Go to 2a

- 1b** How many times did you talk to a family doctor (GP) about your own health in these **2 weeks**?

Please write in number

2052-053

--	--

- 1c** As a result of speaking to a family doctor (GP) about your own health in these **2 weeks**, did they give (send) you a prescription?

Tick one only

Yes ☐ 1

2054

No ☐ 2

- 2a** During the **2 weeks ending yesterday**, did you see a practice nurse or other nurse at the GP surgery about your own health?

Tick one only

Yes ☐ 1 → Go to 2b

2055

No ☐ 2 → Go to 3a

- 2b** How many times did you see a practice nurse or other nurse at the GP surgery about your own health in these **2 weeks**?

Please write in number

2056-057

--	--

- 3a** During the **last 12 months**, did you attend the **Casualty/A&E** department of a hospital as a patient?

Tick one only

Yes ☐ 1 → Go to 3b

2058

No ☐ 2 → Go to 4a

- 3b** How many times did you go to **Casualty/A&E** altogether in the **last 12 months**?

Please write in number

2059-060

--	--

4a During the **last 12 months**, did you attend the **outpatient** department of a hospital as a patient (apart from straightforward ante- or post-natal visits)?

Tick one only

Yes ☐ ₁ → Go to 4b

2061

No ☐ ₂ → Go to 5a

4b Did you have any **outpatient** visits in the **last 12 months** that were paid for privately?

Tick one only

Yes, at least one paid for privately ☐ ₁

2062

No, all visits under the NHS ☐ ₂

5a During the **last 12 months**, have you been in hospital for treatment as a **day patient**, that is admitted to a hospital bed or day ward, but not required to remain overnight?

Tick one only

Yes ☐ ₁ → Go to 5b

2063

No ☐ ₂ → Go to 6a

5b Did you have any **day patient** treatments in the **last 12 months** that were paid for privately?

Tick one only

Yes, at least one paid for privately ☐ ₁

2064

No, all treatments under the NHS ☐ ₂

6a During the **last 12 months**, have you stayed in hospital as an **inpatient**, overnight or longer?

Tick one only

Yes ☐ ₁ → Go to 6b

2065

No ☐ ₂ → Go to 7a

6b Did you have any **inpatient** stays in the **last 12 months** that were paid for privately?

Tick one only

Yes, at least one paid for privately ☐ ₁

2066

No, all stays under the NHS ☐ ₂

Spare
2067-
77

7a Which of the following services have **you** used for **yourself** in the **last 12 months**, either under the NHS or privately?

Please exclude waiting for an appointment

Tick one box on each row

	Did not use	NHS treatment only	Private treatment only	Both NHS and private treatment	
Dentist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	2078
Chiropodist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	2079
Physiotherapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	2080
Osteopath/chiropractor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	2081

7b During the **last 12 months**, have **you** used any of these services for **yourself**?

Tick one box on each row

	Yes	No	
Optician	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2082
Health Visitor, District Nurse or other community nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2083
GP out of hours services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2084
NHS Direct (National NHS telephone helpline)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2085
Pharmacist <i>including local pharmacists and those in large stores and supermarkets</i> (eg picked up prescribed medicine, asked for advice, bought medicines kept behind the counter)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2086

7c In general, which of the following do you go to the dentist for?

Tick one only

A regular check up (i.e. at least once a year) ☐ 1

An occasional check up or when I am having trouble with my teeth ☐ 2

I don't ever go to the dentist ☐ 3

2087

8 Have you had a flu jab in the **last 12 months**?

Tick one only

Yes ☐ 1

No ☐ 2

2088

Spare
2089-
91

MEDICINES

By medicines we mean anything you take or that you put on your skin, such as tablets, powders, creams, sprays and drops, to treat a medical condition. Include conventional and other medicines.

9a During the **past 4 weeks** have you bought any medicine?
(Don't count anything that you got with a prescription)

Tick one only

- Yes ☐ 1 → Go to 9b
- No ☐ 2 → Go to 9c

2092

9b If you have bought medicines in the **past 4 weeks**, which of these kinds did you buy?

Tick all that apply

- Conventional medicines, eg aspirin, eye-drops,
antacids, cough medicine ☐ 1
- Herbal ☐ 2
- Homeopathic ☐ 3
- Mineral or vitamin supplements ☐ 4

2093-096

9c Are you on any **regular** medication prescribed by a doctor?
(Regular means for a year or more)

Tick one only

- Yes ☐ 1
- No ☐ 2

2097

ILLNESSES AND OTHER HEALTH PROBLEMS

10a Have you **ever** been treated for any of these?

Tick one box on each row

- | | Yes | No |
|--------------|----------------------------|----------------------------|
| Heart attack | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Stroke | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Cancer | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

2098

2099

2100

10b Are you **currently** being treated for any of these?

Tick one box on each row

	Yes	No	
Angina	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2101
Heart failure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2102
High blood pressure (or hypertension)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2103
Another heart condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2104
Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2105
Emphysema	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2106
Pleurisy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2107
Spells of bronchitis that have lasted over 3 years	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2108
Another respiratory illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2109

10c Are you **currently** being treated for any of these?

Tick one box on each row

	Yes	No	
Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2110
Anxiety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2111
Another mental illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2112
Arthritis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2113
Back pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2114
Epilepsy or fits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2115
Varicose veins	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2116

10d Are you **currently** being treated for diabetes?

Tick one only

Yes	<input type="checkbox"/> 1	→ Go to 10e	2117
No	<input type="checkbox"/> 2	→ Go to 11a	

10e How is your diabetes controlled?

Tick all that apply

Injection	<input type="checkbox"/> 1	2121-123
Tablets	<input type="checkbox"/> 2	
Diet	<input type="checkbox"/> 3	

Spare
2118-120

11a Are you **currently** being treated for any other chronic or long-term illness **not listed** in questions 10b – 10d?

Tick one only

Yes ☐ 1 → Go to 11b

2124

No ☐ 2 → Go to 12a

11b Please specify the **main** illness below. **Please write in only one illness.**

2125

2126-
129

Spare
2130-
134

12a Have you had any accident, injury or poisoning needing hospital treatment or a visit to Casualty/A&E in the **last 3 months**?

Tick one only

Yes ☐ 1 → Go to 12b

2135

No ☐ 2 → Go to 13a

12b What was the accident, injury or poisoning?

Tick all that apply

Break or fracture ☐ 1

2136-
141

Poisoning ☐ 2

Head injury with concussion ☐ 3

Cut or puncture ☐ 4

Burn ☐ 5

Another kind of injury ☐ 6

12c Where did the **most recent** accident, injury or poisoning take place?

Tick one only

In the home ☐ 1

2142

In traffic ☐ 2

At work or in school ☐ 3

Somewhere else ☐ 4

13a Have you had a stomach upset with diarrhoea in the **last 3 months**, which you think was due to something you ate?

Tick all that apply

No ☐ 1 → Go to 14

2143-
145

Yes, in this country ☐ 2 → Go to 13b

Yes, abroad ☐ 3 → Go to 13b

13b If yes, did you see a doctor about it?

Tick one only

Yes ☐ 1

2146

No ☐ 2

14 Is your eyesight good enough to see the face of someone across a room?
(With glasses or contact lenses if you usually wear them)

Tick one only

Yes ☐ 1

2147

Yes, with difficulty ☐ 2

No ☐ 3

15a Do you have any difficulty with your hearing?
(Without a hearing aid if you usually wear one)

Tick one only

Yes ☐ 1 → Go to 15b

2148

No ☐ 2 → Go to 16

15b Do you usually wear a hearing aid?

Tick one only

Yes, most of the time ☐ 1 → Go to 15c

2149

Yes, some of the time ☐ 2 → Go to 15c

No, but have tried one ☐ 3 → Go to 16

No, never ☐ 4 → Go to 16

15c If you usually wear a hearing aid, do you have any difficulty with your hearing while wearing the aid?

Tick one only

Yes ☐ 1

2150

No ☐ 2

16 How many of your own natural teeth do you have?
(Filled and capped teeth count as your own, false teeth and dentures don't)

Tick one only

I have 21 or more of my own teeth ☐ 1

2151

I have less than 21 of my own teeth OR
mainly false teeth or dentures ☐ 2

UNTREATED PROBLEMS OR SYMPTOMS

We would now like to ask you about problems that may have troubled you which you have **not** been to see a doctor or nurse about.

17a In the **last 12 months** have you had any of the following and **not** been to see a doctor or nurse about them?
Please also include problems or symptoms you have had for longer if they troubled you in the last year.

Tick all that apply

- | | | | |
|--|--------------------------|----------------------|--------------------|
| Backache | <input type="checkbox"/> | 01 | } Go to 17b |
| Joint pain, muscle pain or stiffness | <input type="checkbox"/> | 02 | |
| Troublesome varicose veins | <input type="checkbox"/> | 03 | |
| Shortness of breath, tight chest or wheezing | <input type="checkbox"/> | 04 | |
| Chest pain | <input type="checkbox"/> | 05 | |
| Dizziness, giddiness or fainting | <input type="checkbox"/> | 06 | |
| Loss of appetite or unexplained weight-loss | <input type="checkbox"/> | 07 | |
| Lumps in breast, armpit or groin | <input type="checkbox"/> | 08 | |
| Sudden loss of hearing or vision | <input type="checkbox"/> | 09 | |
| An injury that limited your activities in some way | <input type="checkbox"/> | 10 | |
| Feeling depressed or anxious | <input type="checkbox"/> | 11 | |
| None of these | <input type="checkbox"/> | 12 → Go to 18 | |

2152-75

17b Why have you **not** been to see a doctor or nurse about your symptoms in the last 12 months?

Tick all that apply

- | | | |
|---|--------------------------|----|
| I feel nervous or uncomfortable going to the doctor or hospital | <input type="checkbox"/> | 01 |
| I did not think my symptoms seemed serious enough | <input type="checkbox"/> | 02 |
| My symptoms went away by themselves | <input type="checkbox"/> | 03 |
| It is difficult to see a doctor/ It would have taken too long | <input type="checkbox"/> | 04 |
| I have learnt to live with my symptoms/ I put up with my symptoms | <input type="checkbox"/> | 05 |
| I have seen someone else about my symptoms in the last 12 months | <input type="checkbox"/> | 06 |
| I have seen a doctor about these symptoms more than 12 months ago | <input type="checkbox"/> | 07 |
| Other reasons | <input type="checkbox"/> | 08 |

2176-91

YOUR HEALTH AND WELL-BEING

Questions 18 -28 are from SF-36v2® Health Survey © 1996, 2000 by QualityMetric Incorporated – All Rights reserved SF-36v2® is a trademark of QualityMetric Incorporated.

These questions ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. For each of the following questions, please tick the one box that best describes your answer.

18 In general, would you say your health is ... ?

Tick one only

Excellent	Very Good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2192

19 Compared to one year ago, how would you rate your health in general now?

Tick one only

Much better now than one year ago ☐ 1

Somewhat better now than one year ago ☐ 2

About the same as one year ago ☐ 3

Somewhat worse now than one year ago ☐ 4

Much worse now than one year ago ☐ 5

2193

20 The following questions are about activities you might do during a typical day.
Does your health now limit you in these activities? If so, how much?

Tick one box on each row

	Yes, limited a lot	Yes, limited a little	No, not limited at all	
a Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2194
b Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2195
c Lifting or carrying groceries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2196
d Climbing several flights of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2197
e Climbing one flight of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2198
f Bending, kneeling, or stooping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2199
g Walking more than a mile	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2200
h Walking several hundred yards	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2201
i Walking one hundred yards	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2202
j Bathing or dressing yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2203

21 During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

Tick one box on each row

All of the time

Most of the time

Some of the time

A little of the time

None of the time

a	Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2204
b	Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2205
c	Were limited in the kind of work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2206
d	Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2207

22 During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

Tick one box on each row

All of the time

Most of the time

Some of the time

A little of the time

None of the time

a	Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2208
b	Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2209
c	Did work or other activities less carefully than usual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2210

23 During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

Tick one only

Not at all

Slightly

Moderately

Quite a bit

Extremely

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2211
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	------

24 How much **bodily** pain have you had during the **past 4 weeks**?

Tick one only

None

Very Mild

Mild

Moderate

Severe

Very Severe

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	2212
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	------

- 25** During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

Tick one only

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2213

- 26** These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks** ...

Tick one box on each row

		All of the time	Most of the time	Some of the time	A little of the time	None of the time	
a	Did you feel full of life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2214
b	Have you been very nervous?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2215
c	Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2216
d	Have you felt calm and peaceful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2217
e	Did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2218
f	Have you felt downhearted and low?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2219
g	Did you feel worn out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2220
h	Have you been happy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2221
i	Did you feel tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2222

- 27** During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc)?

Tick one only

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2223

- 28** How TRUE or FALSE is **each** of the following statements for you?

Tick one box on each row

		Definitely true	Mostly true	Don't know	Mostly false	Definitely false	
a	I seem to get ill more easily than other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2224
b	I am as healthy as anybody I know	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2225
c	I expect my health to get worse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2226
d	My health is excellent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2227

29a Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Include problems related to old age.)

Tick one only

- Yes, limited a lot ☐ ¹ → Go to 29b
- Yes, limited a little ☐ ² → Go to 29b
- No ☐ ³ → Go to 30

2228

29b What is the **main** health problem or disability you have that limits your day-to-day activities? **Please write in one condition only, that is the one that limits your activities the most.**

2229

35

Spare
2236-
99

SMOKING

30 Which one of these best describes you?

Tick one only

- I smoke daily ☐ ¹ → Go to 31
- I smoke occasionally but not every day ☐ ² → Go to 31
- I used to smoke daily but do not smoke at all now ☐ ³ → Go to 36
- I used to smoke occasionally but do not smoke at all now ☐ ⁴ → Go to 36
- I have never smoked ☐ ⁵ → Go to 37

2300

31 During the **7 days ending yesterday**, did you smoke in any of these places?

Tick one box on each row

		Yes	No/Does not apply	
Outdoors	Outside at home	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	2301
	Other places outdoors	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	2302
Indoors	In own home	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	2303
	In other people's homes	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	2304
	Whilst travelling by car	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	2305
	Other places indoors	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	2306

Spare
2307-
09

32 Have you tried to give up smoking in the **last 12 months**?

Tick one only

Yes ☐ 1

2310

No ☐ 2

33 Compared with **this time last year**, do you...?

Tick one only

Smoke more now ☐ 1

2311

Smoke about the same now ☐ 2

Smoke less now ☐ 3

34 Would you like to give up smoking altogether?

Tick one only

Yes ☐ 1 → **Go to 35**

2312

No ☐ 2 → **Go to 37**

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

Tick all that apply

Because of a health problem I have at present ☐ 01 **Go to 37**

2313-
28

Better for my health in general ☐ 02 **Go to 37**

Less risk of getting smoking related illnesses ☐ 03 **Go to 37**

Family/friends want me to stop ☐ 04 **Go to 37**

Financial reasons ☐ 05 **Go to 37**

Worried about the effect on my children ☐ 06 **Go to 37**

Because of the smoking ban ☐ 07 **Go to 37**

Other reasons ☐ 08 **Go to 37**

36 How long ago did you stop smoking?

Tick one only

Less than 1 month ago ☐ 1

2329

1 month to 1 year ago ☐ 2

More than 1 year ago ☐ 3

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

Tick one box on each row

		Yes	No/Does not apply	
Outdoors	Outside at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2330
	Other places outdoors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2331
Indoors	In own home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2332
	In other people's homes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2333
	Whilst travelling by car	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2334
	Other places indoors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2335 Spare 2336-49

ALCOHOL

38 How often have you had an alcoholic drink of any kind during the **last 12 months**?

Tick one only

Almost every day	<input type="checkbox"/> 01	→ Go to 40	2350-51
Five or six days a week	<input type="checkbox"/> 02	→ Go to 40	
Three or four days a week	<input type="checkbox"/> 03	→ Go to 40	
Once or twice a week	<input type="checkbox"/> 04	→ Go to 40	
Once or twice a month	<input type="checkbox"/> 05	→ Go to 40	
Once every couple of months	<input type="checkbox"/> 06	→ Go to 40	
Once or twice a year	<input type="checkbox"/> 07	→ Go to 40	
Not at all in the last twelve months	<input type="checkbox"/> 08	→ Go to 39	

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

Tick one only

Always a non-drinker	<input type="checkbox"/> 1	→ Go to 42a	2352
Used to drink but stopped	<input type="checkbox"/> 2	→ Go to 42a	

40 Did you have an alcoholic drink of any kind in the **last 7 days**?

Tick one only

Yes	<input type="checkbox"/> 1	→ Go to 41a	2353
No	<input type="checkbox"/> 2	→ Go to 42a	

41a Please think about **the day in the last week on which you drank the most alcohol.**

Please write in day

2354-55

41b Write in how much of each type of alcohol you drank **on that day.**

Write in how much you drank
(use any of the measures below)

Normal strength beer, lager, stout, cider or shandy
(less than 6% alcohol). *Exclude bottles/cans of shandy*
You can include half pints under pints, eg "1½"

Pints	Large cans or bottles	Small cans or bottles
<div></div>	<div></div>	<div></div>

2356-62

Strong beer, lager, stout or cider
(6% alcohol or more), such as Tennants Super,
Special Brew, Diamond White
You can include half pints under pints, eg "1½"

Pints	Large cans or bottles	Small cans or bottles
<div></div>	<div></div>	<div></div>

2363-69

Wine, including champagne and Babycham
You can write in parts of a bottle, eg "½"

Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)
<div></div>	<div></div>	<div></div>	<div></div>

2370-78

Spirits or liqueurs, such as gin, whisky, rum,
brandy, vodka, tequila, Baileys, Archers

Measures or shots
(count doubles as 2 singles)

2379-80

Fortified wines, such as sherry, port,
vermouth, Martini, Cinzano, Dubonnet

Small glasses
(count doubles as 2 singles)

2381-82

Alcopops (alcoholic soft drink), such as WKD,
Bacardi Breezer, Smirnoff Ice, Archers Aqua, Reef

Small cans or bottles

2383-84

Other kinds of alcoholic drink
Write in name of drink

1

Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles
<div></div>	<div></div>	<div></div>	<div></div>

2385-94

2

<div></div>	<div></div>	<div></div>	<div></div>
-------------	-------------	-------------	-------------

2395-404

Spare
2405-20

FRUIT AND VEGETABLES

Note: A tablespoon is a size bigger than a spoon you would use to eat soup or breakfast cereal

42a Using the measures below, how much of the following did you eat **yesterday**?
Please read through the whole list before answering

Write in number
(or "0" if none eaten)

Small bowlfuls of salad	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	small bowlfuls	2421-22
Tablespoons of potatoes <i>Include potatoes in other dishes</i>	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	tablespoons	2423-24
Tablespoons of other vegetables (raw, cooked, frozen or tinned)	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	tablespoons	2425-26
Tablespoons of pulses such as baked beans, red kidney beans, lentils, chickpeas, daal	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	tablespoons	2427-28
Tablespoons of vegetables or pulses in other dishes made mainly from vegetables or pulses <i>Do not include potatoes</i>	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	tablespoons	2429-30
If no vegetables eaten yesterday , please tick	<input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/>		2431

42b Using the measures below, how much of the following did you eat **yesterday**?
Please read through the whole list before answering

Write in number
(or "0" if none eaten)

Average handfuls of very small fresh fruit , such as grapes, berries	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	handfuls	2432-33
Small fruit , such as plums, satsumas	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	whole fruit	2434-35
Medium fruit , such as apples, bananas, oranges	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	whole fruit	2436-37
Half (1/2) large fruit , such as grapefruit	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	half fruit	2438-39
Average slices of a very large fruit , such as melon	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	slices	2440-41
Tablespoons of frozen or tinned fruit	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	tablespoons	2442-43
Average handfuls of dried fruit , such as raisins, apricots	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	handfuls	2444-45
Tablespoons of fruit in other dishes made mainly from fruit such as fruit salad or fruit pies	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	tablespoons	2446-47
Small glasses of fruit juice	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	small glasses	2448-49
If no fruit eaten yesterday , please tick	<input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/>		2450

EXERCISE

- 43a** During the **7 days ending yesterday**, on which days did you do **LIGHT** exercise or physical activity **for at least 30 minutes**?
Blocks of activity lasting at least 10 minutes, which were done on the same day, can be counted towards the full 30 minutes.
Include physical activity which is part of your job

Tick all days that apply

Light exercise / activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
For example Housework (eg Hoovering, dusting), walking at an average pace, golf, light gardening (eg weeding)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	2451-64
If no light exercise in the last 7 days , please tick	<input type="checkbox"/> 08							

- 43b** During the **7 days ending yesterday**, on which days did you do **MODERATE** exercise or physical activity **for at least 30 minutes**?
Blocks of activity lasting at least 10 minutes, which were done on the same day, can be counted towards the full 30 minutes.
Include physical activity which is part of your job

Tick all days that apply

Moderate exercise / activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
For example Heavy housework (eg spring cleaning, walking with heavy shopping), fast walking, dancing, gentle swimming, heavy gardening (eg digging)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	2465-78
If no moderate exercise in the last 7 days , please tick	<input type="checkbox"/> 08							

- 43c** During the **7 days ending yesterday**, on which days did you do **VIGOROUS** exercise or physical activity **for at least 30 minutes**?
Blocks of activity lasting at least 10 minutes, which were done on the same day, can be counted towards the full 30 minutes.
Include physical activity which is part of your job

Tick all days that apply

Vigorous exercise / activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
For example Running, jogging, squash, swimming lengths, aerobics, fast cycling, football	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	2479-92
If no vigorous exercise in the last 7 days , please tick	<input type="checkbox"/> 08							

CARERS

- 44** Do you look after, or give any help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age? ***Do not count anything you do as part of your paid employment***

Tick time spent in a typical week

- No ☐ 1
- Yes, 1-19 hours a week ☐ 2
- Yes, 20-49 hours a week ☐ 3
- Yes, 50+ hours a week ☐ 4

2493

WELLBEING

The next 4 questions are about your feelings on aspects of your life.

- 45** Overall, how satisfied are you with your life nowadays?

2494-95

Please give your answer on a scale of 0 to 10, where 0 is 'not at all satisfied' and 10 is completely satisfied'.

Not at all
satisfied

Tick one only

Completely
satisfied

- 0 1 2 3 4 5 6 7 8 9 10
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

- 46** Overall, to what extent do you feel that the things you do in your life are worthwhile?

2496-97

Please give your answer on a scale of 0 to 10, where 0 is 'not at all worthwhile' and 10 is 'completely worthwhile'.

Not at all
worthwhile

Tick one only

Completely
worthwhile

- 0 1 2 3 4 5 6 7 8 9 10
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

- 47** Overall, how happy did you feel yesterday?

2498-99

Please give your answer on a scale of 0 to 10, where 0 is 'not at all happy' and 10 is 'completely happy'.

Not at all
happy

Tick one only

Completely
happy

- 0 1 2 3 4 5 6 7 8 9 10
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

- 48** On a scale where 0 is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?

2500-501

Not at all
anxious

Tick one only

Completely
anxious

- 0 1 2 3 4 5 6 7 8 9 10
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

ABOUT YOU

49 Are you....?

Male ☐ 1

Female ☐ 2

2502

50 How old were you on your last birthday?

Please write in whole years

Age years

2503-05

51 Women only: Are you currently pregnant?

Tick one only

Yes ☐ 1

No ☐ 2

2506

52 How tall are you?

feet

inches

OR

centimetres

2507

2508-09

2510-12

53 How much do you weigh?

stone

pounds

OR

kilograms

2513-14

2515-16

2517-19

54a How would you describe your national identity?

Tick all that apply

Welsh ☐ 1

English ☐ 2

Scottish ☐ 3

Northern Irish ☐ 4

British ☐ 5

Other ☐ 6

2520-25

54b What is your ethnic group?

Choose **one** section from A to E, then tick **one** box to best describe your ethnic group or background.

Tick one only

A. White	Welsh/English/Scottish/Northern Irish/British	<input type="checkbox"/>	01
	Irish	<input type="checkbox"/>	02
	Gypsy or Irish Traveller	<input type="checkbox"/>	03
	Any other White background	<input type="checkbox"/>	04
<hr/>			
B. Mixed/multiple ethnic groups	White and Black Caribbean	<input type="checkbox"/>	05
	White and Black African	<input type="checkbox"/>	06
	White and Asian	<input type="checkbox"/>	07
	Any other Mixed/multiple ethnic background	<input type="checkbox"/>	08
<hr/>			
C. Asian/Asian British	Indian	<input type="checkbox"/>	09
	Pakistani	<input type="checkbox"/>	10
	Bangladeshi	<input type="checkbox"/>	11
	Chinese	<input type="checkbox"/>	12
	Any other Asian background	<input type="checkbox"/>	13
<hr/>			
D. Black/African/Caribbean/Black British	African	<input type="checkbox"/>	14
	Caribbean	<input type="checkbox"/>	15
	Any other Black/African/Caribbean background	<input type="checkbox"/>	16
<hr/>			
E. Other ethnic group	Arab	<input type="checkbox"/>	17
	Any other ethnic group	<input type="checkbox"/>	18

2526-27

55 Which of these descriptions applies to what you were doing **last week**?

Tick first to apply

Going to school or college full-time (including on vacation)	<input type="checkbox"/>	01
In paid employment or self-employment (or away temporarily)	<input type="checkbox"/>	02
On a Government scheme for employment training	<input type="checkbox"/>	03
Doing unpaid work for a business that you own, or that a relative owns	<input type="checkbox"/>	04
Waiting to take up paid work already obtained	<input type="checkbox"/>	05
Looking for paid work or a Government training scheme	<input type="checkbox"/>	06
Intending to look for work but prevented by temporary sickness or injury (sick or injured for 28 days or less)	<input type="checkbox"/>	07
Permanently unable to work because of long-term sickness or disability	<input type="checkbox"/>	08
Retired from paid work	<input type="checkbox"/>	09
Looking after the home or family	<input type="checkbox"/>	10
Doing something else	<input type="checkbox"/>	11

2528-29

56 Which of these qualifications do you have?

Tick **every** box that applies if you have any of the qualifications listed.

If your UK qualification is not listed, tick the box that contains its nearest equivalent.

If you have qualifications gained outside the UK, tick the 'Foreign qualifications' box and the nearest UK equivalents (if known).

Tick all that apply

1-4 O levels/CSEs/GCSEs (any grades), Entry level	<input type="checkbox"/> 01
NVQ Level 1, Foundation GNVQ, Basic skills	<input type="checkbox"/> 02
5 + O levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C), School Certificate, 1 A level/2-3 AS levels/VCEs, Welsh Baccalaureate Intermediate Diploma	<input type="checkbox"/> 03
NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma	<input type="checkbox"/> 04
Apprenticeship	<input type="checkbox"/> 05
2+ A levels/VCEs, 4+ AS levels, Higher School Certificate, Welsh Baccalaureate Advanced Diploma	<input type="checkbox"/> 06
NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma	<input type="checkbox"/> 07
Degree (for example BA, BSc), Higher degree (for example MA, PhD, PGCE)	<input type="checkbox"/> 08
NVQ Levels 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level	<input type="checkbox"/> 09
Professional qualifications (for example teaching, nursing, accountancy)	<input type="checkbox"/> 10
Other vocational/work-related qualifications	<input type="checkbox"/> 11
Foreign qualifications	<input type="checkbox"/> 12
No qualifications	<input type="checkbox"/> 13

2530-55

57 If at some future date we wanted to ask you to take part in a further health-related study, may we contact you to see if you are willing to help again?

Tick one only

Yes ☐ 1

No ☐ 2

2556

We would also like to ask for your permission to link your survey answers to other records. **Please read the consent form on page 25 and the survey leaflet and let us know, by filling in the consent form, if you would like to give your permission for this.**

Data Linkage Consent Form

Interviewer please write in:

P10078

Respondent's first name:											Gender (circle):	M	F
Serial:													
INT ID:													

CKL Person number

Permission to link your survey answers to other records

Thank you for taking part in the Welsh Health Survey. Your answers will be used to help plan health services and look at ways of improving people's health.

There is another way you can help us that would make your survey answers even more valuable. This consent form asks for your permission to link your survey answers with other records. Please read the survey leaflet and the information below before signing this form.

What is this consent form for?

- The Welsh Government would like to be able to link your survey answers to information that the NHS and other public organisations collect about you (e.g. your GP, hospital, and education records). Linking records in this way will help us get a better picture of the lifestyles and circumstances of people in Wales.

What will happen to my information?

- If you agree to help, we will need to send your name, address, sex and date of birth to the NHS in Wales. They will work with a Welsh Government funded research unit at Swansea University to link your survey answers to other information about you.

Your personal details will be kept completely confidential. Once the link has been made between your survey answers and other information about you, your name, address and postcode will be removed so that you cannot be identified. Your survey answers and other information will be used for research purposes only.

What happens if I don't give my consent?

- It is up to you whether you give your consent. If you choose not to, your survey answers will still be used for health research without being linked to other information. You can withdraw your consent to linking at any time by contacting us at the address shown in the leaflet.

Where can I get more information about this?

- Further information can be found on our website www.natcen.ac.uk, in the survey leaflet provided, by contacting us on 029 2082 6685 or by talking to your survey interviewer.

If you choose to give permission please complete the section below.

Your consent

I agree that NatCen can pass on my name, address, sex and date of birth to the NHS in Wales so that my survey answers can be linked with other information held about me.

Full name:

Signature:

Date of birth:
(dd/mm/yyyy)

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THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.
Please return the completed questionnaire to the interviewer.

If you do need to post the questionnaire back to us, please tear off this consent form and return it to us in the small envelope. Then, send us the main questionnaire in the big envelope provided.

To be collected on:

How to complete the questionnaire:

This questionnaire should be completed by the parent or legal guardian of the child named on the front page.

Most of the questions can be answered by putting a tick in the box next to the answer that applies to your child.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow (→) with a note that tells you what question to answer next, like this:

EXAMPLE QUESTIONS (please do not fill in)

E1 Did this child eat breakfast this morning?

Tick one only

Yes ☒ → Go to E2

No ☐ → Go to E3

E2 Has this child eaten any of the following things today?

Tick one box on each row

	Yes	No
Bread	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yoghurt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

E3 How old was this child when he or she first ate a banana?

Please write in

year old

E4 What fruit has this child eaten in the last seven days?

Something else (please specify)

Don't worry if you make a mistake: simply cross out the mistake and tick the correct box.

When you have completed it, please return the questionnaire to the interviewer (or in the envelope provided if sent to you in the post).

Please answer these questions on behalf of the child named on the front page

ABOUT YOUR CHILD

1 Is this child a boy or a girl?

Tick one only

Boy ☐ 1

3033

Girl ☐ 2

2a How old is this child?

Please write in

3034-35

Age in months

OR

Age in years

3036-37

2b What is this child's date of birth?

Please write in

3038-43

Day

Month

Year

3a How would you describe this child's national identity?

Tick all that apply

Welsh ☐ 1

3044-49

English ☐ 2

Scottish ☐ 3

Northern Irish ☐ 4

British ☐ 5

Other ☐ 6

3b What is this child's ethnic group?

3050-
51

Choose **one** section from A to E, then tick **one** box to best describe this child's ethnic group or background.

Tick one only

A. White	Welsh/English/Scottish/Northern Irish/British	<input type="checkbox"/>	01
	Irish	<input type="checkbox"/>	02
	Gypsy or Irish Traveller	<input type="checkbox"/>	03
	Any other White background	<input type="checkbox"/>	04
B. Mixed/multiple ethnic groups	White and Black Caribbean	<input type="checkbox"/>	05
	White and Black African	<input type="checkbox"/>	06
	White and Asian	<input type="checkbox"/>	07
	Any other Mixed/multiple ethnic background	<input type="checkbox"/>	08
C. Asian/Asian British	Indian	<input type="checkbox"/>	09
	Pakistani	<input type="checkbox"/>	10
	Bangladeshi	<input type="checkbox"/>	11
	Chinese	<input type="checkbox"/>	12
	Any other Asian background	<input type="checkbox"/>	13
D. Black/African/Caribbean/Black British	African	<input type="checkbox"/>	14
	Caribbean	<input type="checkbox"/>	15
	Any other Black/African/Caribbean background	<input type="checkbox"/>	16
E. Other ethnic group	Arab	<input type="checkbox"/>	17
	Any other ethnic group	<input type="checkbox"/>	18

Spare
3052-
56

GENERAL HEALTH AND WELL-BEING

4a How is this child's health in general? Would you say it was...

Tick one only

Very good ☐ 1

3057

Good ☐ 2

Fair ☐ 3

Bad ☐ 4

Very bad ☐ 5

4b Are this child's day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Tick one only

Yes, limited a lot ☐ 1

3058

Yes, limited a little ☐ 2

No ☐ 3

GP SERVICES

5a In the **last 2 weeks** did you, any other member of your household, or this child talk to a family doctor (GP) about **this child's health** either in person or by telephone?

Tick one only

Yes ☐ 1 → [Go to 5b](#)

3059

No ☐ 2 → [Go to 6](#)

5b How many times did you, any other member of your household, or this child talk to a family doctor (GP) about **this child's health** in these **2 weeks**?

Please write in number

--	--	--

3060-062

5c As a result of speaking to a family doctor (GP) about **this child's health** in these **2 weeks**, did they give (send) your child a prescription?

Tick one only

Yes ☐ 1

3063

No ☐ 2

The following questions are about this child's use of health services in the last 12 months. Please include occasions when **the child** has used the service, and also when you, or another member of your household, have used the service **on the child's behalf**.

HOSPITAL SERVICES

- 6** Has this child used any of the following hospital services in the **last 12 months**?
Please exclude waiting for an appointment

Tick one box on each row

	Yes	No	
Accident & Emergency (A&E) / Hospital casualty department	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3064
Hospital inpatient (ie admitted to hospital and required to stay overnight or longer)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3065
Hospital day patient (ie admitted to a hospital bed or day ward for treatment or care, but not required to stay overnight)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3066
Hospital outpatient (ie attended an appointment for a consultation or examination, usually at an outpatient department)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3067

OTHER SERVICES

- 7** Has this child used any of the following other services in the **last 12 months**?
Please exclude waiting for an appointment

Tick one box on each row

	Yes	No	
Dentist (family, local, community, or other dentist)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3068
Health visitor, district nurse, other community nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3069 (spare 3070)
Practice nurse (at the GP surgery)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3071
Optician	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3072

8 Has this child used any of the following other services in the **last 12 months**?

Tick one box on each row

	Yes	No	
Speech therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3073
GP out of hours services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3074
NHS Direct (National NHS telephone helpline)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3075
Pharmacist <i>including local pharmacist and those in large stores and supermarkets</i> (eg picked up prescribed medicine, asked for advice, bought medicines kept behind the counter)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3076

(Spare
3077-
078)

ACCIDENTS

9a Has this child had any accident, injury or poisoning needing hospital treatment or a visit to Casualty/A&E in the **last 3 months**?

Tick one only

- Yes ☐ 1 → **Go to 9b** 3079
- No ☐ 2 → **Go to 10a**

9b What was the accident, injury or poisoning?

Tick all that apply

- Break or fracture ☐ 1 3080-085
- Poisoning ☐ 2
- Head injury with concussion ☐ 3
- Cut or puncture ☐ 4
- Burn ☐ 5
- Another kind of injury ☐ 6

9c Where did the **most recent** accident, injury or poisoning take place?

Tick one only

- In the home ☐ 1 3086
- In traffic ☐ 2
- At nursery school ☐ 3
- Somewhere else (please specify) 4 (Spare
3087-
099)

ILLNESSES AND OTHER HEALTH PROBLEMS

10a Does this child have any long-standing illness, disability or health problem?
That is, anything this child has had for some time.

Tick one only

Yes ☐ ₁ → **Go to 10b**

3100

No ☐ ₂ → **Go to 11a**

10b What is the matter with this child?
You can record up to **six** different health problems.

Health problem 1		3101-103
Health problem 2		3104-106
Health problem 3		3107-109
Health problem 4		3110-112
Health problem 5		3113-115
Health problem 6		3116-118

10c Do any of these long-term illnesses, health problems or disabilities limit their daily activities?

Tick one only

Yes ☐ ₁ → **Go to 10d**

3119

No ☐ ₂ → **Go to 11a**

10d Which of these long-term illnesses, health problems or disabilities limits their daily activities? You can record up to **three**.

Health problem 1		3120-122
Health problem 2		3123-125
Health problem 3		3126-128

11a Is this child **currently** being treated, by a doctor, consultant or specialist, for any of these?

Tick one box on each row

	Yes	No	
Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3129
Other breathing problems (including wheezing)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3130
Skin complaints	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3131
Ear complaints (including poor hearing, deafness)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3132
Eye complaints (including cataract, poor eyesight, blindness). <i>Tick 'yes' if your child wears glasses or contact lenses to correct vision</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3133
Problems with bones, joints, muscles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3134
Anxiety, depression or mental illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3135

11b Is this child **currently** being treated, by a doctor, consultant or specialist, for any other chronic or long-term illness **not listed** in 11a?

Tick one only

Yes ☐ 1 → **Go to 11c** 3136
No ☐ 2 → **Go to 12a**

11c Please specify the **main** illness below. Please write in only **one** illness.

3137

3138-
139
(Spare
3140-
150)

12a In the **last 2 weeks** did this child have to cut down on any of the things he/she **usually** does at home or nursery because of illness or injury?

Tick one only

Yes ☐ 1 → **Go to 12b** 3151
No ☐ 2 → **Go to 13a**

12b How many days was this in all during these **2 weeks**, including Saturdays and Sundays?

Please write in number

days

3152-
153

INFANT FEEDING

13a Did you/the child's mother ever try to breastfeed this child?

Tick one only

No ☐ 1 → *Go to 13d*

3154

Yes, within one hour of birth ☐ 2 → *Go to 13b*

Yes, more than one hour after birth ☐ 3 → *Go to 13b*

13b How old was this child when he or she **last** had breast milk?

Tick one only

Child still breastfeeding ☐ 01

3155-
156

Never took breast milk ☐ 02

Less than one day ☐ 03

One day or more, but less than one week ☐ 04

One week or more, but less than one month ☐ 05

One month or more, but less than four months ☐ 06

Four months or more, but less than six months ☐ 07

Six months or more ☐ 08

13c How old was this child when he or she **first** had milk other than breast milk, from a bottle or a cup? (eg formula milk, cow's milk, soya milk)

Tick one only

Has not had ☐ 01

3157-
158

Less than one day ☐ 02

One day or more, but less than one week ☐ 03

One week or more, but less than one month ☐ 04

One month or more, but less than four months ☐ 05

Four months or more, but less than six months ☐ 06

Six months or more ☐ 07

13d How old was this child when he or she **first** had any food apart from milk?
(eg cereal, rusk, baby rice or any other kind of solid food)

Tick one only

- Has not had ☐ 01
- Less than one day ☐ 02
- One day or more, but less than one week ☐ 03
- One week or more, but less than one month ☐ 04
- One month or more, but less than four months ☐ 05
- Four months or more, but less than six months ☐ 06
- Six months or more ☐ 07

3159-
160

14 Are **you** this child's...?

Tick one only

- Mother ☐ 1
- Father ☐ 2
- Step-mother ☐ 3
- Step-father ☐ 4
- Or someone else (please specify) 5

(Spare
3161-
202)

3203

(Spare
3204-
207)

3208-
209

15 If at some future date we wanted to ask you to take part in a further study relating to this child's health, may we contact you to see if you are willing to help again?

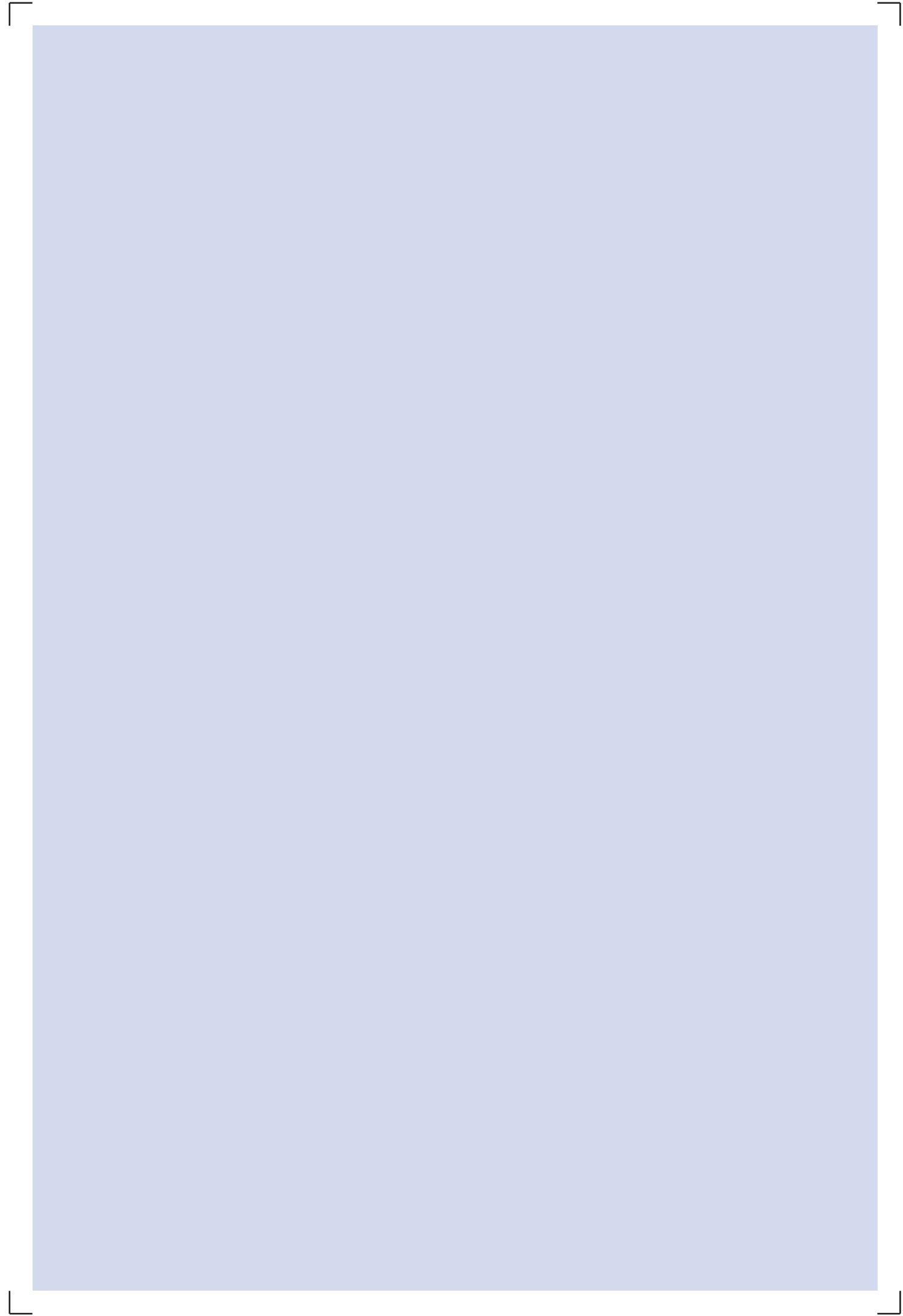
Tick one only

- Yes ☐ 1
- No ☐ 2

3210

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

**Please return the questionnaire to the interviewer
(or in the envelope provided if sent in the post)**



To be collected on:

How to complete the questionnaire:

This questionnaire should be completed by the parent or legal guardian of the child named on the front page.

Most of the questions can be answered by putting a tick in the box next to the answer that applies to your child.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow (→) with a note that tells you what question to answer next, like this:

EXAMPLE QUESTIONS (please do not fill in)

E1 Did this child eat breakfast this morning?

Tick one only

Yes ☒ → Go to E2

No ☐ → Go to E3

E2 Has this child eaten any of the following things today?

Tick one box on each row

	Yes	No
Bread	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yoghurt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

E3 How old was this child when he or she first ate a banana?

Please write in

years old

E4 What fruit has this child eaten in the last seven days?

Something else (please specify)

Don't worry if you make a mistake: simply cross out the mistake and tick the correct box.

When you have completed it, please return the questionnaire to the interviewer (or in the envelope provided if sent to you in the post).

Please answer these questions on behalf of the child named on the front page

ABOUT YOUR CHILD

1 Is this child a boy or a girl?

Tick one only

Boy ☐ 1

Girl ☐ 2

3033

(Spare
3034-
35)

2a How old is this child?

Please write in

Age in years

3036-37

2b What is this child's date of birth?

Please write in

Day

Month

Year

3038-43

3a How would you describe this child's national identity?

Tick all that apply

Welsh ☐ 1

3044-
49

English ☐ 2

Scottish ☐ 3

Northern Irish ☐ 4

British ☐ 5

Other ☐ 6

3b What is this child's ethnic group?

3050-
51

Choose **one** section from A to E, then tick **one** box to best describe this child's ethnic group or background.

Tick one only

A. White	Welsh/English/Scottish/Northern Irish/British	<input type="checkbox"/>	01
	Irish	<input type="checkbox"/>	02
	Gypsy or Irish Traveller	<input type="checkbox"/>	03
	Any other White background	<input type="checkbox"/>	04
B. Mixed/multiple ethnic groups	White and Black Caribbean	<input type="checkbox"/>	05
	White and Black African	<input type="checkbox"/>	06
	White and Asian	<input type="checkbox"/>	07
	Any other Mixed/multiple ethnic background	<input type="checkbox"/>	08
C. Asian/Asian British	Indian	<input type="checkbox"/>	09
	Pakistani	<input type="checkbox"/>	10
	Bangladeshi	<input type="checkbox"/>	11
	Chinese	<input type="checkbox"/>	12
	Any other Asian background	<input type="checkbox"/>	13
D. Black/African/Caribbean/Black British	African	<input type="checkbox"/>	14
	Caribbean	<input type="checkbox"/>	15
	Any other Black/African/Caribbean background	<input type="checkbox"/>	16
E. Other ethnic group	Arab	<input type="checkbox"/>	17
	Any other ethnic group	<input type="checkbox"/>	18

Spare-
3052-
56

GENERAL HEALTH AND WELL-BEING

4a How is this child's health in general? Would you say it was...

Tick one only

Very good ☐ 1

3057

Good ☐ 2

Fair ☐ 3

Bad ☐ 4

Very bad ☐ 5

4b Are this child's day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Tick one only

Yes, limited a lot ☐ 1

3058

Yes, limited a little ☐ 2

No ☐ 3

GP SERVICES

5a In the **last 2 weeks** did you, any other member of your household, or this child talk to a family doctor (GP) about **this child's health** either in person or by telephone?

Tick one only

Yes ☐ 1 → Go to 5b

3059

No ☐ 2 → Go to 6

5b How many times did you, any other member of your household, or this child talk to a family doctor (GP) about **this child's health** in these **2 weeks**?

Please write in number

--	--	--

3060-062

5c As a result of speaking to a family doctor (GP) about **this child's health** in these **2 weeks**, did they give (send) your child a prescription?

Tick one only

Yes ☐ 1

3063

No ☐ 2

The following questions are about this child's use of health services in the last 12 months. Please include occasions when **the child** has used the service, and also when you, or another member of your household, have used the service **on the child's behalf**.

HOSPITAL SERVICES

6 Has this child used any of the following hospital services in the **last 12 months**?

Please exclude waiting for an appointment

Tick one box on each row

	Yes	No	
Accident & Emergency (A&E) / Hospital casualty department	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3064
Hospital inpatient (ie admitted to hospital and required to stay overnight or longer)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3065
Hospital day patient (ie admitted to a hospital bed or day ward for treatment or care, but not required to stay overnight)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3066
Hospital outpatient (ie attended an appointment for a consultation or examination, usually at an outpatient department)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3067

OTHER SERVICES

7 Has this child used any of the following other services in the **last 12 months**?

Please exclude waiting for an appointment

Tick one box on each row

	Yes	No	
Dentist (family, local, community, school or other dentist)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3068
Orthodontist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3069
Health visitor, district nurse, other community nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3070
Practice nurse (at the GP surgery)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3071
Optician	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3072

8 Has this child used any of the following other services in the **last 12 months**?

Tick one box on each row

	Yes	No	
Speech therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3073
GP out of hours services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3074
NHS Direct (National NHS telephone helpline)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3075
Pharmacist <i>including local pharmacist and those in large stores and supermarkets</i> (eg picked up prescribed medicine, asked for advice, bought medicines kept behind the counter)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3076

(Spare
3077-
078)

ACCIDENTS

9a Has this child had any accident, injury or poisoning needing hospital treatment or a visit to Casualty/A&E in the **last 3 months**?

Tick one only

- Yes ☐ 1 → **Go to 9b** 3079
- No ☐ 2 → **Go to 10a**

9b What was the accident, injury or poisoning?

Tick all that apply

- Break or fracture ☐ 1 3080-085
- Poisoning ☐ 2
- Head injury with concussion ☐ 3
- Cut or puncture ☐ 4
- Burn ☐ 5
- Another kind of injury ☐ 6

9c Where did the **most recent** accident, injury or poisoning take place?

Tick one only

- In the home ☐ 1 3086
- In traffic ☐ 2
- At school or work (if applicable, eg paper round) ☐ 3
- Somewhere else (please specify) 4 (Spare 3087-099)

ILLNESSES AND OTHER HEALTH PROBLEMS

10a Does this child have any long-standing illness, disability or health problem?
That is, anything this child has had for some time.

Tick one only

Yes ☐ ₁ → Go to 10b

3100

No ☐ ₂ → Go to 11a

10b What is the matter with this child?
You can record up to **six** different health problems.

Health problem 1		3101-103
Health problem 2		3104-106
Health problem 3		3107-109
Health problem 4		3110-112
Health problem 5		3113-115
Health problem 6		3116-118

10c Do any of these long-term illnesses, health problems or disabilities limit their daily activities?

Tick one only

Yes ☐ ₁ → Go to 10d

3119

No ☐ ₂ → Go to 11a

10d Which of these long-term illnesses, health problems or disabilities limits their daily activities? You can record up to **three**.

Health problem 1		3120-122
Health problem 2		3123-125
Health problem 3		3126-128

11a Is this child **currently** being treated, by a doctor, consultant or specialist, for any of these?

Tick one box on each row

	Yes	No	
Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3129
Other breathing problems (including wheezing)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3130
Skin complaints	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3131
Ear complaints (including poor hearing, deafness)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3132
Eye complaints (including cataract, poor eyesight, blindness). <i>Tick 'yes' if your child wears glasses or contact lenses to correct vision</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3133
Problems with bones, joints, muscles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3134
Anxiety, depression or mental illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3135

11b Is this child **currently** being treated, by a doctor, consultant or specialist, for any other chronic or long-term illness **not listed** in 11a?

Tick one only

Yes ☐ 1 → **Go to 11c** 3136
No ☐ 2 → **Go to 12a**

11c Please specify the **main** illness below. Please write in only **one** illness.

3137

3138-
139
(Spare
3140-
150)

12a In the **last 2 weeks** did this child have to cut down on any of the things he/she **usually** does at school or in his/her free time because of illness or injury?

Tick one only

Yes ☐ 1 → **Go to 12b** 3151
No ☐ 2 → **Go to 13**

12b How many days was this in all during these **2 weeks**, including Saturdays and Sundays?

Please write in number

days

3152-
153
(Spare
3154-
160)

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

13 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 row			
	Not true	Somewhat true	Certainly true	
Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3161
Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3162
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3163
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3164
Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3165
Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3166
Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3167
Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3168
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3169
Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3170
Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3171
Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3172
Often unhappy, down-hearted or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3173
Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3174
Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3175
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3176
Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3177
Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3178
Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3179
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3180
Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3181
Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3182
Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3183
Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3184
Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3185

EATING HABITS

14 How many times a week does this child usually eat or drink...?

Tick one box on each row

	Every day, more than once	Once a day, every day	5-6 days a week	2-4 days a week	Once a week	Less than once a week	Rarely or never	
Fruit (fresh, tinned, dried & frozen)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3186
Vegetables (fresh, raw, tinned & frozen)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3187
Sweets (candy or chocolate)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3188
Chips/fried potatoes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3189
Potato crisps	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3190
Skimmed or semi-skimmed milk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3191
Ordinary (full fat) milk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3192
Diet coke or other low sugar drinks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3193
Coke or other soft drinks that contain sugar	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3194
Water (tap or bottled)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3195

PHYSICAL ACTIVITY

15 This question is about **last week**. Try to remember what this child did on each day last week and tick a box to show the amount of time spent exercising on each day.

Please include exercise done at school, outside school, with a club, with friends or on their own. If this child did not exercise on a day then you should tick the "None" box.

By "exercising" we mean any physical activity that left them feeling warm or at least slightly out of breath. This would include activities such as playing sport, cycling, running or brisk walking.

How much exercise did this child do on...?

Tick one box on each row

	None	About half an hour	About an hour	More than an hour	
Monday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3196
Tuesday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3197
Wednesday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3198
Thursday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3199
Friday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3200
Saturday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3201
Sunday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3202

16 Are **you** this child's...?

Tick one only

Mother ☐ 1

3203

Father ☐ 2

(Spare
3204-
207)

Step-mother ☐ 3

Step-father ☐ 4

Or someone else (please specify)

5

3208-
209

17 If at some future date we wanted to ask you to take part in a further study relating to this child's health, may we contact you to see if you are willing to help again?

Tick one only

Yes ☐ 1

3210

No ☐ 2

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

**Please return the questionnaire to the interviewer
(or in the envelope provided if sent in the post)**

QUESTIONNAIRE FOR 13-15 YEAR OLDS

This important survey collects information about health and health-related factors. Some questions you may have about this survey are answered in the accompanying leaflet. By completing this questionnaire, you are agreeing to the use of your data as explained in the leaflet. If you have other questions, or would like to talk to someone about the study, please contact NHS Direct Wales on 0845 46 47. (A Minicom service is available on 0845 606 46 47.) When you phone, check firstly that you have reached NHS Direct **Wales**, and then ask to speak to someone about the Welsh Health Survey. Or you can visit: <http://www.natcen.ac.uk/study/welsh-health-survey/participants> for more information.

Please contact NHS Direct Wales on **0845 46 47**.

Cysylltwch â Galw Iechyd Cymru ar **0845 46 47**.

To be collected on:

**WE PROMISE THAT YOUR ANSWERS ARE CONFIDENTIAL
THEY WILL NOT BE SHOWN TO ANYONE THAT YOU KNOW**

How to complete the questionnaire:

This questionnaire should be completed by the person named on the front page.

Most of the questions can be answered by putting a tick in the box next to the answer that applies to you.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow (→) with a note that tells you what question to answer next, like this:

EXAMPLE QUESTIONS (please do not fill in)

E1 Did you eat breakfast this morning?

Tick one only

Yes ☒ → *Go to E2*

No ☐ → *Go to E3*

E2 Have you eaten any of the following things today?

Tick one box on each row

	Yes	No
Bread	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yoghurt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

E3 How old were you when you first ate a banana?

Please write in

years old

E4 What fruit have you eaten in the last seven days?

Something else (please specify)

Don't worry if you make a mistake: simply cross out the mistake and tick the correct box.

When you have completed it, please return the questionnaire to the interviewer (or in the envelope provided if sent in the post).

ABOUT YOU

1 Are you a boy or a girl?

Tick one only

Boy ☐ 1

3033

Girl ☐ 2

(Spare
3034-
35)

2a How old are you?

Please write in

Age in years

3036-37

2b What is your date of birth (birthday)?

Please write in

Day

Month

Year

3038-43

3a How would you describe your national identity?

Tick all that apply

Welsh ☐ 1

3044-
49

English ☐ 2

Scottish ☐ 3

Northern Irish ☐ 4

British ☐ 5

Other ☐ 6

3b What is your ethnic group?

3050-
51

Choose **one** section from A to E, then tick **one** box to best describe your ethnic group or background.

Tick one only

A. White	Welsh/English/Scottish/Northern Irish/British	<input type="checkbox"/>	01
	Irish	<input type="checkbox"/>	02
	Gypsy or Irish Traveller	<input type="checkbox"/>	03
	Any other White background	<input type="checkbox"/>	04
B. Mixed/multiple ethnic groups	White and Black Caribbean	<input type="checkbox"/>	05
	White and Black African	<input type="checkbox"/>	06
	White and Asian	<input type="checkbox"/>	07
	Any other Mixed/multiple ethnic background	<input type="checkbox"/>	08
C. Asian/Asian British	Indian	<input type="checkbox"/>	09
	Pakistani	<input type="checkbox"/>	10
	Bangladeshi	<input type="checkbox"/>	11
	Chinese	<input type="checkbox"/>	12
	Any other Asian background	<input type="checkbox"/>	13
D. Black/African/Caribbean/Black British	African	<input type="checkbox"/>	14
	Caribbean	<input type="checkbox"/>	15
	Any other Black/African/Caribbean background	<input type="checkbox"/>	16
E. Other ethnic group	Arab	<input type="checkbox"/>	17
	Any other ethnic group	<input type="checkbox"/>	18

Spare
3052-
56

GENERAL HEALTH AND WELL-BEING

4a How is your health in general? Would you say it was...

Tick one only

Very good ☐ 1

3057

Good ☐ 2

Fair ☐ 3

Bad ☐ 4

Very bad ☐ 5

4b Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Tick one only

Yes, limited a lot ☐ 1

3058

Yes, limited a little ☐ 2

No ☐ 3

GP SERVICES

5a In the **last 2 weeks** did you, or any other member of your household, talk to a family doctor (GP) about **your health** either in person or by telephone?

Tick one only

Yes ☐ 1 → *Go to 5b*

3059

No ☐ 2 → *Go to 6*

5b How many times did you, or any other member of your household, talk to a family doctor (GP) about **your health** in these **2 weeks**?

Please write in number

--	--	--

3060-062

5c As a result of speaking to a family doctor (GP) about **your health** in the **last 2 weeks**, did they give (send) you a prescription?

Tick one only

Yes ☐ 1

3063

No ☐ 2

The following questions are about your use of health services in the last 12 months. Please include occasions when **you** have used the service, and also when another member of your household has used the service **on your behalf**.

HOSPITAL SERVICES

6 Have you used any of the following hospital services in the **last 12 months**?

Please exclude waiting for an appointment

Tick one box on each row

	Yes	No	
Accident & Emergency (A&E) / Hospital casualty department	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3064
Hospital inpatient (ie admitted to hospital and required to stay overnight or longer)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3065
Hospital day patient (ie admitted to a hospital bed or day ward for treatment or care, but not required to stay overnight)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3066
Hospital outpatient (ie attended an appointment for a consultation or examination, usually at an outpatient department)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3067

OTHER SERVICES

7 Have you used any of the following other services in the **last 12 months**?

Please exclude waiting for an appointment

Tick one box on each row

	Yes	No	
Dentist (family, local, community, school or other dentist)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3068
Orthodontist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3069
Health visitor, district nurse, other community nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3070
Practice nurse (at the GP surgery)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3071
Optician	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3072

8 Have you used any of the following other services in the **last 12 months**?

Tick one box on each row

	Yes	No	
Speech therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3073
GP out of hours services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3074
NHS Direct (National NHS telephone helpline)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3075
Pharmacist <i>including local pharmacist and those in large stores and supermarkets</i> (eg picked up prescribed medicine, asked for advice, bought medicines kept behind the counter)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3076

(Spare
3077-
078)

ACCIDENTS

9a Have you had any accident, injury or poisoning needing hospital treatment or a visit to Casualty/A&E in the **last 3 months**?

Tick one only

Yes	<input type="checkbox"/> 1	→ Go to 9b	3079
No	<input type="checkbox"/> 2	→ Go to 10a	

9b What was the accident, injury or poisoning?

Tick all that apply

Break or fracture	<input type="checkbox"/> 1	3080-085
Poisoning	<input type="checkbox"/> 2	
Head injury with concussion	<input type="checkbox"/> 3	
Cut or puncture	<input type="checkbox"/> 4	
Burn	<input type="checkbox"/> 5	
Another kind of injury	<input type="checkbox"/> 6	

9c Where did your **most recent** accident, injury or poisoning take place?

Tick one only

In the home	<input type="checkbox"/> 1	3086
In traffic	<input type="checkbox"/> 2	
At school or work (if applicable, eg paper round)	<input type="checkbox"/> 3	
Somewhere else (please specify)	<input type="text"/>	4 (Spare 3087- 099)

ILLNESSES AND OTHER HEALTH PROBLEMS

10a Do you have any long-standing illness, disability or health problem?
That is, anything you have had for some time.

Tick one only

Yes ☐ ₁ → *Go to 10b*

3100

No ☐ ₂ → *Go to 11a*

10b What is the matter with you?
You can record up to **six** different health problems.

Health problem 1		3101-103
Health problem 2		3104-106
Health problem 3		3107-109
Health problem 4		3110-112
Health problem 5		3113-115
Health problem 6		3116-118

10c Do any of these long-term illnesses, health problems or disabilities limit your daily activities?

Tick one only

Yes ☐ ₁ → *Go to 10d*

3119

No ☐ ₂ → *Go to 11a*

10d Which of these long-term illnesses, health problems or disabilities limits your daily activities? You can record up to **three**.

Health problem 1		3120-122
Health problem 2		3123-125
Health problem 3		3126-128

11a Are you **currently** being treated, by a doctor, consultant or specialist, for any of these?

Tick one box on each row

	Yes	No	
Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3129
Other breathing problems (including wheezing)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3130
Skin complaints	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3131
Ear complaints (including poor hearing, deafness)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3132
Eye complaints (including cataract, poor eyesight, blindness). <i>Tick 'yes' if you wear glasses or contact lenses to correct vision</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3133
Problems with bones, joints, muscles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3134
Anxiety, depression or mental illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3135

11b Are you **currently** being treated, by a doctor, consultant or specialist, for any other chronic or long-term illness **not listed** in 11a?

Tick one only

Yes ☐ 1 → Go to 11c 3136

No ☐ 2 → Go to 12a

11c Please specify the **main** illness below. Please write in only **one** illness.

3137

3138-
139

(Spare
3140-
150)

12a In the **last 2 weeks** did you have to cut down on any of the things you **usually** do at school or in your free time because of illness or injury?

Tick one only

Yes ☐ 1 → Go to 12b 3151

No ☐ 2 → Go to 13

12b How many days was this in all during these **2 weeks**, including Saturdays and Sundays?

Please write in number

days

3152-
153

(Spare
3154-
160)

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

13 We'd like you to tell us something about how things have been for you 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 yourself.

	Tick one box on each row			
	Not true	Somewhat true	Certainly true	
I try to be nice to other people. I care about their feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3161
I am restless, I cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3162
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3163
I usually share with others (food, games, pens etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3164
I get very angry and often lose my temper	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3165
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3166
I usually do as I am told	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3167
I worry a lot	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3168
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3169
I am constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3170
I have one good friend or more	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3171
I fight a lot. I can make other people do what I want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3172
I am often unhappy, down-hearted or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3173
Other people my age generally like me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3174
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3175
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3176
I am kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3177
I am often accused of lying or cheating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3178
Other children or young people pick on me or bully me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3179
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3180
I think before I do things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3181
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3182
I get on better with adults than with people my own age	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3183
I have many fears, I am easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3184
I finish the work I'm doing. My attention is good	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3185

EATING HABITS

14 How many times a week do you usually eat or drink...?

Tick one box on each row

	Every day, more than once	Once a day, every day	5-6 days a week	2-4 days a week	Once a week	Less than once a week	Rarely or never	
Fruit (fresh, tinned, dried & frozen)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3186
Vegetables (fresh, raw, tinned & frozen)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3187
Sweets (candy or chocolate)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3188
Chips/fried potatoes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3189
Potato crisps	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3190
Skimmed or semi-skimmed milk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3191
Ordinary (full fat) milk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3192
Diet coke or other low sugar drinks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3193
Coke or other soft drinks that contain sugar	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3194
Water (tap or bottled)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3195

PHYSICAL ACTIVITY

15 This question is about **last week**. Try to remember what you did on each day last week and tick a box to show the amount of time spent exercising on each day.

Please include exercise done at school, outside school, with a club, with friends or on your own. If you did not exercise on a day then you should tick the "None" box.

By "exercising" we mean any physical activity that left you feeling warm or at least slightly out of breath. This would include activities such as playing sport, cycling, running or brisk walking.

How much exercise did you do on...?

Tick one box on each row

	None	About half an hour	About an hour	More than an hour	
Monday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3196
Tuesday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3197
Wednesday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3198
Thursday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3199
Friday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3200
Saturday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3201
Sunday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3202

- 16** If at some future date we wanted to ask you to take part in a further health-related study, may we contact you to see if you are willing to help again?

Tick one only

Yes ☐ 1

No ☐ 2

(Spare
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209)

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THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

**Please return the questionnaire to the interviewer
(or in the envelope provided if sent in the post)**