

NatCen
Social Research

ARF
P10078

Appointments Made

Final
Outcome

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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

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	/		:			:	

*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	VISITS RECORD CONTINUED Record all visits, even if no reply. For phone calls – see separate grid below.	*Call Status (Enter codes only)	Call End Time 24hr Clock	4 if call followed by personal/ non-capi time
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

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

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SERIAL NUMBER LABEL

INTERVIEWER ID

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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

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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:

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 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	Good1	Yes.....1	English.....1	<div><div></div><div></div></div>
					12 months but less than 2 years....2	Fairly good....2	No.....2	Welsh.....2	
					2 years but less than 3 years.....3	Not good.....3	(DK).....3		
					3 years but less than 5 years.....4	(Don't know)..4	(Refusal).4		
					5 years but less than 10 years.....5	(Refusal).....5			
					10 years but less than 20 years.....6				
					20 years or longer.....7				
					(Don't know).....8				
					(Refusal).....9				
07		1	2	<div><div></div><div></div><div></div></div>	Less than 12 months.....1	Good1	Yes.....1	English.....1	<div><div></div><div></div></div>
					12 months but less than 2 years....2	Fairly good....2	No.....2	Welsh.....2	
					2 years but less than 3 years.....3	Not good.....3	(DK).....3		
					3 years but less than 5 years.....4	(Don't know)..4	(Refusal).4		
					5 years but less than 10 years.....5	(Refusal).....5			
					10 years but less than 20 years.....6				
					20 years or longer.....7				
					(Don't know).....8				
					(Refusal).....9				
08		1	2	<div><div></div><div></div><div></div></div>	Less than 12 months.....1	Good1	Yes.....1	English.....1	<div><div></div><div></div></div>
					12 months but less than 2 years....2	Fairly good....2	No.....2	Welsh.....2	
					2 years but less than 3 years.....3	Not good.....3	(DK).....3		
					3 years but less than 5 years.....4	(Don't know)..4	(Refusal).4		
					5 years but less than 10 years.....5	(Refusal).....5			
					10 years but less than 20 years.....6				
					20 years or longer.....7				
					(Don't know).....8				
					(Refusal).....9				
09		1	2	<div><div></div><div></div><div></div></div>	Less than 12 months.....1	Good1	Yes.....1	English.....1	<div><div></div><div></div></div>
					12 months but less than 2 years....2	Fairly good....2	No.....2	Welsh.....2	
					2 years but less than 3 years.....3	Not good.....3	(DK).....3		
					3 years but less than 5 years.....4	(Don't know)..4	(Refusal).4		
					5 years but less than 10 years.....5	(Refusal).....5			
					10 years but less than 20 years.....6				
					20 years or longer.....7				
					(Don't know).....8				
					(Refusal).....9				
10		1	2	<div><div></div><div></div><div></div></div>	Less than 12 months.....1	Good1	Yes.....1	English.....1	<div><div></div><div></div></div>
					12 months but less than 2 years....2	Fairly good....2	No.....2	Welsh.....2	
					2 years but less than 3 years.....3	Not good.....3	(DK).....3		
					3 years but less than 5 years.....4	(Don't know)..4	(Refusal).4		
					5 years but less than 10 years.....5	(Refusal).....5			
					10 years but less than 20 years.....6				
					20 years or longer.....7				
					(Don't know).....8				
					(Refusal).....9				

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

WRITE IN

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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"><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"><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"><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"><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	<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 (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	<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 (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	<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 (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	<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 (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	<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 (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 style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></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 style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></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 style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></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**
(copï'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 _____

Cydlofnod 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: HRP1
 Spouse/partner of HRP2
 Son/daughter of HRP3
 Other relative of HRP4
 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 scheme02
 Waiting to take up paid work already obtained03 } **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 owns05
 On a Government scheme for employment training06
 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/disability08
 Retired from paid work09
 Looking after the home or family10
 Doing something else11 } **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 started1
 Less than 1 month2
 1 month but less than 3 months3
 3 months but less than 6 months4
 6 months but less than 12 months5
 12 months or more6

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.

Yes1
 No2

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

Yes1
No2

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

1 – 241
25 – 4992
or 500 or more employees3
Can't say8 } **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 – 241
25 – 4992
or 500 or more employees3
Can't say8

IN PAID EMPLOYMENT OR SELF-EMPLOYED

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

Full-time1
Part-time2

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?

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> Male.....1 Female.....2			

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

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 ☒ → **Go to E2**A flat ☐ → **Go to E3****E2** How many bedrooms are there in your house?**Please write in** **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

gp

- 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

gpfreq

- 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

gppresc

- 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

pnurs

- 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

pnfre

- 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

cas12m

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

Please write in number

2059-060

casfr12m

- 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

out12m

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?

outpriv

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

daypat

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?

daypriv

Tick one only

Yes, at least one paid for privately ☐ 1

No, all treatments under the NHS ☐ 2

2064

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

Tick one only

inpat

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?

inpriv

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	
denser	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	2078
chirser	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	2079
physser	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	2080
osteoser	<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

optiser	Optician	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2082
cnser	Health Visitor, District Nurse or other community nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2083
gpser	GP out of hours services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2084
nhsser	NHS Direct (National NHS telephone helpline)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2085
pharser	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

dentwhy	A regular check up (i.e. at least once a year)	<input type="checkbox"/> 1		
	An occasional check up or when I am having trouble with my teeth	<input type="checkbox"/> 2		2087
	I don't ever go to the dentist	<input type="checkbox"/> 3		

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

Tick one only

flu	Yes	<input type="checkbox"/> 1		
	No	<input type="checkbox"/> 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)

med

Tick one only

Yes ☐ 1 → Go to 9b

2092

No ☐ 2 → Go to 9c

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

mednum

medconv

medherb

medhomeo

medvit

Tick all that apply

Conventional medicines, eg aspirin, eye-drops,
antacids, cough medicine ☐ 1

2093-
096

Herbal ☐ 2

Homeopathic ☐ 3

Mineral or vitamin supplements ☐ 4

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

prescmed

Tick one only

Yes ☐ 1

2097

No ☐ 2

ILLNESSES AND OTHER HEALTH PROBLEMS

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

Tick one box on each row

hrtatt
strok
canc

Yes

No

Heart attack ☐ 1

☐ 2

2098

Stroke ☐ 1

☐ 2

2099

Cancer ☐ 1

☐ 2

2100

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

Tick one box on each row

	Yes	No	
ang			
hrtfail	Angina <input type="checkbox"/> 1	<input type="checkbox"/> 2	2101
hbp	Heart failure <input type="checkbox"/> 1	<input type="checkbox"/> 2	2102
htoth	High blood pressure (or hypertension) <input type="checkbox"/> 1	<input type="checkbox"/> 2	2103
asthma	Another heart condition <input type="checkbox"/> 1	<input type="checkbox"/> 2	2104
emph	Asthma <input type="checkbox"/> 1	<input type="checkbox"/> 2	2105
pleur	Emphysema <input type="checkbox"/> 1	<input type="checkbox"/> 2	2106
bron	Pleurisy <input type="checkbox"/> 1	<input type="checkbox"/> 2	2107
respoth	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	
dep	Depression <input type="checkbox"/> 1	<input type="checkbox"/> 2	2110
anx	Anxiety <input type="checkbox"/> 1	<input type="checkbox"/> 2	2111
mentoth	Another mental illness <input type="checkbox"/> 1	<input type="checkbox"/> 2	2112
arth	Arthritis <input type="checkbox"/> 1	<input type="checkbox"/> 2	2113
back	Back pain <input type="checkbox"/> 1	<input type="checkbox"/> 2	2114
epi	Epilepsy or fits <input type="checkbox"/> 1	<input type="checkbox"/> 2	2115
vvein	Varicose veins <input type="checkbox"/> 1	<input type="checkbox"/> 2	2116

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

Tick one only

diab

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

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

Spare
2118-120

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

illoth

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

illcde1 to illcde4
illchp1 to illchp4 (dvs)

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

acc

12b What was the accident, injury or poisoning?

Tick all that apply

accnum*
fracq
poisq
concusq
cutq
burnq
othaccq

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

accplace*

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

stomnum
stomno
stomhere
stomabrd
stomns

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

stomdr

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)

see

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)

heardiff

Tick one only

Yes ☐ 1 → Go to 15b

2148

No ☐ 2 → Go to 16

15b Do you usually wear a hearing aid?

hearaid

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?

hearaidt

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)

teeth

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

untill, untillbi (dvs),
backachu
jointu
vveinsu
breathu
chestu
dizzyu
appetu
lumpsu
hearingu
injuryu
depressu
nocomplu

- | | | | |
|--|--------------------------|----------------------|--------------------|
| 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

nervousu
notseru
wentawau
difdocu
livewitu
seenothu
seendocu
otheru

- | | | |
|---|--------------------------|----|
| 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 ... ?

genhlth

Excellent

☐ 1

Very Good

☐ 2

Tick one only

Good

☐ 3

Fair

☐ 4

Poor

☐ 5

2192

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

Tick one only

comphlth

Much better now than one year ago ☐ 1

2193

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

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**

vigact

a **Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports

☐ 1

☐ 2

☐ 3

2194

modact

b **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

☐ 1

☐ 2

☐ 3

2195

liftgroc

c Lifting or carrying groceries

☐ 1

☐ 2

☐ 3

2196

climbsev

d Climbing **several** flights of stairs

☐ 1

☐ 2

☐ 3

2197

climbone

e Climbing **one** flight of stairs

☐ 1

☐ 2

☐ 3

2198

bend

f Bending, kneeling, or stooping

☐ 1

☐ 2

☐ 3

2199

walkmile

g Walking **more than a mile**

☐ 1

☐ 2

☐ 3

2200

walksvyd

h Walking **several hundred yards**

☐ 1

☐ 2

☐ 3

2201

walkhdyd

i Walking **one hundred yards**

☐ 1

☐ 2

☐ 3

2202

bath

j Bathing or dressing yourself

☐ 1

☐ 2

☐ 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	
physcut 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
physless 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
physlim 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
physdiff 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	
emocut 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
emoless 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
emocare 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)?

painint

Not at all

A little bit

Tick one only

Moderately

Quite a bit

Extremely

☐ 1

☐ 2

☐ 3

☐ 4

☐ 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)?

soctime

Tick one only

All of
the time

Most of
the time

Some of
the time

A little
of the time

None of
the time

☐ 1

☐ 2

☐ 3

☐ 4

☐ 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.)

llti2

Tick one only

Yes, limited a lot ☐ 1 → Go to 29b

2228

Yes, limited a little ☐ 2 → Go to 29b

No ☐ 3 → Go to 30

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.**

llticd1 to llticd4
lltich1 to lltich4 (dvs)

2229

35

Spare
2236-
99

SMOKING

30 Which one of these best describes you?

Tick one only

smok

I smoke daily ☐ 1 → Go to 31

2300

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

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	
smouthom smouthoth	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
sminhome sminoph smincar sminothe	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**?

triedgup

Tick one only

Yes ☐ 1

2310

No ☐ 2

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

compsm

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?

likegup

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?

gupnum

Tick all that apply

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

2313-28

guphlthp

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

guphlthg

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

guprelil

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

gupfam

Financial reasons ☐ 05 **Go to 37**

gupfin

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

gupchi

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

gupban

Other reasons ☐ 08 **Go to 37**

gupoth

36 How long ago did you stop smoking?

new
2014:
stpsmk

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		
expouth	Outdoors	Outside at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2330
expoutot		Other places outdoors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2331
expinh	Indoors	In own home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2332
expinhot		In other people's homes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2333
expincar		Whilst travelling by car	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2334
expinoth		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	
fraqalc	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

nodrink	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
alcdrink	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

alcohol 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)

normpint...normlcan...normscan

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

2356-62

strpint...strlcan...strscan

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

2363-69

winelar...winesta...winesma...winebot

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)

2370-78

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

spirit

Measures or shots
(count doubles as 2 singles)

2379-80

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

fwine

Small glasses
(count doubles as 2 singles)

2381-82

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

alcopops

Small cans or bottles

2383-84

Other kinds of alcoholic drink
Write in name of drink

Glasses
(count doubles
as 2 singles)

Pints

Large cans
or bottlesSmall cans
or bottles

1

oth1gla...oth1pin...oth1lcan...oth1scan
oth2gla...oth2pin...oth2lcan...oth2scan

2385-94

2

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)

salad2	Small bowlfuls of salad	<input type="text"/> <input type="text"/>	small bowlfuls	2421-22
potato2	Tablespoons of potatoes <i>Include potatoes in other dishes</i>	<input type="text"/> <input type="text"/>	tablespoons	2423-24
veg2	Tablespoons of other vegetables (raw, cooked, frozen or tinned)	<input type="text"/> <input type="text"/>	tablespoons	2425-26
pulse2	Tablespoons of pulses such as baked beans, red kidney beans, lentils, chickpeas, daal	<input type="text"/> <input type="text"/>	tablespoons	2427-28
vegdish2	Tablespoons of vegetables or pulses in other dishes made mainly from vegetables or pulses <i>Do not include potatoes</i>	<input type="text"/> <input type="text"/>	tablespoons	2429-30
noveg2	If no vegetables eaten yesterday , please tick	<input 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)

vsfrt2	Average handfuls of very small fresh fruit , such as grapes, berries	<input type="text"/> <input type="text"/>	handfuls	2432-33
smfrt2	Small fruit , such as plums, satsumas	<input type="text"/> <input type="text"/>	whole fruit	2434-35
medfrt2	Medium fruit , such as apples, bananas, oranges	<input type="text"/> <input type="text"/>	whole fruit	2436-37
lgfrt2	Half (1/2) large fruit , such as grapefruit	<input type="text"/> <input type="text"/>	half fruit	2438-39
vlfrt2	Average slices of a very large fruit , such as melon	<input type="text"/> <input type="text"/>	slices	2440-41
frozfrt2	Tablespoons of frozen or tinned fruit	<input type="text"/> <input type="text"/>	tablespoons	2442-43
dryfrt2	Average handfuls of dried fruit , such as raisins, apricots	<input type="text"/> <input type="text"/>	handfuls	2444-45
frtdish2	Tablespoons of fruit in other dishes made mainly from fruit such as fruit salad or fruit pies	<input type="text"/> <input type="text"/>	tablespoons	2446-47
frtjui2	Small glasses of fruit juice	<input type="text"/> <input type="text"/>	small glasses	2448-49
nofruit2	If no fruit eaten yesterday , please tick	<input 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

exltnum...exltmon, exlTue, exltwed, exltthu, exltfri, exltsat, exltsun

Tick all days that apply

Light exercise / activity

For example Housework (eg Hoovering, dusting), walking at an average pace, golf, light gardening (eg weeding)

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
01	02	03	04	05	06	07

2451-64

If no light exercise in the **last 7 days**, please tick

☐ 08

exltno

- 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

exmodnum...exmodmon, exmodTue, exmodwed, exmodthu, exmodfri, exmodsat, exmodsun

Tick all days that apply

Moderate exercise / activity

For example Heavy housework (eg spring cleaning, walking with heavy shopping), fast walking, dancing, gentle swimming, heavy gardening (eg digging)

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
01	02	03	04	05	06	07

2465-78

If no moderate exercise in the **last 7 days**, please tick

☐ 08

exmodno

- 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

exvignum...exvigmon, exvigtue, exvigtwed, exvigtthu, exvigtfri, exvigsat, exvigsun

Tick all days that apply

Vigorous exercise / activity

For example Running, jogging, squash, swimming lengths, aerobics, fast cycling, football

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
01	02	03	04	05	06	07

2479-92

If no vigorous exercise in the **last 7 days**, please tick

☐ 08

exvigno

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**

carerhrs

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'.

wbsatis,

wbsatis1 (dv)
wbsatis2 (dv)
wbsatis3 (dv)
wbsatis4 (dv)

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'.

wbworth,

wbworth1 (dv)
wbworth2 (dv)
wbworth3 (dv)
wbworth4 (dv)

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'.

wbhappy,

wbhappy1 (dv)
wbhappy2 (dv)
wbhappy3 (dv)
wbhappy4 (dv)

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

wbanx,

wbanx1 (dv)
wbanx2 (dv)
wbanx3 (dv)
wbanx4 (dv)

Not at all
anxious

Tick one only

Completely
anxious

0 1 2 3 4 5 6 7 8 9 10

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

ABOUT YOU

sexq

49 Are you....?

Male ☐ 1Female ☐ 2

2502

50 How old were you on your last birthday?

ageq*

Please write in whole years

Age years

2503-05

51 Women only: Are you currently pregnant?

pregw*

Tick one only

Yes ☐ 1

2506

No ☐ 2

52 How tall are you?

htimp*

htcm (dv)

feet

inches

OR

htmet*

centimetres

2507

2508-09

2510-12

53 How much do you weigh?

wtimp*

wtkg (dv)

stone

pounds

OR

wtmet*

kilograms

2513-14

2515-16

2517-19

54a How would you describe your national identity?

natnum*

welsh*

english*

scottish*

nirish*

british*

othnat*

Tick all that apply

Welsh ☐ 1

2520-25

English ☐ 2Scottish ☐ 3Northern Irish ☐ 4British ☐ 5Other ☐ 6

54b What is your ethnic group?

ethnic2*

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

☐ 01

Irish

☐ 02

Gypsy or Irish Traveller

☐ 03

Any other White background

☐ 04**B. Mixed/multiple ethnic groups**

White and Black Caribbean

☐ 05

White and Black African

☐ 06

White and Asian

☐ 07

Any other Mixed/multiple ethnic background

☐ 08**C. Asian/Asian British**

Indian

☐ 09

Pakistani

☐ 10

Bangladeshi

☐ 11

Chinese

☐ 12

Any other Asian background

☐ 13**D. Black/African/Caribbean/Black British**

African

☐ 14

Caribbean

☐ 15

Any other Black/African/Caribbean background

☐ 16**E. Other ethnic group**

Arab

☐ 17

Any other ethnic group

☐ 18**55** Which of these descriptions applies to what you were doing **last week?**

work

Tick first to apply

Going to school or college full-time
(including on vacation)☐ 01

In paid employment or self-employment (or away temporarily)

☐ 02

On a Government scheme for employment training

☐ 03Doing unpaid work for a business that you own,
or that a relative owns☐ 04

Waiting to take up paid work already obtained

☐ 05

Looking for paid work or a Government training scheme

☐ 06Intending 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 or disability

☐ 08

Retired from paid work

☐ 09

Looking after the home or family

☐ 10

Doing something else

☐ 11

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

qualnum			
olev1,	1-4 O levels/CSEs/GCSEs (any grades), Entry level	<input type="checkbox"/>	01
nvq1,	NVQ Level 1, Foundation GNVQ, Basic skills	<input type="checkbox"/>	02
olev5,	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
nvq2,	NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma	<input type="checkbox"/>	04
appr,	Apprenticeship	<input type="checkbox"/>	05
alev,	2+ A levels/VCEs, 4+ AS levels, Higher School Certificate, Welsh Baccalaureate Advanced Diploma	<input type="checkbox"/>	06
nvq3,	NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma	<input type="checkbox"/>	07
degree,	Degree (for example BA, BSc), Higher degree (for example MA, PhD, PGCE)	<input type="checkbox"/>	08
nvq4,	NVQ Levels 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level	<input type="checkbox"/>	09
qualprof,	Professional qualifications (for example teaching, nursing, accountancy)	<input type="checkbox"/>	10
qualoth,	Other vocational/work-related qualifications	<input type="checkbox"/>	11
qualfor,	Foreign qualifications	<input type="checkbox"/>	12
qualno	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

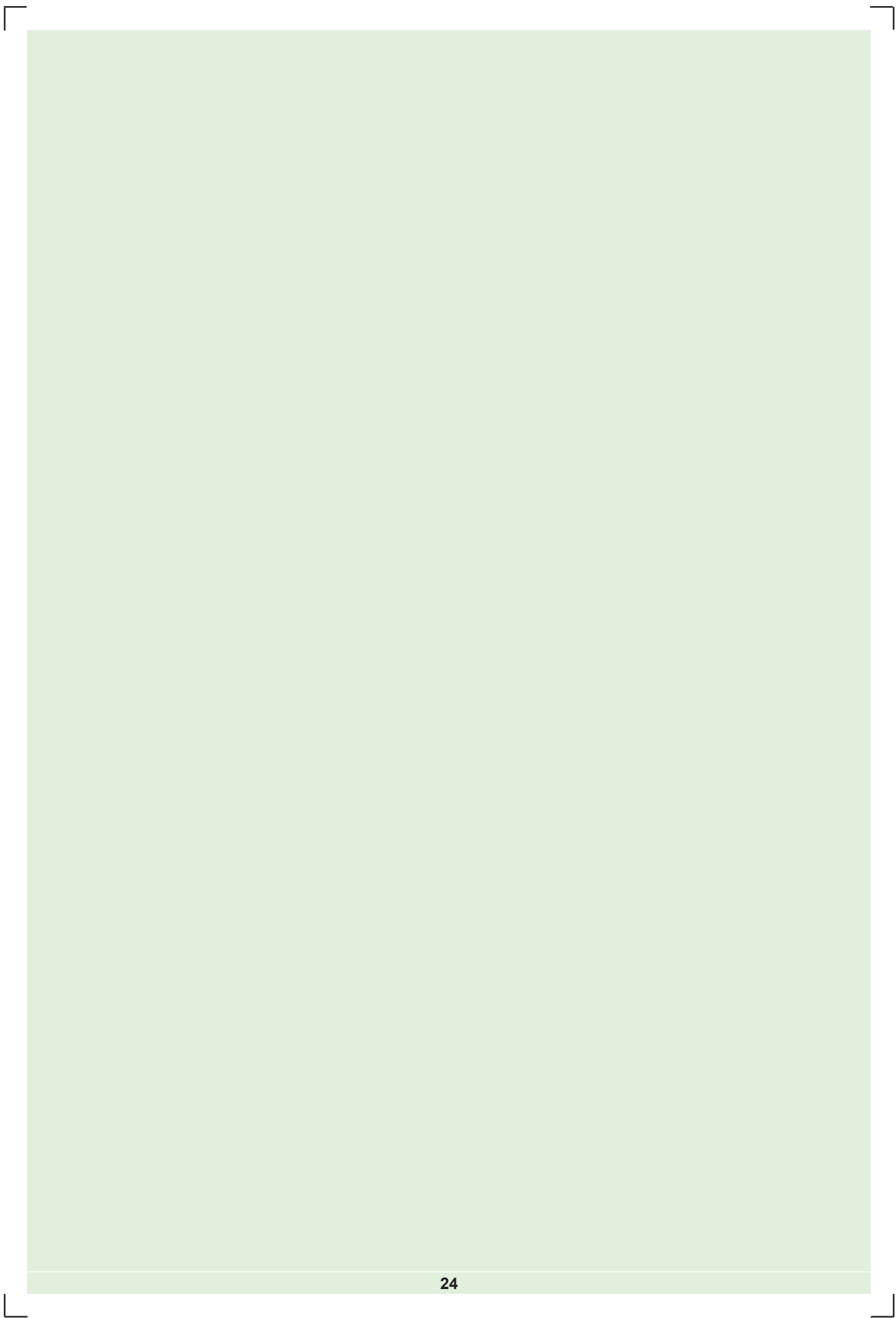
recontct

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)

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

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.

P10078

CONFIDENTIAL

WELSH HEALTH SURVEY 2014

QUESTIONNAIRE FOR PARENTS OF 0-3 YEAR OLDS

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 parent or guardian

Child's First Name

scsex

Serial Number

hhscser*

Date of placement

Interviewer I.D. Number

intid*

<input type="text"/>												3026-030		
Male <input type="checkbox"/>						1	Female <input type="checkbox"/>						2	
						3001-006	<input type="text"/>		3007	<input type="text"/>		3010	<input type="text"/>	
												3008-009		
												3013-018		
placeD...placeM...placeY*						<input type="text"/>		<input type="text"/>						
Day						Month		Year						
<input type="text"/>						<input type="text"/>		<input type="text"/>						
												3019-024		
										1		3025		
										1		3032		
										Version		QV		

Card 03
3011-012

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)

cherries

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

sexq

Boy ☐ 1

3033

Girl ☐ 2

2a How old is this child?

Please write in

3034-35

agemonq...ageyrq*

Age in months

OR

Age in years

3036-37

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

Please write in

dobd...dobm...doby*

Day

Month

Year

3038-43

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

Tick all that apply

natnum*

welsh*

english*

scottish*

nirish*

british*

othnat*

Welsh ☐ 1

3044-49

English ☐ 2

Scottish ☐ 3

Northern Irish ☐ 4

British ☐ 5

Other ☐ 6

* Not in archived dataset

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.

ethnic2*

Tick one only

A. White

Welsh/English/Scottish/Northern Irish/British

☐ 01

Irish

☐ 02

Gypsy or Irish Traveller

☐ 03

Any other White background

☐ 04**B. Mixed/multiple ethnic groups**

White and Black Caribbean

☐ 05

White and Black African

☐ 06

White and Asian

☐ 07

Any other Mixed/multiple ethnic background

☐ 08**C. Asian/Asian British**

Indian

☐ 09

Pakistani

☐ 10

Bangladeshi

☐ 11

Chinese

☐ 12

Any other Asian background

☐ 13**D. Black/African/Caribbean/Black British**

African

☐ 14

Caribbean

☐ 15

Any other Black/African/Caribbean background

☐ 16**E. Other ethnic group**

Arab

☐ 17

Any other ethnic group

☐ 18

*Not in archived dataset

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

genhlthc

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

limtdhlth

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**

gp

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

gpfreq

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

gppresc

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

casch,

inpatch,

daypatch,

outpatch

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

dentch,

cnursch,

pnursch,

opticnch

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)

speechch,
gpoutch,
nhsdircch,
pharmch

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**

No ☐ 2 → **Go to 10a**

acc

3079

9b What was the accident, injury or poisoning?

Tick all that apply

accnum*

chfracq
chpoisq
chconcq
chcutq
chburnq
chothacq

Break or fracture ☐ 1

Poisoning ☐ 2

Head injury with concussion ☐ 3

Cut or puncture ☐ 4

Burn ☐ 5

Another kind of injury ☐ 6

3080-085

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

Tick one only

In the home ☐ 1

In traffic ☐ 2

At nursery school ☐ 3

Somewhere else (please specify)

4

(Spare 3087-099)

accplace*

3086

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](#)

Isill

- 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	Isicode1 to Isicode6	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](#)

Itti

- 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	Itticde1 to Itticde3	3123-125
Health problem 3		3126-128

asthma,
respiratory,
skin,
ear,
eye,
joint,
mental

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

illness

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

cutdown

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

cutdays

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

brstever

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

brstlast

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

milkoth

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

- foodoth**
- 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

- relat**
- Mother ☐ 1
- Father ☐ 2
- Step-mother ☐ 3
- Step-father ☐ 4

(Spare
3161-202)

3203

(Spare
3204-207)

Or someone else (please specify)

5 3208-209

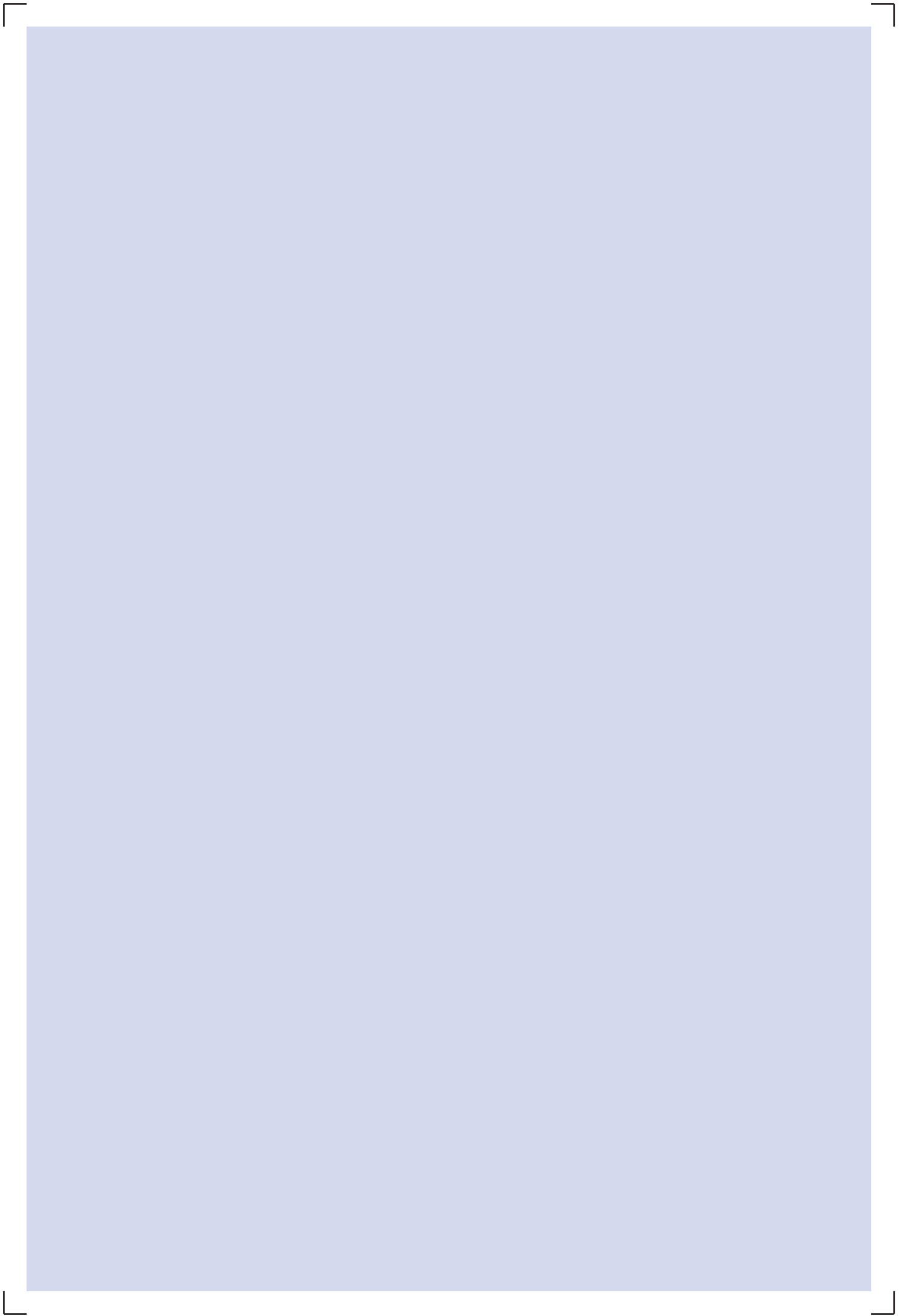
15 If at some future date we wanted to ask you to take part in a further study relating to this child's health, may we contact you to see if you are willing to help again?

Tick one only

- recont**
- 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)



P10078

CONFIDENTIAL

WELSH HEALTH SURVEY 2014

QUESTIONNAIRE FOR PARENTS OF 4-12 YEAR OLDS

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 parent or guardian

Child's First Name

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

3026-030

scsex*

Male ☐ 1Female ☐ 2

3031

2

Serial Number

hhscser*

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

3001-006

3007

3010

3008-009

Hhold Number

CKL

Person Number

3013-018

Date of placement

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

placeD...placeM...placeY*

Day

Month

Year

3019-024

Interviewer I.D. Number

intid*

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

3019-024

1

3025

3032

Version

2

QV

Card 03
3011-012

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)

cherries

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?

sexq

Tick one only

Boy ☐ 1

Girl ☐ 2

3033

(Spare
3034-
35)

2a How old is this child?

ageyrq*

Please write in

Age in years

3036-37

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

dobd...dobm...doby*

Day

Month

Year

Please write in

3038-43

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

natnum*

welsh*
english*
scottish*
nirish*
british*
othnat*

Tick all that apply

Welsh ☐ 1

English ☐ 2

Scottish ☐ 3

Northern Irish ☐ 4

British ☐ 5

Other ☐ 6

3044-
49

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.

ethnic2*

Tick one only

A. White

Welsh/English/Scottish/Northern Irish/British

☐ 01

Irish

☐ 02

Gypsy or Irish Traveller

☐ 03

Any other White background

☐ 04**B. Mixed/multiple ethnic groups**

White and Black Caribbean

☐ 05

White and Black African

☐ 06

White and Asian

☐ 07

Any other Mixed/multiple ethnic background

☐ 08**C. Asian/Asian British**

Indian

☐ 09

Pakistani

☐ 10

Bangladeshi

☐ 11

Chinese

☐ 12

Any other Asian background

☐ 13**D. Black/African/Caribbean/Black British**

African

☐ 14

Caribbean

☐ 15

Any other Black/African/Caribbean background

☐ 16**E. Other ethnic group**

Arab

☐ 17

Any other ethnic group

☐ 18Spare-
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

genhlthc

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

limtdhlth

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

gp

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

gpfreq

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

gppresc

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

casch,
inpatch,
daypatch,
outpatch

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

dentch,
orthch,
cnursch,
pnursch,
opticnch

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

acc

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

3079

9b What was the accident, injury or poisoning?

Tick all that apply

accnum*

chfracq
chpoisq
chconcq
chcutq
chburnq
chothacq

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

3080-
085

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

Tick one only

accplace*

In the home ☐ 1
In traffic ☐ 2
At school or work (if applicable, eg paper round) ☐ 3

Somewhere else (please specify)

(Spare
3087-
099)

4

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

Isill

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	Isicode1 to Isicode6	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

Itti

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	Itticde1 to Itticde3	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

asthma,
respiratory,
skin,
ear,
eye,
joint,
mental

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

ill other

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

cut down

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

cut days

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	
sdqfeel	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3161
sdqhyper	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3162
sdqaches	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3163
sdqshare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3164
sdqtempr	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3165
sdqalone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3166
sdqobeys	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3167
sdqworry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3168
sdqhelp	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3169
sdqfidgt	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3170
sdqpal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3171
sdqfight	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3172
sdqsad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3173
sdqliked	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3174
sdqdaze	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3175
sdqcling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3176
sdqkind	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3177
sdqlies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3178
sdqbulld	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3179
sdqvols	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3180
sdqthink	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3181
sdqsteal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3182
sdqadult	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3183
sdqfears	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3184
sdqtend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3185

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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	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
veg	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	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	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
crisps	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
skimmilk	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
fatmilk	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
dietcoke	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	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	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	
exmon	Monday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3196
extue	Tuesday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3197
exwed	Wednesday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3198
exthu	Thursday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3199
exfri	Friday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3200
exsat	Saturday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3201
exsun	Sunday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3202

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

relat

Tick one only

Mother ☐ 1

3203

Father ☐ 2(Spare
3204-
207)Step-mother ☐ 3Step-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?

recont

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)**

P10078

CONFIDENTIAL

WELSH HEALTH SURVEY 2014

QUESTIONNAIRE FOR 13-15 YEAR OLDS

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

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

3026-030

scsex

Male

1

Female

2

3031

Serial Number

hhscser*

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

3001-006

3007

3010

3008-009

Hhold Number

CKL

Person Number

Date of placement

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

Day

Month

Year

3013-018

Interviewer I.D. Number

intid*

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

3019-024

1
Version

3025

3
QV

3032

Card 03
3011-012

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)

cherries

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?

sexq

Tick one only

Boy ☐ 1

Girl ☐ 2

3033
(Spare
3034-
35)

2a How old are you?

ageyrq*

Please write in

Age in years

3036-37

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

Please write in

dobd...dobm...doby*

Day

Month

Year

3038-43

3a How would you describe your national identity?

Tick all that apply

natnum*

welsh*

english*

scottish*

nirish*

british*

othnat*

Welsh ☐ 1

English ☐ 2

Scottish ☐ 3

Northern Irish ☐ 4

British ☐ 5

Other ☐ 6

3044-
49

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.

ethnic2*

Tick one only

A. White

- Welsh/English/Scottish/Northern Irish/British ☐ 01
 Irish ☐ 02
 Gypsy or Irish Traveller ☐ 03
 Any other White background ☐ 04

B. Mixed/multiple ethnic groups

- White and Black Caribbean ☐ 05
 White and Black African ☐ 06
 White and Asian ☐ 07
 Any other Mixed/multiple ethnic background ☐ 08

C. Asian/Asian British

- Indian ☐ 09
 Pakistani ☐ 10
 Bangladeshi ☐ 11
 Chinese ☐ 12
 Any other Asian background ☐ 13

D. Black/African/Caribbean/Black British

- African ☐ 14
 Caribbean ☐ 15
 Any other Black/African/Caribbean background ☐ 16

E. Other ethnic group

- Arab ☐ 17
 Any other ethnic group ☐ 18

Spare
3052-
56

GENERAL HEALTH AND WELL-BEING

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

Tick one only

genhlthc

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

limtdhlth

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

gp

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

gpfreq

--	--	--

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

gppresc

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

casch,

inpatch,

daypatch,

outpatch

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

dentch,

orthch,

cnursch,

pnursch,

opticnch

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)

speechch,
gpoutch,
nhsdirc,
pharmch

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

acc

Yes ☐ 1 → **Go to 9b**

No ☐ 2 → **Go to 10a**

3079

9b What was the accident, injury or poisoning?

Tick all that apply

accnum*

chfracq
chpoisq
chconcq
chcutq
chburnq
chothacq

Break or fracture ☐ 1

Poisoning ☐ 2

Head injury with concussion ☐ 3

Cut or puncture ☐ 4

Burn ☐ 5

Another kind of injury ☐ 6

3080-085

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

Tick one only

accplace*

In the home ☐ 1

In traffic ☐ 2

At school or work (if applicable, eg paper round) ☐ 3

Somewhere else (please specify)

(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*

Isill

- 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	Isicode1 to Isicode6	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*

Itti

- 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	Itticde1 to Itticde3	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

asthmac,
respothc,
skin,
ear,
eye,
joint,
mental

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

illoth

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

cutdown

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)

cutdays

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	
sdqfeel	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
sdqhyper	I am restless, I cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3162
sdqaches	I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3163
sdqshare	I usually share with others (food, games, pens etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3164
sdqtempr	I get very angry and often lose my temper	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3165
sdqalone	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
sdqobeys	I usually do as I am told	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3167
sdqworry	I worry a lot	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3168
sdqhelp	I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3169
sdqfidgt	I am constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3170
sdqpal	I have one good friend or more	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3171
sdqfight	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
sdqsad	I am often unhappy, down-hearted or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3173
sdqliked	Other people my age generally like me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3174
sdqdaze	I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3175
sdqcling	I am nervous in new situations. I easily lose confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3176
sdqkind	I am kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3177
sdqlies	I am often accused of lying or cheating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3178
sdqbulld	Other children or young people pick on me or bully me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3179
sdqvols	I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3180
sdqthink	I think before I do things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3181
sdqsteal	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
sdqadult	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
sdqfears	I have many fears, I am easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3184
sdqtend	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

fruit

veg

sweets

chips

crisps

skimmilk

fatmilk

dietcoke

coke

water

	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

exmon

extue

exwed

exthu

exfri

exsat

exsun

	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
3203-
209)

3210

recont

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

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

WELSH HEALTH SURVEY 2014

P10078

SHOWCARDS

SHOWCARD A

1. I own it or live with the person who owns it (includes homes being bought with a mortgage)
2. It is rented from the local Council
3. It is rented from a Housing Association or Housing Trust
4. It is rented from a private landlord
5. Other (e.g. live rent free or home comes with job)

CERDYN A

1. Dwi'n berchen arno neu yn byw gyda pherson sy'n berchen arno (gan gynnwys cartrefi sy'n cael eu prynu trwy forgais)
2. Ar rent trwy'r Cyngor lleol
3. Ar rent gan Gymdeithas Tai neu Ymddiriedolaeth Tai
4. Ar rent gan landlord preifat
5. Arall (e.e. ddim yn talu rhent neu'r cartref yn dod gyda swydd)

SHOWCARD B

1. In paid employment or self-employment (or away temporarily)
2. Looking for paid work or a Government training scheme
3. Waiting to take up paid work already obtained
4. Going to school or college full-time (including on vacation)
5. Doing unpaid work for a business that you or a relative owns
6. On a Government scheme for employment training
7. Intending to look for work but prevented by temporary sickness or injury (sick or injured for 28 days or less)
8. Permanently unable to work because of long-term sickness/disability
9. Retired from paid work
10. Looking after the home or family
11. Doing something else

CERDYN B

1. Mewn swydd gyflogedig neu hunan gyflogedig (neu'n absennol dros dro)
2. Yn chwilio am swydd gyflogedig neu ar gynllwyn hyfforddiant y Llywodraeth
3. Yn disgwyl i ddechrau swydd gyflogedig sydd wedi'i gael yn barod
4. Mynd i ysgol neu goleg llawn amser (gan gynnwys ar wyliau)
5. Yn gweithio heb gyflog i fusnes rydych chi neu berthynas yn berchen arno
6. Ar gynllwyn y llywodraeth am hyfforddiant gwaith
7. Yn bwriadu chwilio am waith ond yn cael eich rhwystro gan salwch neu anaf dros dro (sâl neu wedi anafu am 28 diwrnod neu llai)
8. Methu gweithio'n barhaol oherwydd salwch/anabledd tymor hir
9. Wedi ymddeol o waith cyflogedig
10. Edrych ar ôl y cartref neu'r teulu
11. Gwneud rhywbeth arall

WELSH HOUSEHOLD QUESTIONS

AROLWG IECHYD CYMRU

Holiadur yr aelwyd

C A hoffech gael eich cyfweld yn Gymraeg neu Saesneg?

1. Faint o bobl 16 blwydd oed a throsodd sy'n byw ar eich aelwyd?

2. **Oed**

Beth oedd oed (.....ENW) y penblwydd diwethaf?

Nifer o flynyddoedd yn y cyfeiriad

Pa mor hir mae (.....ENW) wedi bod yn byw yn y cyfeiriad hwn?

Iechyd cyffredinol

Dros y 12 mis diwethaf, ar y cyfan yw eich iechyd wedi bod yn:
Dda, Eithaf da, Ddim yn dda?

Angen gofal

Oes unrhyw un yn edrych ar ôl neu'n rhoi cymorth arbennig i (.....ENW) oherwydd salwch, anabledd neu henaint?

Fersiwn yr holiadur hunan-gwblhau

CYFWELYDD: cofnodwch os mae fersiwn Cymraeg neu Saesneg o'r holiadur hunan-gwblhau sydd ei hangen

3. Faint o bobl dan 16 blwydd oed sy'n byw ar eich aelwyd?

5. Fel y gwyddoch o bosibl, gallai'r amgylchiadau personol fel y gwaith a wnewch a lle rydych yn byw fod yn gysylltiedig â'ch iechyd a'ch lles. Oherwydd hyn, hoffwn ofyn rhai cwestiynau i chi am eich llety a'r hyn yr oeddech yn ei wneud yr wythnos diwethaf.

CERDYN A

Yw eich aelwyd yn berchen neu'n rhentu'r cartref hwn?

6. Enw pwy sy'n berchen neu'n rhentu'r cartref?

7. Rydych wedi dweud wrthyf fod mwy nag un person yn berchen neu'n talu rhent am y cartref hon. O'r bobl hyn, pwy sydd gyda'r incwm uchaf (oddi wrth enillion, budd-daliadau, pensiynau ac unrhyw ffynonellau eraill)? *Os oes angen, esboniwch 'Pe byddem yn gofyn am bawb ym mhob cartref, byddai'n cymryd gormod o amser, felly dyma'r rheol a ddilynwn'.*

8. Pwy yw'r hynaf (o'r bobl hyn)?

11. **CERDYN B**

Pa un o'r disgrifiadau hyn sy'n disgrifio beth oeddech chi/(enw HRP) yn gwneud wythnos ddiwethaf?

- 12a. Am ba mor hir rydych chi/mae (...*enw HRP*) wedi bod yn chwilio am swydd gyflogedig neu am le ar gynllwyn hyfforddiant y llywodraeth?
- 12b. A ydych chi / A yw (enw HRP) erioed wedi cael swydd gyflogedig, ar wahân i swyddi dros dro neu adeg gwyliau?
- 12c. Pryd y buoch / bu (...*enw HRP*) mewn swydd gyflogedig ddiwethaf?
13. Gall pobl sy'n gweithio hefyd fod yn fyfyrwyr llawn amser. Ar hyn o bryd ydych chi / ydy (enw HRP) wedi cofrestru ar unrhyw gwrs addysg llawn amser?
- 14a. Beth oedd y cwmni/sefydliad yr oeddech chi / yr oedd (enw HRP) yn gweithio iddo yn ei wneud yn bennaf?
- 14b. Beth oedd eich prif swydd? / Beth oedd prif swydd (enw HRP)? (yn yr wythnos yn gorffen Sul diwethaf).
- 14c. Beth oeddech chi'n / Beth oedd (enw HRP) yn gwneud gan amlaf yn eich/ei swydd?
15. Oeddech chi'n / Oedd (enw HRP) yn gyflogedig neu'n hunan-gyflogedig?
- 16a. Yn eich/ei swydd, oeddech chi / oedd (enw HRP) yn goruchwyllo neu gyda chyfrifoldeb ffurfiol dros waith gweithwyr eraill?
- 16b. Faint o bobl oedd yn gweithio i'ch cyflogwr / i cyflogwr (enw HRP) yn y lle ble fuoch / bu (enw HRP) yn gweithio?
17. Oeddech chi / Oedd (enw HRP) yn gweithio ar ben eich/ei hun neu a oedd gennych / ganddi/ganddo weithwyr
18. Faint o bobl oeddech chi'n / oedd (enw HRP) yn cyflogi yn y lle ble y buoch / fu (enw HRP) yn gweithio?
19. Oeddech chi'n / Oedd (enw HRP) yn gweithio'n llawn neu'n rhan amser yn eich/ei prif swydd?
- 20a. Mae nifer penodol o gyfweiliadau ar bob arolwg yn cael eu gwirio gan oruchwyliwr/wraig i sicrhau fod pobl yn fodlon gyda'r modd y gwnaethpwyd y cyfweiliad. A fyddai'n iawn i ni gysylltu â chi i'r pwrpas hwn?
- 20b. A oes rhif ffôn ar eich aelwyd sy'n medru gwneud a derbyn galwadau?

