

REC 1 SEQ 1

N1361 1-4 = '0101'

SC unless MC specified.

35 A

IN CONFIDENCE

Sift Schedule

MASTER SCHEDULE

CASENO

(5 DIGITS)

6-10

REGION	ADDRESS
(15-18) Nona	(19-20)
REGION AREA	ADDRESS
Stick serial number label	01-19
01-16	01-19
01-99	
15-20	

H'OLD

H'ld

No NAs

1-9

21

INT'DAY INT'ATH INT'YEAR

Date of Interview

NA 01-31	NA 04-09	9, 3
22-23	24-25	26-27

Interviewer's Name \_\_\_\_\_

Auth no.

1001	3999
28-31	

AUTHNO

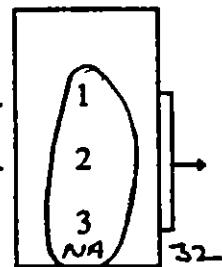
### 1. Interviewer: code at start of interview

Record from observation

Urban ..... A1

Semi-rural .....

Rural .....



Go to question 2,  
page 2

Interviewer: code at end of interview schedule

#### Eligible for long interview (Subject interview)

Coded 1 at 11(b), page 6 ..... INT'CHM1 - M7

Code all that apply Coded 1 at 13(b), page 7 .....

Coded 1 at 14(b), page 7 ..... MC = 7

Coded 1 at 17(b), page 8 .....

Screened positive (coded 1) at P6, page 45.....

Has a score of 12 or more on check card .....

No NAs
MC
01
02
03
04
05
06
07
08
09
10
11
12

Go to Schedule B  
(Yellow)

33-34

45-46

#### Eligible for long interview (Proxy interview)

Coded 1 or 2 at Q2(b), page 46 .....

Code all that apply Coded 1 at Q4(b), page 47 .....

Coded 1 at Q5(b), page 47 .....

Coded 1 or 2 at Q8(b), page 48 .....

No NAs
MC
01
02
03
04
05
06
07
08
09
10
11
12

Go to Schedule B  
(Yellow)

#### Others - eligible for short interview

Subject interview .....

Proxy interview .....

No NAs
MC
01
02
03
04
05
06
07
08
09
10
11
12

Go to Schedule C  
(Green)

## 2 Details of all household members

PERSON NO.	Relationship to selected informant	OFF USE	Sex	Age now	Marital Status						Family unit Answer	(a) Racial or ethnic group RACE		
			SEX	AGE	MARSTAT									
			M	F	NONE	NONE	M	C	S	W	D	Sep	NONE	
(01)	Selected informant	(00)	1	2	IR-9	1	2	3	4	5	6	1	1-9 NA	
(02)	RELTOINF - 1-9	1	NA2	0-9	NA9	1	2	3	4	5	6	1-9	1-9 NA	
03			1	2			1	2	3	4	5	6		
04			1	2			1	2	3	4	5	6		
05	EACH LINE AS FIRST		1	2			1	2	3	4	5	6		
06			1	2			1	2	3	4	5	6		
07			1	2			1	2	3	4	5	6		
08			1	2			1	2	3	4	5	6		
09			1	2			1	2	3	4	5	6		
10			1	2			1	2	3	4	5	6		

END REC 2

## (a) Ask or record

To which of the groups listed on this card do you consider you(PERSON) belong(s)?  
 Record answer in column (a) of household box.

Show card 1

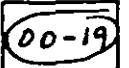
White.....	1
Black - Caribbean .....	2
Black - African.....	3
Black - Other.....	4
Indian .....	5
Pakistani.....	6
Bangladeshi.....	7
Chinese.....	8
None of these .....	9

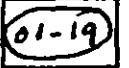
Not Keyed

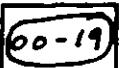
REC 1 SEQ 2 1-4 = '0102'

3 Household check :

Code from household box

Interviewer code: number of children (aged under 16) NCHILDREN →  15-16

Interviewer code: number of adults aged 16 to 64 NAD16T64 →  17-18

Interviewer code: number of adults aged 65 or more NAD65+ →  19-20

No NAs

Type of accommodation and tenure

4 Interviewer code

Type of accommodation occupied by this household:

Code from  
observation,  
if in doubt  
ask  
informant

- Whole house, bungalow, detached .....  
Whole house, bungalow, semi-detached .....  
Whole house, bungalow, terraced/end of terrace .....  
Purpose built flat/maisonette in block .....  
Converted flat or maisonette in house ..... *A4*  
Room in house or block/bedsit .....  
Other .....

1  
2  
3  
4  
5  
6  
7  
*NA*

21

5 Does your household own or rent this house/flat/room?

- Owns .....  
Rents ..... *A5*  
Rent free .....

1  
2  
3  
*NA*

22

(a) Is this house/flat:

Running  
prompt

- Owned outright ..... *A5*  
or is it being bought with  
a mortgage or loan? .....

1  
2  
*NA*

23

(b) Who is it rented from?  
(Who is it provided by?)

Organisations:

- Local authority/New Town .....
- Housing association/co-operative  
or charitable trust .....
- Property company ..... *A5*  
Employer .....
- Other organisation .....

1  
2  
3  
4  
5  
6  
7  
8  
*NA*

24

Individuals:

- Relative or friend .....
- Employer .....
- Other individual .....

6  
7  
8  
*NA*

24

6 Ask or record

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

Exclude bedrooms  
converted to other uses

- A6*  
1 - 8 Enter No .....  
9 or more .....

1-8  
*NA*

25

7 Does your household have a telephone in your (part of the) accommodation?

Shared telephones located in public hallways to be included only if this household is responsible for paying account.

Yes ..... A-7 .....

No.....

1  
2  
NA

26

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

INCLUDE: Any provided by employers if normally available for private use by informant or members of the household.

Yes ..... A-8 .....

No.....

1  
2 NA

(a)  
9  
27

(a) Is there one or more than one?

Prompt  
as  
necessary

1 .....

2 ..... A-8A .....

3 or more .....

1  
2  
3  
NA

28

No NAs

28

9 Interviewer check:

Interview to continue with subject ..... A-9 .....

Interview to continue with proxy .....

1  
2

10  
Section Q,  
page 46  
29

END REC 1

## General health

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



very good.....

1

good.....

2

fair ..... A10

3

bad.....

4

or very bad? .....

5

NA.....

NA

15

Running  
prompt

11 Do you have any long-standing illness, disability or infirmity?



By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?

Yes ..... A11

1

No .....

2

NA → 12

16

(a) What is the matter with you?

Try and obtain a medical diagnosis  
or establish main symptoms

Adults eligible for B schedule: this data can be found at Question A1, B Schedule. See the variables: BA1A01 to BA1A08.

Adults eligible for C schedule: this data was coded and keyed into the following variables: A11A01 to A11A08.


No NA

1

2

17

(b) Interviewer code: Complaint on reference card A .....

Other ..... A11B



12 Now I'd like you to think about the 2 weeks ending yesterday. During those 2 weeks did you have to cut down on any of the things you usually do (about the house/at work or in your free time) because of (ANSWER AT (a) OR SOME OTHER) illness or injury?

Yes ..... A12

1

No .....

2

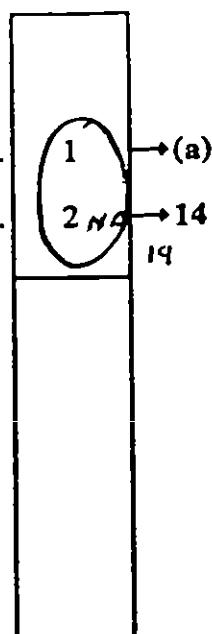
NA

18

13 (May I just check), are you taking any pills or tablets or any other medicine by mouth which have been prescribed for you?

Yes .. *A13*

No ..



(a) What is the name of the pills, tablets or medicine you are taking?

Ask to look at bottle or box if clarification is required

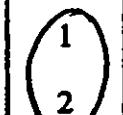

Adults eligible for B schedule data for medication and injections can be found at Question B1, B Schedule. See the variables BB1A01 to BB1A08


Adults eligible for C schedule medication and injection data was coded and keyed into the following variables for medication - A13A01 to A13A09, and for injections - A14A01 to A14A04


(b) Interviewer code: Medication on reference card B .. *A13B*

Other.....

2 NA

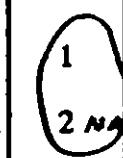


20

14 Are you having a regular course of injections?

Yes ..

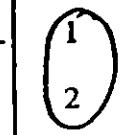
No .. *A14*



21

(a) What is it? (What are they?)

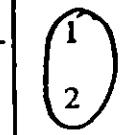

2 NA



22

(b) Interviewer code: Injection on reference card B .. *A14B*

Other.....



15 During the 2 weeks ending yesterday, apart from any visit to a hospital, did you talk to a doctor for any reason at all, either in person or by telephone?

**Exclude: consultations made on behalf of children under 16 and persons outside the household**

(a) How many times did you talk to a doctor in these 2 weeks?

Yes ..... A15

No .....

A15A  
Enter number

1 → (a)  
2 NA → 16  
3

01-99 MB → 24-25

16 In the past twelve months, have you spoken to a GP or family doctor on your own behalf, either in person or by telephone about a physical illness or complaint?

Yes ..... A16

No .....

1  
2 NA

26

17 In the past twelve months have you spoken to a GP or family doctor on your own behalf, either in person or by telephone about being anxious or depressed or a mental, nervous or emotional problem?

Yes ..... A17

No .....

1 → (a)  
2 NA → 18

27

(a) What did the doctor say was the matter with you?

**Try and obtain a medical diagnosis or establish main symptoms**


(b) Interviewer code: Complaint on reference card A ..... A17B

Other .....

No NA

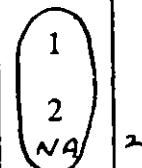
1  
2

28

18 Have you noticed a marked loss in your appetite in the past month?

Yes ..... A18 .....

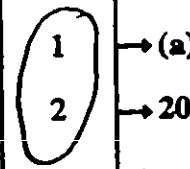
No ..... .....



19 Have you lost any weight in the past month?

Yes ..... A19 .....

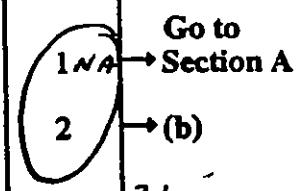
No/DK /NA.....



(a) Were you trying to lose weight or on a diet?

Yes ..... A19A .....

No ..... .....

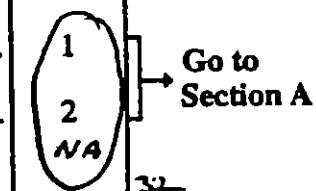


(b) Did you lose half a stone or more, or did you lose less than this?

Half a stone  
or 7 lbs  
or 3 $\frac{1}{4}$  kg

A19B  
lost half a stone or more .....

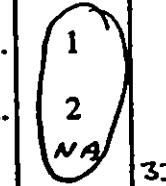
lost less than half a stone .....



20 Have you noticed a marked increase in your appetite in the past month?

Yes ..... A20 .....

No ..... .....

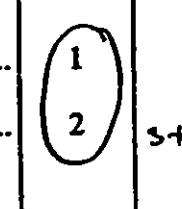


21 Have you gained weight in the past month?

Do not include  
weight gain due  
to pregnancy

Yes ..... A21 .....

No/DK /NA.....

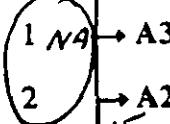


A Somatic symptoms

A1 Have you had any sort of ache or pain in the past month?

Yes ..... A41

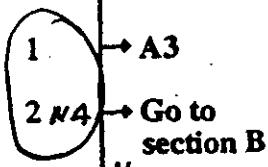
No .....



A2 During the past month have you been troubled by any sort of discomfort, for example, headache or indigestion?

Yes ..... A42

No .....

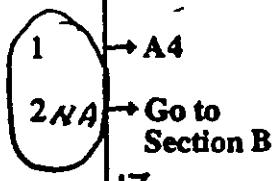


A3 Was this ache or pain/discomfort brought on or made worse because you were feeling low, anxious or stressed?

If informant has more than one pain/discomfort, refer to ANY of them

Yes ..... A43

No .....

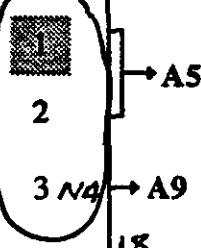


A4 In the past seven days, including last (DAY OF WEEK), on how many days have you noticed the ache or pain/discomfort?

4 days or more .....

1 to 3 days ..... A44

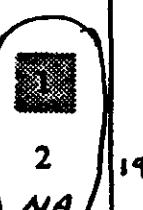
None .....



A5 In total, did the ache or pain/discomfort last for more than 3 hours on any day in the past week/on that day?

Yes ..... A45

No .....



A6 In the past week, has the ache or pain/discomfort been

Running  
prompt

very unpleasant ..... - - -

a little unpleasant ..... A46 .....

or not unpleasant? ..... - - -

1  
2  
3  
NA

20

A7 Has the ache or pain/discomfort bothered you when you were  
doing something interesting in the past week?

Yes ..... A47

No/has not done anything interesting .....

1  
2  
NA

21

A8 How long have you been feeling this  
ache or pain/discomfort as you have just described?

less than 2 weeks.....

Show card 2

2 weeks but less than 6 months ..... A48

6 months but less than 1 year.....

1 year but less than 2 years .....

2 years or more .....

1  
2  
3  
4  
5  
NA

22

A9 Interviewer check:

Sum codes which you have ringed in the  
shaded boxes at A4, A5, A6 and A7.

A49

Ring '0' if sum of codes is zero ...

or

enter score -----

16 NAs  
0  
1-4

23

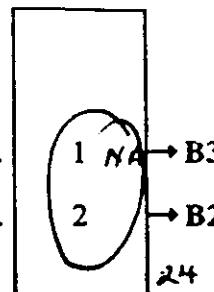
→ Insert score  
on check ca  
then go to  
section B

\* B Fatigue

B1 Have you noticed that you've been getting tired in the past month?

Yes ..... A-B1 .....

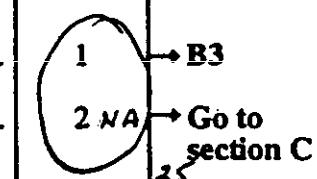
No ..... 2 .....



B2 During the past month, have you felt you've been lacking in energy?

Yes ..... A-B2 .....

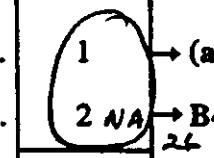
No ..... 2 NA .....



B3 Do you know why you have been feeling tired/lacking in energy?

Yes ..... A-B3 .....

No ..... 2 NA .....



(a) What is the main reason? Can you choose from this card?

Show card 3

Problems with sleep .....

Medication ..... A-B3A .....

Code one only

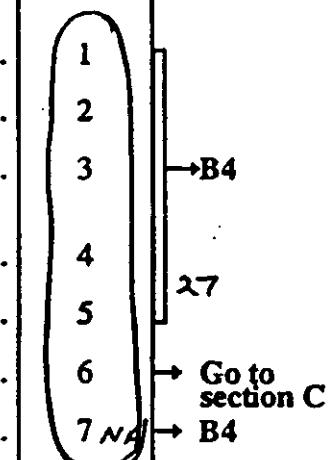
→ Physical illness .....

Working too hard (inc. housework, looking after baby) .....

Stress, worry or other psychological reason .....

Physical exercise .....

Other .....



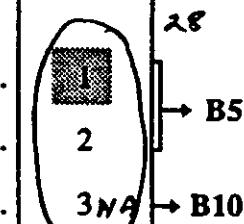
B4 In the past seven days, including last (DAY OF WEEK) on how many days have you felt tired/lacking in energy?

A-B4 .....

4 days or more .....

1 to 3 days .....

None .....

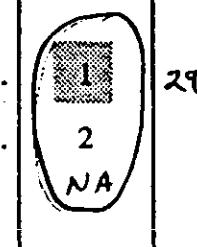


B5 Have you felt tired/lacking in energy for more than 3 hours in total on any day in the past week?

Exclude time spent sleeping

Yes ..... A-B5 .....

No .....



B6 Have you felt so tired/lacking in energy that you've had to push yourself to get things done during the past week?

Yes, on at least one occasion ..... A-~~36~~

No ..... .....

1
2 NA

30

B7 Have you felt tired/lacking in energy when doing things that you enjoy during the past week?

Yes, at least once .....

No ..... A-~~37~~

1
2 NA
3

B9

B8

31

Spontaneous      Does not enjoy anything .....

B8 Have you in the past week felt tired/lacking in energy when doing things that you used to enjoy?

Yes ..... A-~~38~~

No .....

2 NA
---------

32

B9 How long have you been feeling tired/lacking in energy in the way you have just described?

less than 2 weeks ..... A-~~39~~

Show card 2

2 weeks but less than 6 months .....

6 months but less than 1 year .....

1 year but less than 2 years .....

2 years or more .....

1
2
3
4
5 NA

33

B10 Interviewer check:

Sum codes which you have ringed in the shaded boxes at B4, B5, B6, B7 and B8.

A-~~40~~

Ring '0' if sum of codes is zero ...

or

enter score ----->

NO NA's
0
1-4

34

→ Insert score on check card, then go to section C

88

\* C Concentration and forgetfulness

C1 In the past month, have you had any problems in concentrating on what you are doing?

AC1  
Yes, problems concentrating .....

No .....

1
2
NA

35

C2 Have you noticed any problems with forgetting things in the past month?

AC2  
Yes .....

No .....

1
2
NA

36

C3 Interviewer code

Informant has problems concentrating or forgets things (coded 1 at C1 or C2) AC3 .....

Others .....

1
2

→ C4

→ Go to section D  
37

C4 Since last (DAY OF WEEK), on how many days have you noticed problems with your concentration/memory?

AC4  
4 days or more .....

1 to 3 days .....

None .....

██████████
2
3 NA

→ C5  
38

C5 Informants who had concentration problems

AC5 DNA

DNA: others (coded 2 at C1) .....

1
---

→ C7  
39

In the past week could you concentrate on a TV programme, read a newspaper article or talk to someone without your mind wandering?

Yes .....

No/not always .....

██████████
2
1 NA

40

C6 In the past week, have these problems with your concentration actually stopped you from getting on with things you used to do or would like to do?

AC6  
Yes .....

No .....

██████████
2
NA

41

**C7 Informants who had memory problems**

*A C7 DNA*  
DNA: others (coded 2 at C2) .....

(Earlier you said you have been forgetting things.)  
Have you forgotten anything important  
in the past seven days?

Yes ..... *A C7* ..... → C8

No ..... → C8

1	+2
2	43
NA	

**C8 How long have you been having the problems with  
your concentration/memory as you have described?**

Less than 2 weeks ..... *A C8* ..... → C8

2 weeks but less than 6 monthss ..... → C8

6 months but less than 1 year ..... → C8

1 year but less than 2 years ..... → C8

2 years or more ..... → C8

**Show card 2**

1	+4
2	
3	
4	
5	
NA	

**C9 Interviewer check:**

Sum codes which you have ringed in the  
shaded boxes at C4, C5, C6 and C7.

*A C9*  
Ring '0' if sum of codes is zero ...

or

enter score →

No NAs	+5
0	
1-4	

→ Insert score  
on check card,  
then go to  
section D

,9,0

\* D Sleep problems

D1 In the past month, have you been having problems with trying to get to sleep or with getting back to sleep if you woke up or were woken up?

Yes .....

No ..... AD1 .....

1 AD1

2 NA

D3

D2

4

D2 Has sleeping more than you usually do been a problem for you in the past month?

Yes ..... AD2 .....

No .....

1

2 NA

D3

Go to section E

47

D3 On how many of the past seven nights did you have problems with your sleep?

4 nights or more ..... AD3 .....

1 to 3 nights .....

None .....

48

D4

2

3 NA

D11

D4 Do you know why you are having problems with your sleep?

Yes ..... AD4 .....

No .....

1

2 NA

49

(a)

D5

(a) Can you look at this card and tell me the main reason for these problems?

Show card 4

Code one  
only

Noise .....

Shift work/too busy to sleep ..... AD4A .....

→ Illness/discomfort.....

Worry/thinking .....

Needing to go to the toilet.....

Having to do something (e.g. look after baby) .....

Tired .....

Medication .....

Other .....

1

2

3

4

5

50

6

7

8

9

NA

ADS DNA

#### D5 Informants who had problems trying to get (back) to sleep

**DNA : others (coded 2 at D1) ...**

Thinking about the night you had the least sleep in the past week, how long did you spend trying to get to sleep? (If you woke up or were woken up I want you to allow a quarter of an hour to get back to sleep).

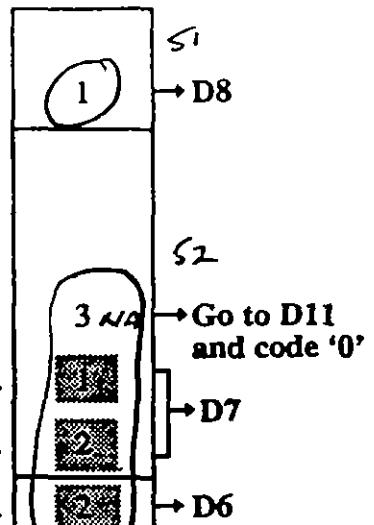
**Only include time spent trying to get to sleep.**

Less than 1/4 hr..... *A>D's*

**At least 1/4 hr but less than 1 hr ....**

**At least 1 hr but less than 3 hrs .....**

3 hrs or more ..... ~~A25X~~ .....

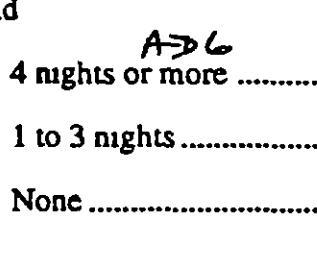


D6 In the past week, on how many nights did you spend 3 or more hours trying to get to sleep?

*A>6*  
4 nights or more .....

1 to 3 nights .....

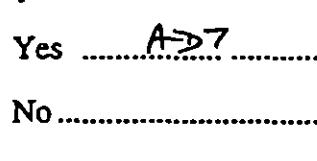
**None .....**



D7 Do you wake more than two hours earlier than you need to and then find you can't get back to sleep?

Yes .....  $A \geq 7$

No. ....



#### **D8 Informants who slept more than usual**

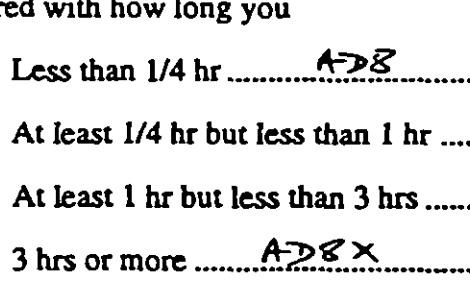
**Thinking about the night you slept the longest in the past week, how much longer did you sleep compared with how long you normally sleep for?**

Less than 1/4 hr ..... AD8

At least 1/4 hr but less than 1 hr ....

**At least 1 hr but less than 3 hrs .....**

3 hrs or more AD8X

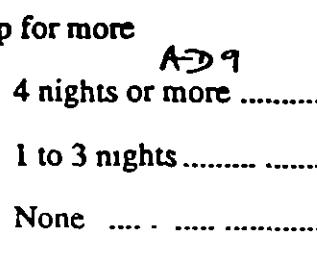


**D9** In the past week, on how many nights did you sleep for more than 3 hours longer than you usually do?

A-9

1 to 3 nights.....

**None** ..... - .....



D10 How long have you had these problems with your sleep as you have described?

Show card 2

- less than 2 weeks ..... ADIC  
2 weeks but less than 6 months .....  
6 months but less than 1 year .....  
1 year but less than 2 years .....  
2 years or more .....

59

1
2
3
4
5
NA

No NAs

60

0
1-4

D11 Interviewer check:

Sum codes which you have ringed in the shaded boxes at D3, D5, D6, D8 and D9.

A-D11

Ring '0' if sum of codes is zero ...  
(or if coded 3 at D5 or D8)

or

enter score \_\_\_\_\_

→ Insert score  
on Check card,  
then go to  
section E

E Irritability

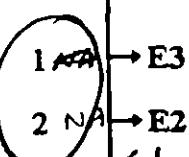
E1 Many people become irritable or short tempered at times, though they may not show it.

Have you felt irritable or short tempered with those around you in the past month?

A E1

Yes/no more than usual .....

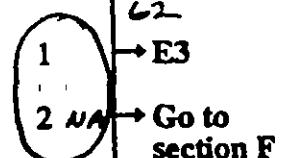
No .....



E2 During the past month did you get short tempered or angry over things which now seem trivial when you look back on them?

Yes ..... A E2 .....

No .....



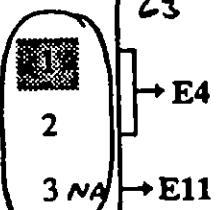
E3 Since last (DAY OF WEEK), on how many days have you felt irritable or short tempered/angry?

A E3

4 days or more .....

1 to 3 days .....

None .....



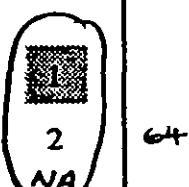
E4 What sort of things made you irritable or short tempered/angry in the past week?

*Not coded*

E5 In total, have you felt irritable or short tempered/angry for more than one hour (on any day in the past week)?

Yes ..... A E5 .....

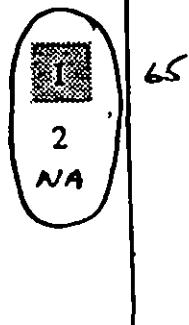
No .....



E6 During the past week, have you felt so irritable or short tempered/angry that you have wanted to shout at someone, even if you haven't actually shouted?

Yes ..... A E6 .....

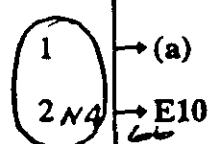
No .....



E7 In the past seven days, have you had arguments, rows or quarrels or lost your temper with anyone?

Yes ..... AE7

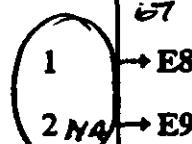
No .....



(a) Did this happen once or more than once (in the past week)?

Once ..... AE7A

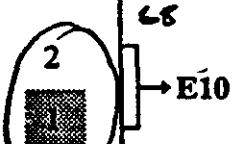
More than once.....



E8 Do you think this was justified?

Yes, justified .....

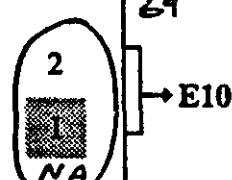
No, not justified.....



E9 Do you think this was justified on every occasion?

Yes ..... AE9

No, at least one was unjustified .....



E10 How long have you been feeling irritable or short tempered/angry as you have described ?

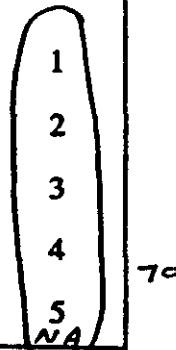
less than 2 weeks ..... AE10

two weeks but less than 6 months.....

6 months but less than 1 year .....

1 year but less than 2 years .....

2 years or more .....



E11 Interviewer check:

Sum codes which you have ringed in the shaded boxes at E3, E5, E6, E8 and E9.

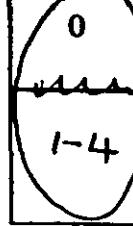
AE11  
Ring '0' if sum of codes is zero ...

or

enter score ----->

No NAs

71



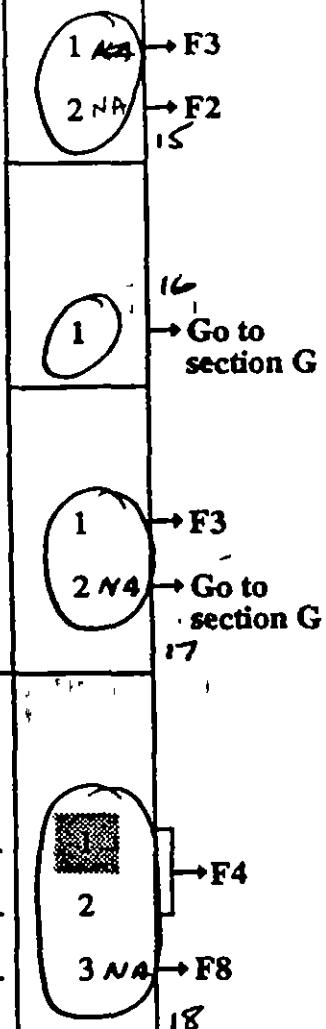
\* F Worry about physical health

F1 Many people get concerned about their physical health. In the past month, have you been at all worried about your physical health?

Include women who  
are worried about their  
pregnancy

Yes, worried ... AF1 .....

No/concerned .....



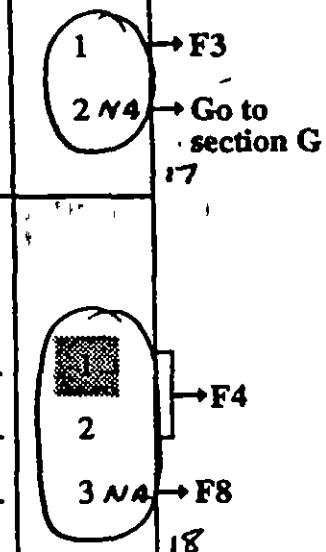
F2 Informants who have no problems with physical health

AF2 DNA  
DNA : has a physical health problem  
shown at 11a page 6 .....

During the past month, did you find yourself worrying  
that you might have a serious physical illness?

Yes ..... AF2 .....

No .....

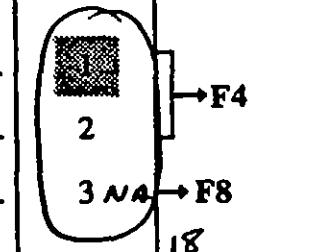


F3 Thinking about the past seven days, including last (DAY OF WEEK),  
on how many days have you found yourself worrying about  
your physical health/that you might have a serious physical illness?

4 days or more .....

1 to 3 days AF3 .....

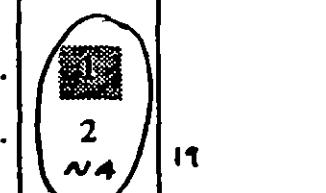
None .....



F4 In your opinion, have you been worrying too much in  
view of your actual health?

Yes ..... AF4 .....

No .....



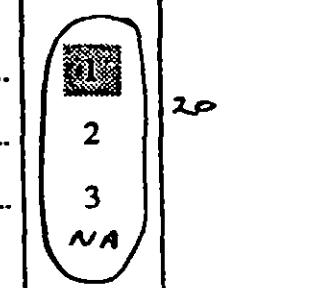
F5 In the past week, has this worrying been

Running  
prompt

very unpleasant AF5 .....

a little unpleasant .....

or not unpleasant? .....



F6 In the past week, have you been able to take your mind off your health worries at least once, by doing something else?

Yes ..... 21

No, could not be distracted once AF6

2
1
NA

F7 How long have you been worrying about your physical health in the way you have described?

Show card 2

less than 2 weeks ..... AF7

2 weeks but less than 6 months .....

6 months but less than 1 year .....

1 year but less than 2 years .....

2 years or more .....

1
2
3
4
5
NA

F8 Interviewer check:

Sum codes which you have ringed in the shaded boxes at F3, F4, F5 and F6.

AF7  
Ring '0' if sum of codes is zero ...

or

enter score \_\_\_\_\_

No NAs

0
1-4

22

23

→ Insert score  
on Check card,  
then go to  
section G

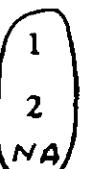
\* G Depression

G1 Almost everyone becomes sad, miserable or depressed at times

Have you had a spell of feeling sad, miserable or depressed in the past month?

Yes ..... A<sup>g</sup>1 .....

No .....

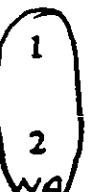


24

G2 During the past month, have you been able to enjoy or take an interest in things as much as you usually do?

Yes ..... A<sup>g</sup>2 .....

No/no enjoyment or interest.....



25

G3 Interviewer check:

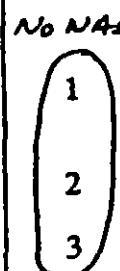
Code first that applies

Informant felt sad, miserable or depressed (coded 1 at G1) .....

A<sup>g</sup>3

Informant unable to enjoy or take an interest (coded 2 at G2) .....

Others .....



26

→ G4

→ G5

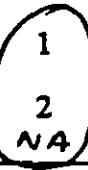
→ Go to Section I, page 28

G4 In the past week have you had a spell of feeling sad, miserable or depressed?

**Use informant's own words if possible**

Yes ..... A<sup>g</sup>4 .....

No .....



27

→ See G5

G5 Informants who were unable to enjoy or take an interest in things

DNA: coded 1 at G2 ..... A<sup>g</sup>5 DNA

In the past week have you been able to enjoy or take an interest in things as much as usual?

**Use informant's own words if possible**

Yes ..... A<sup>g</sup>5 .....

No/no enjoyment or interest.....



28

→ See G6

29

G6 Informants who felt sad, miserable or depressed or unable to enjoy or take an interest in things in the past week  
(coded 1 at G4 or G5)

DNA: others ..... AG6DNA .....

1
---

→ Go to G11  
30

Since last (DAY OF WEEK) on how many days have you felt sad, miserable or depressed/unable to enjoy or take an interest in things?

4 days or more .....

1
---

2 to 3 days ..... AG6

2
---

1 day .....

3
---

NA

31

G7 Have you felt sad, miserable or depressed/unable to enjoy or take an interest in things for more than 3 hours in total (on any day in the past week)?

Yes ..... AG7 .....

1
---

No .....

2
---

NA

32

G8 (a) What sorts of things made you feel sad, miserable or depressed/unable to enjoy or take an interest in things in the past week? Can you choose from this card?

Ring code(s) in column (a).

(a)	(b)
Code all that apply	Code one only
MC	01
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
10	10
11	11
99	99

Show card 5

- Members of the family .....
- Relationship with spouse/partner .....
- Relationships with friends ..... 33-34
- Housing ..... AG8A M1 - n10
- Money/bills ..... MC = 10 51-52
- Own physical health (inc. pregnancy) .....
- Own mental health .....
- Work or lack of work (inc. student) .....
- Legal difficulties .....
- Political issues/the news .....
- Other .....
- Don't know/no main thing /NA.....

53-54

SC

99 (b)

DNA : Only one item coded at (a) ..... AG8B DNA .....

1
---

→ G9  
55

What was the main thing?

Ring code in column (b)

G9 In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?

Yes, at least once. .... A.G.9.....

No .....

G10 How long have you been feeling sad, miserable or depressed/unable to enjoy or take an interest in things as you have described?

Show card 6

less than 2 weeks..... A.G.10.....

2 weeks but less than 6 months.....

6 months but less than 1 year.....

1 year but less than 2 years.....

2 years or more .....

2
1
NA

56

1
2
3
4
5
NA

57

G11 Interviewer check:

Sum codes which you have ringed in the shaded boxes at G5, G6, G7 and G9.

A.G.11  
Ring '0' if sum of codes is zero ...

or

enter score

0
1 - 4

58

→ Insert score on Check card, then go to section H

## \* H Depressive Ideas

AH1&gt;NA

## H1 Informants who scored 1 or more at section G, Depression

DNA: Others (coded O or blank at G11) .....


 Go to section I

I would now like to ask you about when you have been feeling sad, miserable or depressed/unable to enjoy or take an interest in things. In the past week, was this worse in the morning or in the evening, or did this make no difference?

Prompt  
as  
necessary

AH1  
in the morning .....  
in the evening .....  
no difference/other .....

## H2 Ask or use card 7

Many people find that feeling sad, miserable or depressed/unable to enjoy or take an interest in things can affect their interest in sex. Over the past month, do you think your interest in sex has

Running  
prompt

increased .....  
decreased ..... AH2  
or has it stayed the same? .....

Spontaneous

Not applicable .....

## H3 When you have felt sad, miserable or depressed/unable to enjoy or take an interest in things in the past seven days,

Individual  
prompthave you been so restless that you AH3A  
couldn't sit still? .....AH3B  
have you been doing things more slowly,  
for example, walking more slowly? .....AH3C  
have you been less talkative than normal? .....

Yes	No	
1	NA	2
1	NA	2
1	NA	2

H4 Now, thinking about the past seven days have you  
on at least one occasion felt guilty or blamed yourself  
when things went wrong when it hasn't been your fault?

AH4  
Yes, at least once.....  
No.....

H5 During the past week, have you been feeling you  
are not as good as other people?

Yes ..... AH5  
No.....

H6 Have you felt hopeless at all during the past seven days, for instance  
about your future?

Yes ..... AH6  
No.....

1	16
2	17
3	
NA	
1	18
2	19
3	
4	
NA	
1	20
2	
NA	
1	21
2	22
NA	
1	23
2	
NA	

###### 

Informant felt guilty, not as good as others  
or hopeless (coded 1 at H4 or H5 or H6) .....  
..... AH7 .....

Others (coded 2 at H4, H5 and H6) .. ... AH7 .....

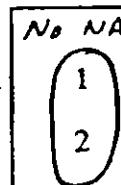
###### 

In the past week have you felt that life isn't worth living?

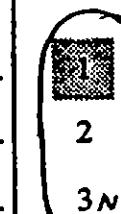
Yes ..... AH8 .....

Spontaneous: Yes, but not in the past week .....

No .....



24  
→ H8  
→ read H10  
24



25  
→ H9  
→ read H10

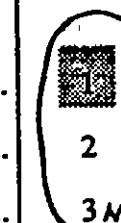
###### 

In the past week, have you thought of killing yourself?

Yes ..... AH9 .....

Spontaneous: Yes, but not in the past week .....

No .....



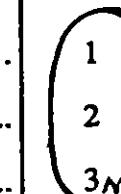
26  
→ (a)  
→ read H10

(a) Have you talked to your doctor about these thoughts (of killing yourself)?

Yes ..... AH9A .....

Spontaneous: No, but has talked to other people .....

No .....



27  
→ read H10  
→ read (b)

(b) (You have said that you are thinking about committing suicide.)

Since this is a very serious matter it is important that  
you talk to your doctor about these thoughts.

*Not coded*

→ read H10

H10 (Thank you for answering those questions on how you have  
been feeling. I would now like to ask you a few questions  
about worrying )

###### 

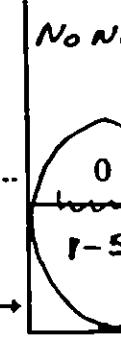
Sum codes which you have ringed in the  
shaded boxes at H4, H5, H6, H8 and H9.

Maximum score  
on this section  
is 5

AH11  
Ring '0' if sum of codes is zero ...

or

enter score \_\_\_\_\_



28  
Insert score  
on Check card,  
then go to  
section I

102  
111

I Worry

I 1 (The next few questions are about worrying.)  
In the past month, did you find yourself worrying more than you needed to about things?

A I 1	Yes, worrying .....	29
	1 N/A	→ I3
	2	→ I2
A I 2	Yes .....	30
	1	→ I3
	2 N/A	Go to section J

I 2 Have you had any worries at all in the past month?

A I 2	Yes .....	30
	No.....	→ I3

I 3 (a) Can you look at this card and tell me what sorts of things you worried about in the past month?

Ring code(s) in column (a).

Show card 10

(a)	(b)
Code all that apply	Code one only
Members of the family ..... MC	01
Relationship with spouse/partner .....	02
Relationships with friends..... 31-32	03
Housing ..... A I 3 AM 1 - M 10	04
Money/bills ..... MC = 10 49-50	05
Own physical health (inc. pregnancy) .....	06
Own mental health .....	07
Work or lack of work (inc student) .....	08
Legal difficulties .....	09
Political issues/the news .....	10
Other .....	11
Don't know/no main thing... / N/A	99

S1-S2  
SC

(b)

DNA : Only one item coded at (a) A I 3 B DNA

What was the main thing you worried about?

Ring code in column (b).

I 4 Interviewer check:

Informant worries about physical health (coded 06 at I3(a))

Others (not coded 06 at I3(a)) ..... A I 4

A I 4	1	→ I4
	2	→ I6
	No NAs	See instruction below, then go to I5
A I 4	1	→ I4
	2	→ I6

Make a note on Check flap to go to section F to record this worry about physical health, if not already recorded.

REC 3 SEQ 5 1-4 = 10306

### **I5 Interviewer check:**

**Informant is only worried about physical health**  
(only code 06 is rung at I3(a)) .. .... .. .... .. .... .. ....

A T S

Informant had other worries (I3(a) is multi-coded) .....

- (a) For the next few questions, I want you to think about the worries you have had other than those about your physical health.

I 6 On how many of the past seven days have you been worrying about things (other than your physical health)?

**4 days or more .....**

1 to 3 days A-6

**None .....**

I 7 In your opinion, have you been worrying too much in view of your circumstances?

Yes A-17

No. ....

18 In the past week, has this worrying been:

very unpleasant ..... A18 .....

a little unpleasant .....

or not unpleasant? .....

## Running prompt

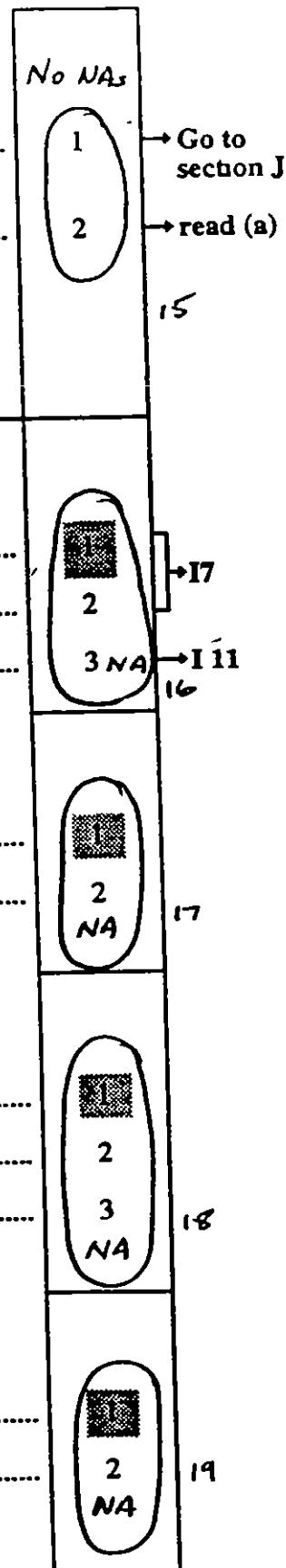
**Refer to worries other than those about physical health**

I 9 Have you worried for more than 3 hours in total on any one of the past seven days?

Yes A-19

No. ....

**Refer to worries other than those about physical health**



I 10 How long have you been worrying about things in the way that you have described?

Show card 11

- less than 2 weeks.....  
2 weeks but less than 6 months ..... A I 10  
6 months but less than 1 year .....,  
1 year but less than 2 years .....,  
2 years or more .....

1	
2	
3	
4	
5	
NA	20

No NAs

0
1-4

21

→ Insert score on Check card, then go to section J

I 11 Interviewer check:

Sum codes which you have ringed in the shaded boxes at I6, I7, I8 and I9.

A I 11  
Ring '0' if sum of codes is zero ...  
or  
enter score →

J Anxiety

J1 Have you been feeling anxious or nervous in the past month?

Yes, anxious or nervous .....

No ..... AJ1

No NAs

1 → J3  
2 → J2

22

J2 In the past month, did you ever find your muscles felt tense or that you couldn't relax?

Yes .....

No ..... AJ2

No NAs

1  
2

23

J3 Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance they may get nervous when speaking or eating in front of strangers, when they are far from home or in crowded rooms, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders.

In the past month have you felt anxious, nervous or tense about any specific things or situations when there was no real danger?

Yes ..... AJ3

No .....

No NAs

1  
2

24

J4 Interviewer check:

Informant reports anxiety and also a phobia (coded 1 at J1 or J2, and coded 1 at J3) .....

Informant reports only general anxiety (coded 1 at J1 or J2, and coded 2 at J3) .....

Others (coded 2 at J1 and J2 and 1 at 2 at J3) AJ4

No NAs

1  
2  
3

→ J5  
→ J7

→ Go to section K

25

J5 In the past month, when you felt anxious/nervous/tense, was this always brought on by the phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?

Always brought on by phobia ..... AJ5

Sometimes felt generally anxious .....

1 NA

2

→ Go to section K  
J6

106  
106

- J6 The next questions are concerned with general anxiety/nervousness/tension only.  
I will ask you about the anxiety which is brought on by the phobia about specific things or situations later.

On how many of the past seven days have you felt generally anxious/nervous/tense?

4 days or more .....	<input checked="" type="checkbox"/> 1	→ J8
1 to 3 days .....	<input checked="" type="checkbox"/> A J6	
None .....	<input type="checkbox"/> 2	→ J12
	<input type="checkbox"/> 3 NA	27

- J7 On how many of the past seven days have you felt generally anxious/nervous/tense?

4 days or more .....	<input checked="" type="checkbox"/> 1	→ J8
1 to 3 days .....	<input checked="" type="checkbox"/> A J7	
None .....	<input type="checkbox"/> 2	→ J12
	<input type="checkbox"/> 3 NA	28

- J8 In the past week, has your anxiety/nervousness/tension been:

Running

prompt

very unpleasant .....

a little unpleasant .....

or not unpleasant? .....

<input checked="" type="checkbox"/> 1	→ J8
<input type="checkbox"/> 2	
<input type="checkbox"/> 3	→ J12
<input type="checkbox"/> NA	29

- J9 In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown on this card?

Show card 12

Yes .....

No .....

<input checked="" type="checkbox"/> 1	→ (a)
<input type="checkbox"/> 2 NA	→ J10
<input type="checkbox"/> 3	30

- (a) Which of these symptoms did you have when you felt anxious/nervous/tense?

Code all  
that apply

Heart racing or pounding .....

Hands sweating or shaking .....

Feeling dizzy .....

M C = 7

Difficulty getting your breath .....

Butterflies in stomach .....

Dry mouth .....

Nausea or feeling as though you wanted to vomit.....

<input type="checkbox"/> 1	31
<input type="checkbox"/> 2	32
<input type="checkbox"/> 3	33
<input type="checkbox"/> 4	34
<input type="checkbox"/> 5	35
<input type="checkbox"/> 6	36
<input type="checkbox"/> 7 NA	37

If informant had any of these symptoms,  
check J9 is coded 1, 'Yes'.

J10 Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?

Yes .....

No. .. A J10 .....

1
2
NA

38

J11 How long have you had these feelings of general anxiety/nervousness/tension as you described?

Show card 11

less than 2 weeks.....

2 weeks but less than 6 months .. A J11 .....

6 months but less than 1 year .....

1 year but less than 2 years .....

2 years or more .....

1
2
3
4
5
NA

39

J12 Interviewer check:

Sum codes which you have ringed in the shaded boxes at J6, J7, J8, J9 and J10.

A J12

Ring '0' if sum of codes is zero ...

or

enter score \_\_\_\_\_

0
1-4

40

→ Insert score  
on Check card,  
then go to  
section K

\* K Phobias

K1 Interviewer check:

Informants who had phobic anxiety in the past month (coded 1 at J3).....

Others ..... AK1

No NAs

1  
2

→ K3(a)  
→ K2  
41

K2 Sometimes people avoid a specific situation or thing because they have a phobia about it. For instance, some people avoid eating in public or avoid going to busy places because it would make them feel nervous or anxious.

In the past month, have you avoided any situation or thing because it would have made you feel nervous or anxious, even though there was no real danger?

Yes ..... AK2

No .....

1  
2 NA

42 → K3(b)  
→ See section L

K3(a) Can you look at this card and tell me which of the situations or things listed made you the most anxious/nervous/tense in the past month?  
Ring code at (b), then go to K4

Show card 13

(b) Can you look at this card and tell me, which of these situations or things did you avoid the most in the past month?

Show card 13

Crowds or public places, including travelling alone or being far from home .....

Code one only

Enclosed spaces ..... AK3

Social situations, including eating or speaking in public, being watched or stared at .....

The sight of blood or injury .....

Any specific single cause including insects, spiders and heights .....

Other (specify) .....

1  
2  
3  
4  
5  
6 NA

43

K4 Informants who had phobic anxiety in past month

AK4+DNA  
DNA: others (coded 2 at K1) .....

In the past seven days, how many times have you felt nervous or anxious about (SITUATION/THING)?

AK4  
4 times or more .....

1 to 3 times .....

None .....

1

44

→ K7

2  
3 NA

→ K5

→ K6

K5 In the past week, on those occasions when you felt anxious/nervous/tense did you have any of the symptoms on this card?

Show card 12

Yes .....  
No ..... AKS .....

(a) Which of these symptoms did you have when you felt anxious/nervous/tense?

Code all  
that apply

- Heart racing or pounding .....  
Hands sweating or shaking .....  
Feeling dizzy AKSAM! - M7 .....  
Difficulty getting your breath .....  
Butterflies in stomach .....  
Dry mouth MC = 7 .....  
Nausea or feeling as though you wanted to vomit .....

If informant had any of these symptoms, check K5 is coded 1, 'Yes'.

1	2 NA	46 →(a) →K6						
MC	1	2	3	4	5	6	7 NA	47-53

K6 In the past week, have you avoided any situation or thing because it would have made you feel anxious/nervous/tense even though there was no real danger?

Yes ..... AK6 .....  
No .....  
.....

1	2 NA	54 → K7 → K8
---	------	--------------

K7 How many times have you avoided such situations or things in the past seven days?

1 to 3 times AK7 .....  
4 times or more .....  
None .....  
.....

1	2	3	NA	55
---	---	---	----	----

K8 Informants who had phobic anxiety/avoidance in the past week (coded 1 or 2 at K4 or K7)

DNA: others AKDNA .....

1	56 → K9
---	---------

How long have you been having these feelings about these situations/things as you have just described?

Show card 14

- less than 2 weeks ..... AK8 .....  
2 weeks but less than 6 months .....  
6 months but less than 1 year .....  
1 year but less than 2 years .....  
2 years or more .....

1	2	3	4	5	NA	57
---	---	---	---	---	----	----

K9 Interviewer check:

Sum codes which you have ringed in the shaded boxes at K4, K5 and K7.

AK9  
Ring '0' if sum of codes is zero ...

or

enter score

0	1-4	58
Insert score on Check card, then see section L 1/10		

\* L Panic

L1 Informants who felt anxious in the past month

AUDNA

DNA: Others (coded 3 at J4, page 31) .....

Thinking about the past month, did your anxiety or tension ever get so bad that you got in a panic, for instance make you feel that you might collapse or lose control unless you did something about it?

Yes ..... A14

No .....

1

69  
→ Go to section M

1

60  
→ L2

2 NA

→ Go to section M

L2 How often has this happened in the past week?

Once ..... A12

More than once.....

Not at all .....

1

2

3 NA

→ L3  
→ L8  
61

L3 In the past week, have these feelings of panic been:

Running prompt

a little uncomfortable or unpleasant.....

or have they been very unpleasant or unbearable? .....

A13

2

1  
NA

62

L4 Did this panic/the worst of these panics last for longer than 10 minutes?

Yes ..... A14

No .....

1

2  
NA

63

L5 Are you relatively free of anxiety between these panics?

Yes ..... A15

No .....

1  
2  
NA

64

**L6 Informants who had phobic anxiety**

ALG DNA  
DNA: Others (coded 2 at K1  
or K2)

Refer to situation/thing at K3.

Is this panic always brought on by (SITUATION/THING)?

Yes ..... ALL

No .....

1		→ L7 65
---	--	------------

1		66
---	--	----

**L7 How long have you been having these feelings of panic as you have described?**

Show card 14

- less than 2 weeks ..... AL7
- 2 weeks but less than 6 months .....
- 6 months but less than 1 year .....
- 1 year but less than 2 years .....
- 2 years or more .....

1		67
2		
3		
4		
5	NA	

**L8 Interviewer check:**

Sum codes which you have ringed in the shaded boxes at L2, L3, and L4.

AL8  
Ring '0' if sum of codes is zero ...

or

enter score \_\_\_\_\_

0		68
1-4		

→ Insert score on Check card, then go to section M

\* M Compulsions

M1 In the past month, did you find that you kept on doing things over and over again when you knew you had already done them, for instance checking things like taps or washing yourself when you had already done so?

Yes ..... AM1 .....

No .....

1 → M2

2 NA → Go to section N  
69

M2 On how many days in the past week did you find yourself doing things over again that you had already done?

AM2  
4 days or more .....

1 to 3 days .....

None .....

1 → M3

2 → M9

70.

M3 Since last (DAY OF WEEK) what sorts of things have you done over and over again?

*Not coded*

M4 During the past week, have you tried to stop yourself repeating (BEHAVIOUR)/doing any of these things over again?

Yes ..... AM4 .....

No .....

1

2  
NA

71

M5 Has repeating (BEHAVIOUR)/doing any of these things over again made you upset or annoyed with yourself in the past week?

Yes, upset or annoyed ..... AM5 .....

No, not at all .....

1

2  
NA

72

M6 If more than one thing is repeated at M3

DNA others

AM6 DNA

Thinking about the past week, which of the things you mentioned did you repeat the most times?

Describe here .....

*Not coded*

1	73	→ M7
		→ M7
2	74	
3 NA		
1	75	
2		
3		
4		
5 NA		
No NAs	76	
0		→ Insert score on Check card then go to section N
1-4		

M7 Since last (DAY OF WEEK), how many times did you repeat (BEHAVIOUR) when you had already done it?

3 or more repeats ..... AM7

2 repeats .....

1 repeat .....

Refer to BEHAVIOUR at M6, if applicable

Show card 14

less than 2 weeks ..... AM8

2 weeks but less than 6 months .....

6 months but less than 1 year .....

1 year but less than 2 years .....

2 years or more .....

M9 Interviewer check:

Sum codes which you have ringed in the shaded boxes at M2, M4, M5 and M7.

AM9

Ring '0' if sum of codes is zero ...

or

enter score .....

1-4

\* N Obsessions

N1 In the past month did you have any thoughts or ideas over and over again that you found unpleasant and would prefer not to think about, that still kept on coming into your mind?

Yes ..... AN1

No .....

1	→ N2
2 NA	→ Go to section O

N2 Can I check, is this the same thought or idea over and over again or are you worrying about something in general?

Same thought ..... AN2

Worrying in general.....

1	→ N3
2 NA	→ See instruction below, then go to section O

Make a note on check flap to go to section I to record this worry, if not already recorded.

N3 What are these unpleasant thoughts or ideas that keep coming into your mind?

Do not probe

Do not press for answer

*Not coded*

N4 Since last (DAY OF WEEK), on how many days have you had these unpleasant thoughts?

4 days or more .....

1 to 3 days ..... AN4

None .....

1	→ N5
2	
3 NA	

17

N5 During the past week, have you tried to stop yourself thinking any of these thoughts?

Yes ..... AN5

No .....

1	→ N9
2 NA	

18

N6 Have you become upset or annoyed with yourself when you have had these thoughts in the past week?

Yes, upset or annoyed ..... AN6

Not at all .....

1	→ 19
2 NA	

N7 In the past week, was the longest episode of having such thoughts

Running prompt

a quarter of an hour or longer ..... AN7  
or was it less than this? .....

1
2 NA

20

N8 How long have you been having these thoughts in the way which you have just described?

Show card 14

- less than 2 weeks ..... AN8  
2 weeks but less than 6 months .....  
6 months but less than 1 year .....  
1 year but less than 2 years .....  
2 years or more .....

1
2
3
4
5 NA

21

N9 Interviewer check:

Sum codes which you have ringed in the shaded boxes at N4, N5, N6 and N7.

AN9  
Ring '0' if sum of codes is zero ...  
or  
enter score .....

No NAs
0
.....
1-4

22

Insert score on Check card, then go to section O

\* O Overall effects

Informants who scored 2 or more  
on any section, A to N.

DNA: Others (All section scores 0 or 1 on check card) .....

A01 DNA

23

Complete  
Check card,  
then go to  
Section P,  
page 43

Now I would like to ask you how all of these things  
that you have told me about have affected you overall.

In the past week, has the way you have been feeling  
ever actually stopped you from getting on with things  
you used to do or would like to do?

Yes ..... A01

No .....

1
2 NA

24

1  
2 NA

→ (a)  
→ (b)

(a) In the past week, has the way you have been  
feeling stopped you doing things once or more  
than once?

Once ..... A01A

More than once.....

1
2
NA

25

Complete  
Check card,  
then go to  
Section P,  
page 43

(b) Has the way you have been feeling made  
things more difficult even though you  
have got everything done?

Yes ..... A01B

No .....

1
2
NA

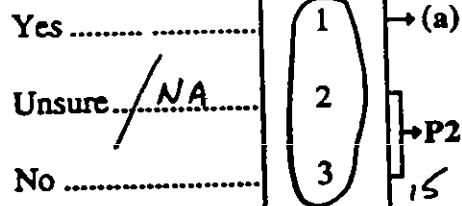
26

Complete  
Check card,  
then go to  
Section P,  
page 43

\* P. PSQ

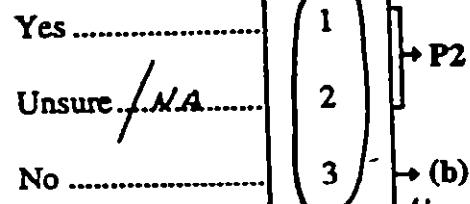
- P1. Over the past year, have there been times when you felt very happy indeed without a break for days on end?

A P1



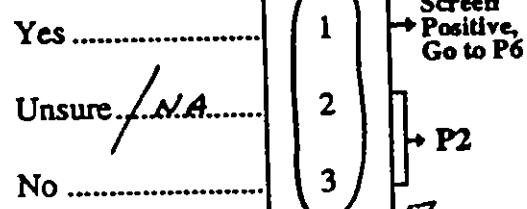
- (a) Was there an obvious reason for this?

A P1A



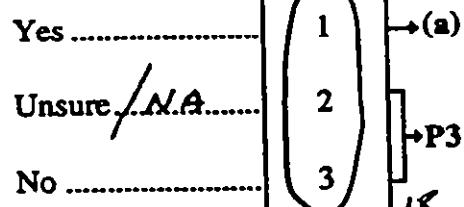
- (b) Did your relatives or friends think it was strange or complain about it?

A P1B



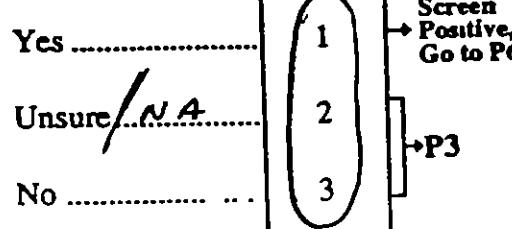
- P2. Over the past year, have you ever felt that your thoughts were directly interfered with or controlled by some outside force or person?

A P2

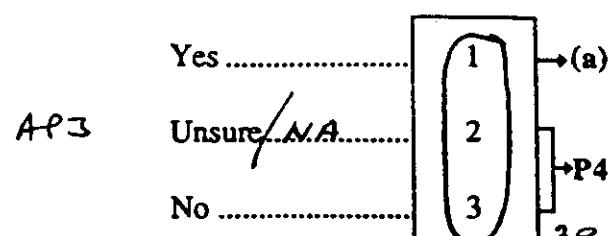


- (a) Did this come about in a way that many people would find hard to believe, for instance, through telepathy?

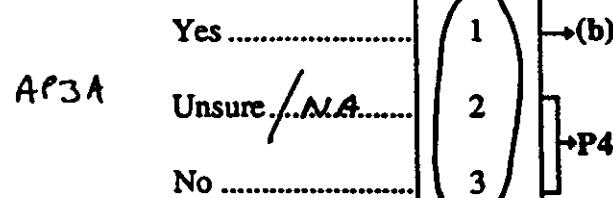
A P2A



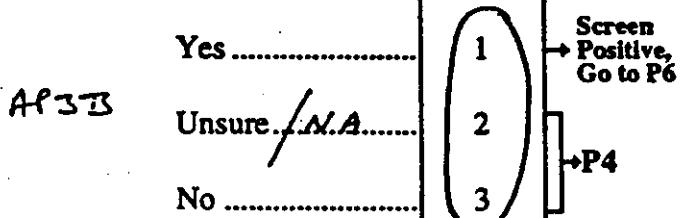
P3. Over the past year, have there been times when you felt that people were against you?



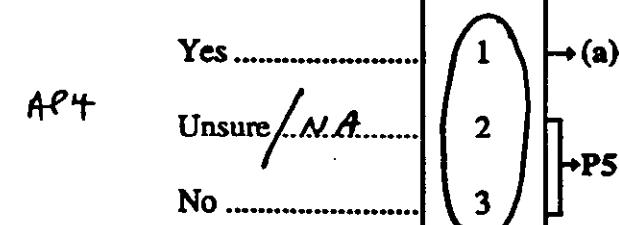
(a) Have there been times when you felt that people were deliberately acting to harm you or your interests?



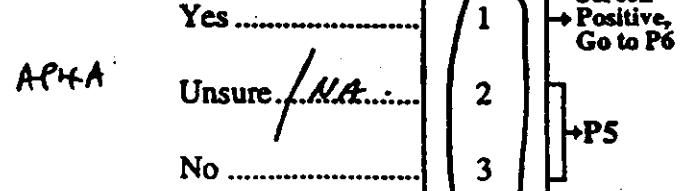
(b) Have there been times you felt that a group of people was plotting to cause you serious harm or injury?



P4 Over the past year, have there been times when you felt that something strange was going on?

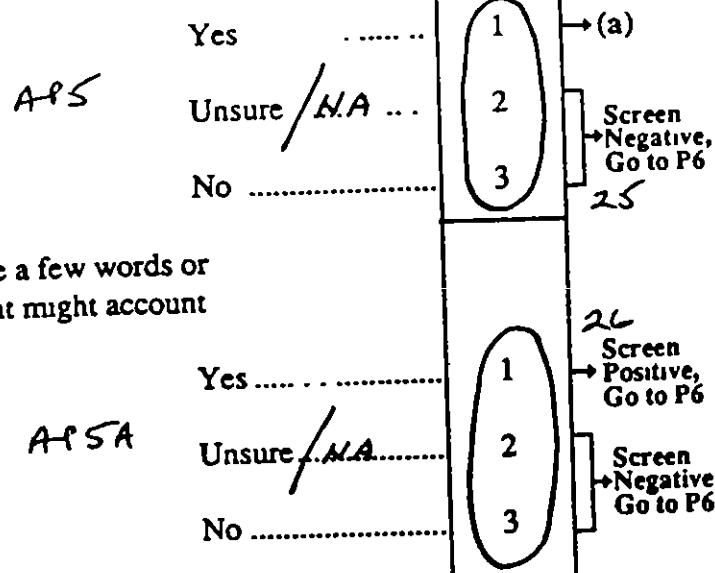


(a) Did you feel it was so strange that other people would find it very hard to believe?



PS. Over the past year, have there been times when you heard or saw things that other people couldn't?

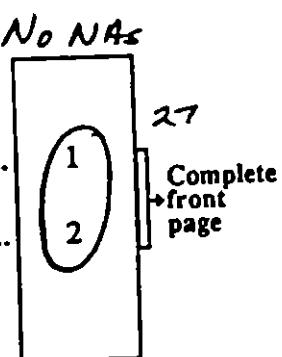
- a) Did you at any time hear voices saying quite a few words or sentences when there was no one around that might account for it?



P6. Interviewer check

AP6

Informant screened positive .....  
Informant screened negative .....



END REC 4

## Q. Questions for proxy informant

Q1 How is his/her health in general? Would you say it was . . .

Running  
prompt

- very good .....  
 good ..... A Q2 ! .....  
 fair .....  
 bad .....  
 or very bad? .....

1  
2  
3  
4  
5  
NA

15

Q2 Does s/he have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

- Yes .....  
 No ..... A Q2 .....  
 Dk .....

1  
2  
NA  
3

16

→ (a)

→ Q3

(a) What is the matter with him/her?

Try and obtain a medical diagnosis  
or establish main symptoms

AQ2A01 .. 06

Proxy informants eligible for B schedule: this data can be found at Question A1, B Schedule. See the variables: BA1A01 to BA1A08.

Proxy informants eligible for C schedule: this data was coded and keyed into the following variables: AQ2A01 to AQ2A06.

(b) Interviewer code: Complaint on reference card A .....

Other mental health problem ..... A Q2B .....

Other complaints .....

NONA

1  
2  
3

17

Q3 Now I'd like you to think about the 2 weeks ending yesterday. During those 2 weeks did s/he have to cut down on any of the things s/he usually does (about the house/at work or in his/her free time) because of (ANSWER AT (a) OR SOME OTHER) illness or injury?

- Yes .....  
 No ..... A Q2C .....

1  
2  
3

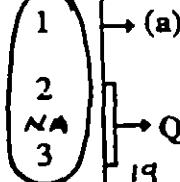
18

**Q4** (May I just check), is s/he taking any pills or tablets or any other medicine by mouth which have been prescribed for him/her?

Yes .....

No ... *AQ4* .....

Dk .....



(a) What is the name of the pills, tablets or medicine s/he is taking?

Ask to look at bottle or box if clarification is required


Proxy informants eligible for B schedule data for medication and injections can be found at Question B1, B Schedule See the variables BB1A01 to BB1A08

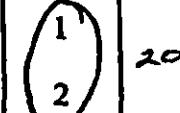

Proxy informants eligible for C schedule medication data was coded and keyed into the following variables for medication - AQ4A01 to AQ4A08, and for injections - AQ5A01

(b) Interviewer code: Medication on reference card B .....

Other ... *AQ4FB* .....

No NA

*AQ4FB*

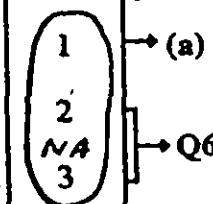


**Q5** Is s/he getting a regular course of injections?

Yes .....

No ... *AQ5* .....

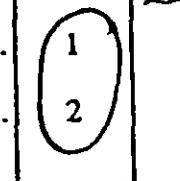
Dk .....



(a) What is it? (What are they?)


No NA

*AQ5*



(b) Interviewer code: Injection on reference card B .....

Other ... *AQ5B* .....

**Q6** During the two weeks ending yesterday, apart from any visit to a hospital, did s/he talk to a doctor for any reason at all, either in person or by telephone?

**Exclude: consultations made on behalf of children under 16 and persons outside the household**

(a) How many times did s/he talk to a doctor in these two weeks?

Yes .....

No ..... A Q 6

Dk .....

1 → (a)

2 NA → Q7  
3 23

24-25

A Q 6A  
Enter number

Dk = 99

01-99  
NA

**Q7** In the past twelve months, has s/he spoken to a GP or family doctor on his/her own behalf, either in person or by telephone about a physical illness or complaint?

Yes .....

No ..... A Q 7

Dk .....

1

2  
3 NA

26 -

**Q8** In the past twelve months has s/he spoken to a GP or family doctor on his/her own behalf, either in person or by telephone about being anxious or depressed or a mental, nervous or emotional problem?

Yes ..... A Q 8

No .....

Dk .....

1 → (a)

2 NA → Go to front page

27

(a) What did the doctor say was the matter with him/her.

Try and obtain a medical diagnosis or establish main symptoms


(b) Interviewer code: Complaint on reference card A.....

Other mental health problem ..... A Q 8B

Other complaints .....

NonAns

28

1  
2  
3

→ Go to front page

END REC 6

N1361

Yellow Schedule

= 3560

B

SC unless MC specified.

**IN CONFIDENCE**REC 8 SEQ 1 1-4 - 0801

No NAs	REGION (15-18)	ADDRESS (19-20)	No NAs H'Hold
REGION Stick serial number label	Area 01-16	Address 01-17	H'ld
	01-18	01-19	21
	15-20		

INT'DAY	INT'MTH	INT'YR	
Date of Interview	01-31 NA	04-09 NA	09-13 22-23 24-25 26-27

LONGSHRT

1
---

28

**Complete at end of interview. Schedule.****(i) Type of interview:**

- Full interview, ..... B1 .....  
 Partial interview .....  
 Refusal .....

No NAs

1
2
3

29

**(ii) Who was interviewed?**

- Subject ..... B2 .....  
 Proxy .....  
 Both .....

No NAs

1
2
3

29

→ Go to Recall Sheet

→ (iii) - (iv)

30

**(iii) Was subject present during the interview?**

- Yes - all the time ..... B3 .....  
 Yes - part of the time .....  
 No .....

No NAs

1
2
3
NA

31

**(iv) Reason for proxy:**

- Subject absent .. ..... B4 .....  
 Subject incapable due to mental health problems .....  
 Subject too ill.....  
 Subject has speech/hearing problem .....  
 Subject cannot speak English .....  
 Other (specify) .. ....

No NAs

1
2
3
4
5
6
NA

→ End interview

32

END REC 8

124

A1 Informant has long-standing illness or saw a GP about a mental, nervous or emotional problem

DNA: Informants coded 2 at qn.11, page 6 and qn.17, page 8, Schedule A

Proxy informants coded 2 or 3 at Q2, page 46 and Q8, page 48, Schedule A

15

→ Go to Section B page 4

Refer to complaints in Schedule A:

For informants, see qn.11a, page 6 and qn.17a, page 8;

For proxy informants, see Q2a, page 46 and Q8a, page 48.

REC 10 SEQ 1

Earlier you told me about (COMPLAINT(s)).  
I'd now like to ask you a few more questions about this.

Transcribe details of complaint(s) from Schedule A.

num comp cont no

COMPLAINT No. No NA

(1) 12-13

2

3

4

(a) Name of complaint  
or  
Describe main symptoms

BA1A

Try and obtain  
medical diagnosis

15-17

EACH COL  
AS FIRST

(b) How old were you  
when your  
(COMPLAINT)  
started?

BA1B  
Enter AGE →

Code 00 if from birth  
Code 99 if DK / NA

(00 64)  
99

18-19

(c) For how long has your  
(COMPLAINT) been  
at its present level?

BA1C/YRS  
Enter no. of years →

(01 64)  
MA

20-21

(d) In the past week, did  
your (COMPLAINT)  
actually stop you from  
getting on with the  
things you usually  
do or would like  
to do?

BA1D

Yes .....

1  
2  
NA  
2+

1

1

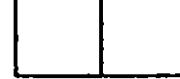
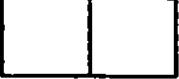
1

No .....

2

2

2

5	6	7	8
OFF USE	OFF USE	OFF USE	OFF USE
			
			
			
1 2	1 2	1 2	1 2

NOT IN HUSTLER'S

126

B. Medication and treatment

REC 9 SEQ 2 1-7-0902

B1 DNA: No oral medication or injections (coded 2 at qns.13 and 14, page 7 or if proxy, coded 2 or 3 at Q4 and Q5, page 47, Schedule A).....BD:DNA

1 → B2

Ring column number when appropriate  
1-4 = 1101 PILLOW

- (a) Transcribe list of pills, medication or injections from questions 13(a) and 14(a), page 7, or Q4(a) and Q5(a), page 47, Schedule A

Try and establish brand name. If necessary, ask informant to look at name on bottle or box

No NAs (1) 12-13	2	3
BBIAINJ BBIA OR 15		
Injection: Ring 1 No NAs OFF USE 3 digits	Injection: Ring 1 OFF USE	Injection: Ring 1 OFF USE
16-18		EACH COL AS FIRST

- (b) What is it's/their strength?

If strength of pills not known, describe colour and note what is written on tablet

No NAs OFF USE 3 digits	OFF USE	OFF USE
19-21		

- (c) How many/much are you supposed to have each day?

BBICDAY  
Enter number of pills/mls/injections per day

OR if less than 1 one a day

BBICMONTH  
Enter number of pills/mls/injections per month  
(Less than one per month = 00)

Spontaneous: Take as needed.....BBIC TAKE

01-99 NA 22-23		
00-30 NA 24-25		
1 26	1	1

- (d) For what condition do you take them?

Obtain medical diagnosis AND describe main symptoms

No NAs OFF USE 3 digits	OFF USE	OFF USE
27-29		

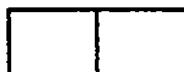
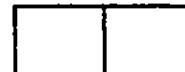
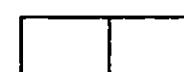
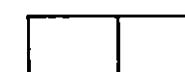
- (e) How long have you been having this medication?

BBIEARS  
Enter number of years

OR if less than 1 year

BBICMTHS  
Enter number of months  
(Less than 1 month = 00)

01-64 NA 30-31		
00-11 NA 32-33		

4	5	6	7	8
Injection: Ring→ 1	Injection: Ring→ 1	Injection: Ring→ 1	Injection: Ring→ 1	Injection: Ring→ 1
OFF USE	OFF USE	OFF USE	OFF USE	OFF USE
OFF USE	OFF USE	OFF USE	OFF USE	OFF USE
				
				
1	1	1	1	1
OFF USE	OFF USE	OFF USE	OFF USE	OFF USE
				
				

Ring column number when appropriate  
PILL NO

- (f) Do you sometimes not take your medication even though you should?  
Yes BBIF

No.....

- (g) When was the last time this happened?

Prompt Less than 1 week ago BBIS

as At least 1 week but necessary less than 1 month ago .....

At least 1 month ago .....

NO NA 1 12-13	2	3
1 → (g) NA 2 → (i) 15	1 → (g) 2 → (i)	1 → (g) 2 → (i)
1 2 3 NA 16	1 2 3	1 2 3

EACH COLUMN AS FIRST

- \* (h) What was the reason for this?

Code Forgot BBIM-AS

all Didn't need it.....

that Don't like to take drugs..

apply Side effects MC=S

Other.....

<u>MC</u>	1	1
1	2	2
2	3	3
3	17-	4
4	21	4
5	NA	5

- (i) Do you sometimes take more medication/pills than the stated dose?

Yes BDI

No.....

1 → (j)	1 → (j)
NA 2 → (l) 22	2 → (l)

- (j) When was the last time this happened?

Prompt Less than 1 week ago BBIS

as At least 1 week but necessary less than 1 month ago .....

At least 1 month ago .....

1	1
2	2
3 NA 23	3

- \* (k) What was the reason for this?

Code Needed more to control symptoms....

all Deliberate overdose.....

that Other BBIMI-M3

MC=3

<u>MC</u>	1	1
1	24-	2
2	26	3
3 NA		

END REC II

4	5	6	7	8
1 → (g) 2 → (i)				
1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
1 → (j) 2 → (l)				
1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

\* Ring column number when appropriate →  
 (I) Transcribe condition from (d),  
 pages 4 and 5.....

1 12-13

2

3

(m) DNA: already asked about this condition in a previous column .....  
 Have you had any other medication or treatment for (CONDITION AT (l)) Yes ..... which you don't have now No ~~B3IM~~

~~B3IMDN01~~

1 → col 3  
15 or B2

1 → col 4  
or B2

(n) Did you stop this treatment on your own accord or on professional advice? ~~B3IN~~  
 Own accord.....  
 Professional advice..

EACH COLUMN AS SECOND

1 → (o)

2 → (p)

1 → (n)  
NA 2 → (p)  
16

1 → (n)  
2 → (p)

1 → (o)  
2 → (p)

\* (o) What made you decide to stop this treatment?  
 Code Did not work/were not strong enough.....  
 all Side effects ~~B310M1-M3~~  
 that Other..... ~~M.C. = 3~~  
 apply

1  
2  
3

1  
2  
NA 3  
18-20

1  
2  
3

(p) Have you ever been offered any other medication or treatment for (CONDITION) which you refused?

Yes ~~B3IP~~

1 → (q)

No .....

2 → col 2  
or B2

1 → (q)  
NA 2 → col 3  
or B2

1 → (q)  
2 → col 4  
or B2

(q) What was it?

~~B3ICQ~~

OFF USE      OFF USE      OFF USE  
NO NAS (3 digits)

22-24

1

1

2

3

\* (r) Why did you refuse it?  
 Code Worry about side effects.....  
 all Don't like medication/treatment.....  
 that Other..... ~~B31RM1-M3~~  
 apply

1  
2  
3

1  
2  
3  
NA  
25-27

1

2

3

END REC 12

4	5	6	7	8
$1 \rightarrow \text{col 5}$ or B2	$1 \rightarrow \text{col 6}$ or B2	$1 \rightarrow \text{col 7}$ or B2	$1 \rightarrow \text{col 8}$ or B2	$1 \rightarrow \text{B2}$
$1 \rightarrow (n)$	$1 \rightarrow (n)$	$1 \rightarrow (n)$	$1 \rightarrow (n)$	$1 \rightarrow (n)$
$2 \rightarrow (p)$	$2 \rightarrow (p)$	$2 \rightarrow (p)$	$2 \rightarrow (p)$	$2 \rightarrow (p)$
$1 \rightarrow (o)$	$1 \rightarrow (o)$	$1 \rightarrow (o)$	$1 \rightarrow (o)$	$1 \rightarrow (o)$
$2 \rightarrow (p)$	$2 \rightarrow (p)$	$2 \rightarrow (p)$	$2 \rightarrow (p)$	$2 \rightarrow (p)$
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
$1 \rightarrow (q)$	$1 \rightarrow (q)$	$1 \rightarrow (q)$	$1 \rightarrow (q)$	$1 \rightarrow (q)$
$2 \rightarrow \text{col 5}$ or B2	$2 \rightarrow \text{col 6}$ or B2	$2 \rightarrow \text{col 7}$ or B2	$2 \rightarrow \text{col 8}$ or B2	$2 \rightarrow \text{B2}$
OFF USE		OFF USE		OFF USE
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3

R3 KOD M3

- B2 At the moment are you having any counselling or therapy either at home, at a doctor's surgery, a health centre, hospital or clinic?

REC 13 SEC 1 1-4 11301

BB2

Yes.....

No.....

1  
NA 2

→(a) 15  
Section C  
page 12

**Ring column no. when appropriate**

THERNO

- (a) What type of counselling or therapy are you having at the moment?

No NAs	1	12-13	2	3
			EACH COLUMN AS FIRST	

- (b) How often do you have this counselling/therapy?

BB2A

No NAs

OFF USE

(3 digits)

15-17

OFF USE

OFF USE

OFF USE

BB2BNT Enter no. of treatments per month →

01-99  
NA  
18-19

1

1

OR if less than one per month

BB2B-YR Enter no. of treatments per year →

01-11  
NA  
20-21

1

1

Spontaneous: when needed.....

BB2DNEED  
1  
22

1

1

- (c) How long have you been having this counselling/therapy?

BB2EYRS Enter number of years →

01-64  
NA  
23-24

1

1

OR if less than 1 year

BB2CMTS Enter number of months  
(less than 1 month = 00)

00-11  
NA  
25-26

1

1

- (d) For what condition are you having this counselling/therapy?

Obtain medical diagnosis  
AND  
describe main symptoms

BB2D

No NAs

OFF USE

(3 char.)

OFF USE

OFF USE

OFF USE

27-29

- (e) Interviewer check:  
Is condition at B2(d) mentioned  
at B1(d), pages 4 and 5?

BB2E  
Yes .....

No .....

1 - col 2 or C1	1 → col 3 or C1	1 → C1
2 - (f) 30	2 → (f)	2 → (f)

BB2F

**Ring column number when appropriate →**

- (f) DNA. Already asked about this condition in a previous column ...  
 Have you had any other treatment or medication for (CONDITION AT d) which you don't have now?  
 Yes BB2F No BB2F

- (g) Did you stop this treatment on your own accord or on professional advice? BB2G

On own accord ...

Professional advice..

- (h) What made you decide to stop this treatment?

Code all that apply Did not work/was not strong enough...  
 Side effects. ....  
 Other. BB2Hn1-M3 ...  
 $MC=3$

- (i) Have you ever been offered any other treatment or medication for (CONDITION AT d) which you refused?

Yes ...

BB2I

No .....

- (j) What was it?

BB2J

- (k) Why did you refuse it?

Code all that apply Worry about side effects ...  
 Don't like medication/treatment ...  
 Other BB2Km1-M3 ...  
 $MC=3$

1	2	3
<del>12-13</del>	1 → col 3 15 or C1	1 → C1
1 → (g) 2 → (i) 15	1 → (g) NA 2 → (i) 16	1 → (g) 2 → (i)
EACH COLUMN AS SECOND		
1 → (h) 2 → (i) 16	1 → (h) NA 2 → (i) 17	1 → (h) 2 → (i)
	1 2 3 NA	1 2 3 NA

20	21	
1 → (j)	1 → (j)	1 → (j)
2 → col 2 or C1	NA 2 → col 3 or C1	2 → C1

21-23	22-24	
OFF USE	OFF USE No NAs 3 digits	OFF USE

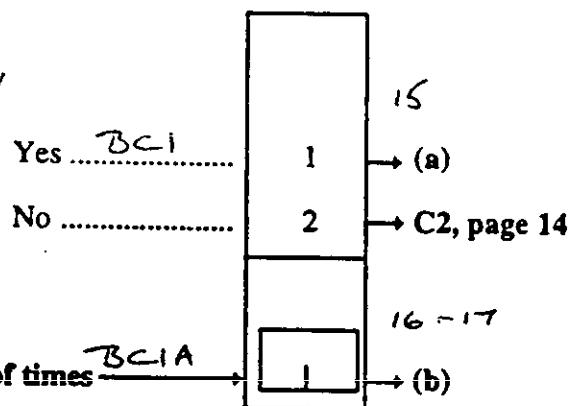
1 24- 26	1 25- 27	
2 26	3 NA	1 2 3 NA

END REC 14

## C Health, social and voluntary care services

## GP consultations

- C1 During the two weeks ending yesterday, apart from any visit to a hospital, did you talk to a GP or family doctor on your own behalf, either in person or by telephone?



- (a) How many times have you talked to your GP or family doctor in the past two weeks?

REC 15 SEQ 1 1-4 = '1501' Enter number of times BC1A

Ask (b) to (d) for the last 4 consultations (1 = most recent)

CONSULTNO

Ring consultation number →

- (b) When you spoke to the doctor (on....occasion) did you talk about:

a physical illness or complaint..

Running prompt BC1B01 - 04 or about being anxious or depressed, or a mental, nervous or emotional problem?.....

Spontaneous: Both of these.....

- (c) Were you satisfied or dissatisfied with the consultation?

BC1C01-0

Satisfied.....

Dissatisfied.....

- (d) In what way were you dissatisfied?

Doctor does not listen, not interested, ignores me.....

Code all that apply BC1D01-M5 Informant thinks treatment was inappropriate.....

BC1D01-M5 Informant not given tests, treatment or hospitalisation...

Doctor said there was nothing wrong or nothing s/he could do....

Other ..... MC = 5

	1	2	3	4
(b)	1	1	1	1
Running prompt	2	2	2	2
Spontaneous:	3	3	3	3
<input checked="" type="checkbox"/> (c)	16	1 → col 2 or C2	1 → col 3 or C2	1 → col 4 or C2
	1 → col 2 or C2	2 → (d)	2 → (d)	2 → (d)
(d)	BC1E01-M5	BC1E02-M5	BC1E03-M5	BC1E04-M5
Code all that apply	1	1	1	1
	2	2	2	2
	3	3	3	3
	IT	IT	IT	IT
	4	4	4	4
	5	5	5	5

END REC 15

**In patient stays**

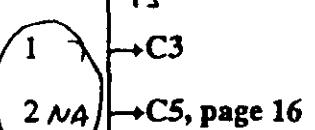
C2 During the past year, that is since (DATE) have you been in hospital as an in-patient, overnight or longer for treatment or tests?

**Include sight or hearing problems**

**Exclude giving birth**

Yes ..... BC2

No ..... BC2



C3 In the past 12 months, how many separate stays have you had in hospital as an in-patient?

BC3  
Enter number of stays

01-99  
NA

16-17

REC 16 SEQ 1 1-4 = '1601'

C4 Ask (a) to (d) for the last 4 in-patient episodes (1=most recent)

EPNC  
Ring in-patient episode number

NO NMs (1) 12-13	2	3	4
-04 BC4A01 601-364 NA 15-17			
18 BC4B01-04 1→col 2 or C5 2 3 (c)	EACH COL AS FIRST 1→col 3 or C5 2 3 (c)	1→col 4 or C5 2 3 (c)	1→C 2 3 (c)

(a) How many nights altogether were you in hospital on the (....) stay?

Enter number of nights

(b) Were you in hospital because of

Running prompt	a physical health problem ..... or or a mental nervous or emotional problem? ..... or Spontaneous: Both .....	1→col 2 or C5 2 3 (c)	1→col 3 or C5 2 3 (c)	1→col 4 or C5 2 3 (c)
----------------	---	-----------------------------------	-----------------------------------	-----------------------------------

EPNO  
Ring in-patient episode number

NONA 112-13	2	3	4
	EACH COL AS FIRST		
01	01	01	01
02	02	02	02
03	03	03	03
04	04	04	04
05	05	05	05
06	06	06	06
07	07	07	07
08 NA 15-16	08	08	08

(c) Who referred you to hospital?

GP ..... *BC4C01-04*

Community Psychiatric Nurse .....

Social worker .....

Psychiatrist .....

Via casualty (A and E) .....

Via law courts/Probation Service  
or Police .....

Self-admitted .....

Other .....

(d) When you were in hospital  
which people did you see?**Show card 15****Exclude nurse  
with non  
specific duties***BC4D01M1-M1*

Psychiatrist/Psychotherapist .....

*BC4Dn1-nL*

Other consultant or hospital doctor .....

Psychiatric Nurse ..... *MC=6*

Code

all Social Worker/Counsellor .....

that

apply Occupational Therapist (OT) .. ....

Psychologist .. .... .. .... .. ....

Other .....

**MC**

01  
02  
03  
04  
05  
06  
07  
NA  
17-18  
27-28

01	01	01	01
02	02	02	02
03	03	03	03
04	04	04	04
05	05	05	05
06	06	06	06
07	07	07	07

END REC 1L

138

**Out-patient episodes**

- C5** (Apart from seeing your own doctor/when you stayed in hospital)  
 In the past 12 months have you been to a hospital or clinic  
 or anywhere else for treatment or check-ups?

**Include visits to hospitals, day hospitals,  
 clinics and private consulting rooms**

Yes .....

1 → (a)

**Include attendance at day centres for treatment  
 Exclude attendance at day centres for leisure  
 Exclude sheltered workshops**

No .....

2 NA → C7, page 18

15

- (a)** How many different places have you been for  
 out-patient or day patient visits in the past year?

Enter number of places →

01-99  
NA

16-17

REC 17 SEE 1 1-4 = '17C1'

- C6** For each place attended, ring column number and ask (a) to (f)

MAX = 6 cols

Ring column no. →

PLACE NO

- (a)** Was your outpatient or day patient visit because of

a physical health problem .....

**Running prompt** → BC6A01-06  
 or a mental, nervous or emotional problem? .....

Spontaneous - Both .....

NO MAS	1 12-13	2	3	4
NA	1 → col 2 or C7	1 → col 3 or C7	1 → col 4 or C7	1 → C7
2	2 → (b)	2 → (b)	2 → (b)	2 → (b)
3	3 → 15	3	3	3

- (b)** What type of place did you go to?

→ BC6B01-06  
 Out-patient dept. of hospital .....

Casualty dept. of hospital .....

Clinic/Health Centre .....

Private consulting rooms .....

Day centre .....

Other .....

1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
NA	16		

- (c)** How many times have you been to the (PLACE) in the past year?

→ BC6C01-06  
 Enter no. of times →

01-99 NA	17-18		
	1		
		1	
			1

Ring column no. when appropriate →  
PLACENO

C6(d) Which of these people did you normally see at this hospital/clinic?

**Exclude nurse with non specific duties**

Show card 15

- Psychiatrist/Psychotherapist .....
- Other consultant/hospital doctor .....
- Code all Psychiatric Nurse .....
- that apply Social worker/Counsellor .....
- Occupational Therapist (OT) .....
- Psychologist .....
- Other .....

NO NUR	1 12-0	2	3	4
		<del>BCEDMI</del> BCEDMI - MB		
		BCEO 06 MI - MB		
	MC 6 (a)			
	01	01	01	01
	02	02	02	02
	03	03	03	03
	04	04	04	04
	05	05	05	05
	06	06	06	06
	NA			
	07	07	07	07
	15-16			
	25-26			

(e) Are you currently attending (PLACE)?

- Yes .....
- No .....

27	1 → col 3 or C7	1 → col 4 or C7	1 → C7
NA	2 → (f)	2 → (f)	2 → (f)

(f) Have you stopped going on your own accord or were you discharged?

- On own accord .....
- Discharged .....

28	1	1	1
1	1	1	1
2	2	2	2
NA			

END REC 17



Psychiatrist	Home care worker/ Home help	Voluntary Worker	Second Voluntary Worker
4	5	6	No NAs 7 12-13
1	1	1	1 2 3 4 5 NA, 5
2	2	2	
3	3	3	
4	4	4	
5	5	5	
.....	.....	.....	1 2 3 4 5 6 7 8 9
.....	.....	.....	9 NA
.....	.....	.....	17
.....	.....	.....	19

WORKER NO

BC7A

BC7B

BC7C

142

## C8 Show card 18

In the past year, have you been offered any help or support from any of the people listed on this card, or indeed any other service, which you turned down?

Yes ..... BC8

No .....

## (a) What sort of help/service were you offered?

Community Psychiatric Nurse .....

Occupational Therapist/Industrial Therapist .....

Code all  
that apply Social Worker/Counselling Service .....

Psychiatrist ..... BC8 AM1 - M4

Home care worker/Home help ..... MC = 4

Voluntary Worker .....

Other .....

MC

1

2

3

4

5

6

7

NA

→(a)

→C9

15

16-19



## (b) Did you turn it down because you did not want or need the help or for some other reason?

BC8 BN1 - M4

Did not want/need help .....

MC = 4

Could not face it/handle it .....

Code  
all  
that  
applyDid not like people/not the right  
people offering help .....

Didn't think it could/would help .....

Inconvenient time or location .....

Other reason .....

MC

1

2

3

4

5

6

NA

20-23

C9 Someimes people do not see a doctor or other professional about mental, nervous or emotional problems when perhaps they should. In the past year did you decide not to see a doctor or other professional when either you or people around you thought you should?

Yes ..... *B C 9*

No .....

1  
2 NA

(a)

Section D

24

- \* (a) Thinking about the last time this happened, what were your reasons for not going to a doctor or other professional?

Write verbatim and then code

Code  
all  
that  
apply

Didn't know who to go to or  
where to go .....

Did not think anyone could help .....

Hour inconvenient/didn't have the time .....

Thought problem would get better by itself.

Too embarrassed to discuss it  
with anyone .....

Afraid what family/friends would think.....

Family or friends objected .....

Afraid of consequences (treatment,  
tests, hospitalisation, sectioned) .....

Afraid of side effects of any treatment.....

Didn't think it was necessary/  
No problem .....

A problem one should be able to  
cope with ... .....

Other. ....

MC

01

02

03

04

05

06

07

08

09

10

11

12

NA

25-26

- !

35-36

→ Section D

END REC 20

144

## D. Practical activities

(NEW SEQUENCE FOR EACH ROW)

\*

Do you have any difficulty ....

		Yes	No	DNA	(a) Do you need anyone to help you (.....)	Yes	No	
D1	With personal care such as dressing, bathing, washing, or using the toilet? <u>1-4 = '2101'</u>	B2D1	15	1 2 3 NA	with personal care?	B2D1A	16 1 2 ..	
D2	Getting out and about or using transport? <u>1-4 = '2102'</u> EACH SEL IN SAME COLS AS FIRST	B2D2	1	2	3	getting out and about?	B2D2A	1 2
D3	With medical care such as taking medicines or pills, having injections or changes of dressing? <u>1-4 = '2103'</u>	B2D3	1	2	3	with medical care?	B2D3A	1 .. 1
D4	With household activities like preparing meals, shopping, laundry and housework? <u>1-4 = '2104'</u>	B2D4	1	2	3	with household activities?	B2D4A	1 2
D5	With practical activities such as gardening, decorating, or doing household repairs? <u>1-4 = '2105'</u>	B2D5	1	2	3	with practical activities?	B2D5A	1 2
D6	Dealing with paperwork, such as writing letters, sending cards or filling in forms? <u>1-4 = '2106'</u>	B2D6	1	2	3	dealing with paperwork?	B2D6A	1 2
D7	Managing money, such as budgeting for food or paying bills? <u>1-4 = '2107'</u>	B2D7	1	2	3	managing money?	B2D7A	1 ..

(b) Who helps you	Code all that apply from list		
with personal care?	<u>MC</u>	<u>MC = 3</u>	BLANK or Name
	<input type="checkbox"/> 00- 20 44 17-18	<input type="checkbox"/> 00- 20 44 19-20	<input type="checkbox"/> 00- 20 44 21-22
getting out and about	<u>BD23M1-M3</u>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with medical care?	<u>BD33M1-M3</u>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with household activities?	<u>BD43M1-M3</u>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with practical activities?	<u>BD53M1-M3</u>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dealing with paperwork?	<u>BD63M1-M3</u>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nagging money?	<u>BD73M1-M3</u>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

00	No one
01	Spouse/cohabitee
02	Brother/sister (incl. in-law)
03	Son/daughter (incl. in-law)
04	Parent (incl. in-law)
05	Grandparent (incl. in-law)
06	Grandchild (incl. in-law)
07	Other relative
08	Boyfriend/girlfriend
09	Friend
10	CPN/Nurse
11	Occupational Therapist
12	Social worker
13	Home care worker/home help
14	Voluntary worker
15	Landlord/landlady
16	Paid domestic help
17	Paid nurse
18	Bank manager
19	Solicitor
20	Other person

END REC 21

## Recent Life Events

DNA: Proxy interviews..... BDNA PROX  
(i.e. coded 2 at front page p. (ii))

The following questions are about events or problems which may have happened to you during the past 6 months which might have caused you distress and to seek help



15

Go to Section E,  
page 28

Use card 19 if subject not alone,  
otherwise, ask D8 to D13

Then ask (a) to (g) if coded 1 at main

REC 23 SEQ 1 - SEQ 6

(NEW SEQUENCE FOR EACH ROW)

EACH SEQ IN SAME COLS AS FIRST

D8 In the past 6 months, have you yourself suffered from a serious illness, injury or an assault?  
1-4 = 2301

		(a) When did this happen?	(b) Was there anyone, among your family or friends, who understood what this felt like?	(c) And were you able to talk about it openly and get support and understanding?		
Yes	No	No of months since event	Yes	No	Yes	No
BD8 1, n + 2 15	BD8A 0-6 NA 16	BD8B 1 2 NA 17 (c) (d)	BD8C 1 NA 2 18			
BD9 1 2	BD9A 1 ↓ (c)	BD9B 1 2 ↓ (c) (d)	BD9C 1 2			
BD10 1 2	BD10A 1 ↓ (c)	BD10B 1 2 ↓ (c) (d)	BD10C 1 2			
BD11 1 2	BD11A 1 ↓ (c)	BD11B 1 2 ↓ (c) (d)	BD11C 1 2			
BD12 1 2	BD12A 1 ↓ (c)	BD12B 1 2 ↓ (c) (d)	BD12C 1 2			
BD13 1 2	BD13A 1 ↓ (c)	BD13B 1 2 ↓ (c) (d)	BD13C 1 2			

D9 (In the past 6 months,) has a serious illness, injury or an assault happened to a close relative?  
1-4 = 2302

D10 (In the past 6 months,) has a parent, spouse (or partner), child, brother or sister of yours died?  
1-4 = 2303

D11 (In the past 6 months,) has a close family friend or another relative died, such as an aunt, cousin or grandparent?  
1-4 = 2304

D12 (In the past 6 months,) have you had a separation due to marital difficulties or broken off a steady relationship?  
1-4 = 2305

D13 (In the past 6 months,) have you had a serious problem with a close friend, neighbour or relative?  
1-4 = 2306

(d) Did you get any professional help, for this, that is from someone other than family or friends?	(e) Did you try to get help for this, from any professional?	(f) Was this because you didn't know where to get the help you wanted from or because you felt you didn't need any professional help?	(g) Was it help with practical things or did you need someone to talk things over with?
Yes 1 2 NA	Yes 1 2 NA	DK where 1 2 NA	Practical 1 2 NA
<del>BD8D</del> 1 2 NA	<del>BD8E</del> 1 2 NA	<del>BD8F</del> 1 2 NA See D9	<del>BD8G</del> 1 2 NA See D9
<del>BD9D</del> 1 2 NA	<del>BD9E</del> 1 2 NA	<del>BD9F</del> 1 2 NA See D10	<del>BD9G</del> 1 2 NA See D10
<del>BD10D</del> 1 2 NA	<del>BD10E</del> 1 2 NA	<del>BD10F</del> 1 2 NA See D11	<del>BD10G</del> 1 2 NA See D11
<del>BD11D</del> 1 2 NA	<del>BD11E</del> 1 2 NA	<del>BD11F</del> 1 2 NA See D12	<del>BD11G</del> 1 2 NA See D12
<del>BD12D</del> 1 2 NA	<del>BD12E</del> 1 2 NA	<del>BD12F</del> 1 2 NA See D13	<del>BD12G</del> 1 2 NA See D13
<del>BD13D</del> 1 2 NA	<del>BD13E</del> 1 2 NA	<del>BD13F</del> 1 2 NA Go to D14	<del>BD13G</del> 1 2 NA Go to D14

Now I'd like to ask you about some other events or problems which may have happened to you during the past 6 months.

**Use card 20 if subject not alone,  
otherwise, ask D14 to D18**

**Then ask (a) to (g) if coded 1 at main**

REC 23 SEQ 7 - SEQ 11

(NEW SEQUENCE FOR EACH ROW)

EACH SEQ IN SAME COLS AS FIRST

**D14** In the past 6 months, were you made redundant or sacked from your job?

1-4 = '2307'

	Yes	No	(a) When did this happen?  More than 6 months = 6 Less than 1 month = 0	(b) Was there anyone, among your family or friends, who understood what this felt like?		(c) And were you able to talk about it openly and get support and understanding?	
			No of months since event	Yes	No	Yes	No
D14	1 2 NA 15		3D14A 0-6 NA 16	3D14B 1 17 (c)	2 NA (d)	3D14C 1 NA 2 18	
D15	1 2		3D15A 16	3D15B 1 (c)	2 (d)	3D15C 1 2	
D16	1 2		3D16A 16	3D16B 1 (c)	2 (d)	3D16C 1 2	
D17	1 2		3D17A 16	3D17B 1 (c)	2 (d)	3D17C 1 2	
D18	1 2		3D18A 16	3D18B 1 (c)	2 (d)	3D18C 1 2	

**D18** (In the past 6 months,) was something you valued lost or stolen?

1-4 = '2311'

(d) Did you get any professional help for this, that is from someone other than family or friends?	(e) Did you try to get help for this, from any professional?	(f) Was this because you didn't know where to get the help you wanted from or because you felt you didn't need any professional help?	(g) Was it help with practical things or did you need for someone to talk things over with?
Yes	No	DK where	Practical
Both		Didn't need help	Talk over
<p><del>D14D</del></p> <p>NA 1      2</p> <p>↓ (g)      (e) 19</p>	<p><del>D14E</del></p> <p>NA 1      2</p> <p>↓ (g) 20      (f)</p>	<p><del>D14F</del></p> <p>1                  2 NA</p> <p>↓ (g)      21      See D15</p>	<p><del>D14G</del></p> <p>1      2      3</p> <p>↓ See D15      22</p>
<p><del>D15D</del></p> <p>1      2</p> <p>↓ (g)      (e)</p>	<p><del>D15E</del></p> <p>1      2</p> <p>↓ (g)      (f)</p>	<p><del>D15F</del></p> <p>1</p> <p>↓ (g)      See D16</p>	<p><del>D15G</del></p> <p>1      2      3</p> <p>↓ See D16</p>
<p><del>D16D</del></p> <p>1      2</p> <p>↓ (g)      (e)</p>	<p><del>D16E</del></p> <p>1      2</p> <p>↓ (g)      (f)</p>	<p><del>D16F</del></p> <p>1</p> <p>↓ (g)      See D17</p>	<p><del>D16G</del></p> <p>1      2      3</p> <p>↓ See D17</p>
<p><del>D17D</del></p> <p>1      2</p> <p>↓ (g)      (e)</p>	<p><del>D17E</del></p> <p>1      2</p> <p>↓ (g)      (f)</p>	<p><del>D17F</del></p> <p>1</p> <p>↓ (g)      See D18</p>	<p><del>D17G</del></p> <p>1      2      3</p> <p>↓ See D18</p>
<p><del>D18D</del></p> <p>1      2</p> <p>↓ (g)      (e)</p>	<p><del>D18E</del></p> <p>1      2</p> <p>↓ (g)      (f)</p>	<p><del>D18F</del></p> <p>1</p> <p>↓ (g)      Go to Section E</p>	<p><del>D18G</del></p> <p>1      2      3</p> <p>↓ Go to Section E</p>

END REC 23

E : Social Life

- E1. The next few questions are about how you spend your leisure time.

*ACTIVITY / BE1A*

When you are at home, what sorts of things do you usually do during your leisure time?

*REC 24 SEC 1 1-4 = 12401*

Entertaining friends or relatives ..... BE101.....

Show card 21

Writing letters/telephoning ..... BE102.....

*NEW RECORD FOR EACH COMPLETED LINE*

Reading books and newspapers ..... BE103.....

Code  
all  
that  
apply

TV/radio .....

Listening to music .....

Hobbies inc. art and crafts,  
knitting, playing a musical  
instrument, writing poetry .....

Gardening .....

DIY/ car maintenance .....

Games inc. cards, computer games,  
betting and gambling .....

Other leisure pursuits ..... BE110.....

*BE199*

Spontaneous: No leisure time/no leisure pursuits. /NA.....

(a) Do on Share   own	
01	<i>X</i>
02	<i>X</i>
03	<i>BE1A04</i>
04	<i>1 NA 2</i>
05	<i>1 NA 2</i>
12-13	<i>15</i>
06	<i>1 NA 2</i>
07	<i>1 NA 2</i>
08	<i>1 NA 2</i>
09	<i>1 NA 2</i>
10	<i>1 NA 2</i>
99	
→ Go to E3	

*END REC 24 BE1A10*

- (a) Ask for each activity informant does except for 'entertaining friends or relatives', 'writing letters/telephoning' and 'reading books and newspapers':

Refer to activity and ask:

Is this an interest which you share with someone else and usually do together or do you usually do it on your own?

Ring code in column (a) above.  
Then go to E2.

E2 What sorts of things do you usually do during your leisure time away from home?

*REC 25 SEC 1 - 4 - 2501*

Visiting friends or relatives ..... BE2A01

Pubs, restaurants ..... BE202

Show card 22

Night clubs, discos .....

*NEW RECORD FOR EACH COMPLETED LINE*

Clubs, organisations .....

Code all that apply Classes, lectures .....

Going for a walk, walking the dog .....

Sports inc. keep fit, cycling,  
swimming, football and horse riding .....

Sports as a spectator .....

Cinema, theatre, concerts .....

Bingo, amusement arcades .....

Bookmakers, betting and gambling .....

Shopping .....

Church .....

Political activities .....

Library .....

Other leisure pursuits ..... BE216

BE299

Spontaneous: No leisure time/no leisure pursuits / N.A.

(a)	Do on own	Share
01		X
02	1 NA 2	
03	1 NA 2	
04	1 NA 2	
05	1 NA 2	
06	1 NA 2	
12 - 13	15	
07	1 NA 2	
08	1 NA 2	
09	1 NA 2	
10	1 NA 2	
11	1 NA 2	
12	1 NA 2	
13	1 NA 2	
14	1 NA 2	
15	1 NA 2	
16	1 NA 2	
99		

*DE2*

*BE2AC*

*BE2AC*

*END*

*REC*

*25*

→ Go to E3

(a) Ask for each activity informant does except for 'entertaining friends or relatives':

Refer to activity and ask:

*REC 26 SEC 1 - 4 - 2601*

Is this an interest which you share with someone else and usually do/go to together or do you usually do it/go on your own?

Ring code in column (a) above.

E3. Do you go to any of these places for social acutivites?

(a) Day centre? ..... BE3A - BE3D

Individual prompt (b) Club for people with physical health problems? .....

(c) Club for people with mental health problems? .....

(d) Any other types of social club? .....

Yes	No
1 NA 2	15
1 NA 2	16
1 NA 2	17
1 NA 2	18
1 NA 2	19
1 NA 2	20 152

15

16

17

18

19

20 152

E4. Do you regularly go to . . .

(a) an Adult Education Centre? ..... BE4A

(b) an Adult Training Centre? ..... BE4B

E5.

DNA: Proxy interviews ..... *DESDNA*  
*(ie coded at front page q.(ii))*

Interviewer Code:

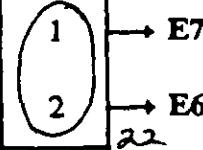
Go to  
Section F  
page 32

No other adults live with informant ..... *BESCH*  
*(Q.3 on A schedule - total of middle & lower boxes = 1)*

One or more other adults live with informant .....  
*(Q.3 on A schedule - total of middle & lower boxes = 2 or more)*

E6.

**No privacy - use card 23 for E6, E7 and E8  
otherwise, ask.**



Preamble:

The next few questions are about people you feel close to, including relatives, friends and acquaintances.

First of all we would like to ask you about the people that you live with.

How many adults who live with you do you feel close to?

None *BES6* ..... 00

One ..... 01

Two or more: enter no. → *02-18 n/a*

23-24

25-26

E7.

**If informant lives alone, but no privacy,  
use card 24 for E7 and E8, otherwise ask.**

Preamble if necessary:

The next few questions are about people you feel close to, including relatives, friends and acquaintances.

(Now we would like to ask you about people whom you feel close to who do not live with you.)

How many relatives who are aged 16 or over (and do not live with you) do you feel close to?

None *BES7* ..... 00

One ..... 01

Two or more: enter no. → *02-99 n/a*

25-26

27-28

E8.

**How many friends or acquaintances (who do not live with you) would you describe as close or good friends?**

None *BES8* ..... 00

One ..... 01

Two or more: enter no. → *02-99 n/a*

27-28

29-30

E9

DNA: No close relatives or friends outside household (coded 00 at E7 and E8) *B59 DNA*

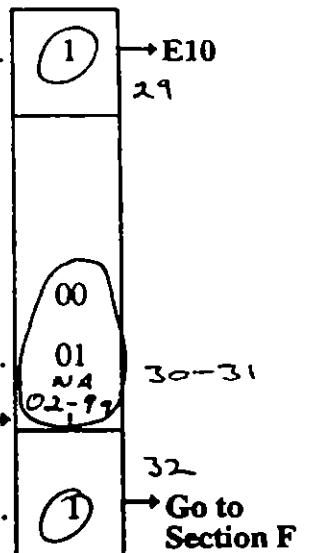
No privacy - use a card 25, otherwise ask

Thinking about all of the people (who do not live with you) whom you feel close to or regard as good friends, how many did you meet or speak with in the past week?

None *B59*

One .....

Two or more: enter number →



E10

DNA: No close relatives or friends (coded 00 at E6, E7 and E8) *B510 DNA*

Use cards 27a to c if subject not alone, otherwise, ask using card 26.

I would now like you to think about your family and friends (By family I mean those who live with you as well as those elsewhere.)

Here are some comments people have made about their family and their friends. For each statement, please say whether it is not true, partly true or certainly true.

- A. There are people I know - amongst my family or friends - who do things to make me happy *B510A*
- B. There are people I know - amongst my family or friends - who make me feel loved.
- C. There are people I know - amongst my family or friends - who can be relied on no matter what happens.
- D. There are people I know - amongst my family or friends - who would see that I am taken care of if I needed to be.
- E. There are people I know - amongst my family or friends - who accept me just as I am.
- F. There are people I know - amongst my family or friends - who make me feel an important part of their lives
- G. There are people I know - amongst my family or friends - who give me support and encouragement *B510G*

Not true	Partly true	Certainly true
1 NA	2	3

**F Education and Employment Status**

- F1.** At what age did you finish your continuous full-time education at school or college?

Not yet finished ..... TBF1

Never went to school .....

14 or under .....

15 .....

16 .....

17 .....

18 .....

19 or over .....

1
2
3
4
5
6
7
8
NA

- F2. Please look at this card and tell me whether you have passed any of the qualifications listed. Look down the list and tell me the first one you come to that you have passed

Show card 28

<p>Degree (or degree level qualification) ..... <i>DF2</i></p> <p>Teaching qualification ..... HNC/HND, BEC/TEC Higher, BTEC Higher ..... City and Guilds Full Technological Certificate .....</p> <p>Nursing qualifications (SRN, SCM, RGN, RM RHV, Midwife .....</p> <p><b>Code first that applies</b></p> <p>'A' levels/SCE higher ..... ONC/OND/BEC/TEC not higher ..... City and Guilds Advanced/Final level .....</p> <p>'O' level passes (Grade A - C if after 1975) ..... GCSE (Grades A - C) ..... CSE Grade 1 ..... SCE Ordinary (Bands A - C) ..... Standard Grade (Level 1 - 3) ..... SLC Lower ..... SUPE Lower or Ordinary ..... School Certificate or Matric. ..... City and Guilds Craft/Ordinary level .....</p> <p>CSE Grades 2 - 5 ..... GCE 'O' level (Grades D &amp; E if after 1975) ..... GCSE (Grades D, E, F, G) ..... SCE Ordinary (Bands D &amp; E) ..... Standard Grade (Level 4, 5) ..... Clerical or commercial qualifications .....</p> <p>CSE ungraded .....</p> <p>Other qualifications (specify) .....</p> <p>No qualifications</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>NA</p> <p>8</p> <p>9</p> <p>16</p>
---	--

**Employment status**

F3. Did you do any paid work in the last week, that is in the 7 days ending last Sunday, either as an employee or self employed?

**Include paid sheltered employment**  
**Include work based training schemes**  
**Exclude college based training schemes**

Yes ..... *BF3*

No .....

(a) Even though you weren't working, did you have a job that you were away from last week?

Yes .....

No .....

(i) Last week were you:

**Code  
first  
that  
applies**

waiting to take up a job that you had already obtained? .....

looking for work? .....

intending to look for work but prevented by temporary ill-health, sickness or injury? .....

going to school or college full time? ..  
 (use only for persons aged 16 - 49)

permanently unable to work because of long term sickness or disability? .....

(for women, use only if aged 16 - 59)

retired? .....

(use only if stopped work at age 50 or over)

looking after the home or family? .....

or were you doing something else? .....

*No N4s*

01

→ F5

02

→ F4

No .....

03

04

05

06

07

08

09

10

*I-T-18*

→ F5

1

2

3

NA

4

5

6

7

*I-T*

→ F5

F4. What was the main reason you were away from work (last week)?

**Code  
one  
only**

On leave/holiday ..... *BF4*

A mental, nervous or emotional problem .....

A physical health problem .....

Attending a training course away from the workplace .....

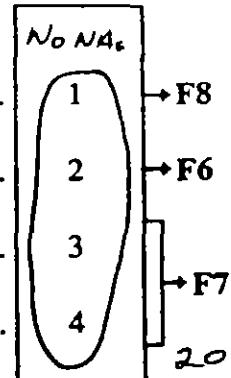
Laid off/short time .....

Personal/family reason .....

Other reasons .....

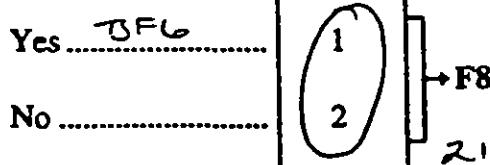
**F5. Interviewer check**

- Had a job last week (coded 01 at F3 or 02 at F3(a)) ... *BF5* .....
- Unemployed waiting to take up a job (coded 03 at F3(a)(1)) .....
- Unemployed looking for work (coded 04 or 05 at F3(a)(1)) .....
- Others - economically inactive (coded 06 to 10 at F3(a)(1)) .....



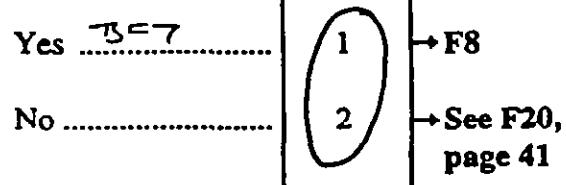
**F6. Unemployed waiting to take up a job**

Apart from the job you are waiting to take up, have you ever had a paid job or done any paid work?



**F7. All others unemployed and economically inactive**

(May I check) have you ever had a paid job or done any paid work?



**F8. If employed**

(i) What was your job last week?

**If not employed**

(ii) What was your most recent job?

(iii) What is the job you are waiting to take up?

**If retired**

(iv) What was your main job?

Job title:

Description:

Industry:

**(a) Informant's Definition**

<i>No NAS</i>	<i>BFS SOC</i>	<i>SOC</i>
		23-25
<i>No NAS</i>	<i>BFS IND</i>	<i>IND</i>
		26-28

**(b)**

Full-time .....	<i>BFS A</i>	29
Part-time .....		
Employee / <i>NA</i> .....	<i>BFS B</i>	30
Self-employed .....		

**F9 (a) If employee ask or record**

Manager .....	<i>BFS A</i>	31
Foreman/supervisor .....		
other employee / <i>NA</i> .....		

**(b) How many employees work(ed) in the establishment**

1 - 24 / <i>NA</i> .....	<i>BFS B</i>	32
25 - 499 .....		
500 or more .....		

**(c) Do/did you work in sheltered employment such as with:**

Running  
Prompt

Remploy .....	<i>BFS C</i>	33
a local authority .....		
a blind association .....		
a voluntary association .....		
or in a sheltered place with an ordinary employer? .....		
DK/None of these / <i>NA</i> .....		

**F10 If self employed**

.Do/did you employ other people?

Yes, PROBE: 1 - 24 / <i>NA</i> .....	<i>BFS D</i>	34
25 - 499 .....		
500 or more .....		
No employees .....		

END REC 28

159

RFC 27 SEW 1 1-4 = 29ct

F11. To those with a job last week (coded 1 at F5, page 35)

DNA: Unemployed/Economically Inactive.....  
(ie coded 1 at F.7)

BFIIDNA

A. For employees (main job/government scheme)

How long have you been with your present employer (up to yesterday)?

- BF11  
 Less than 4 weeks.....  
 4 weeks but less than 3 months .....
- 3 months but less than 6 months .....
- 6 months but less than 12 months .....

1

01

02

03

04

05

06

07

08

09

10

11

12

13

14

15

N4

B. For self-employed (main job)

How long have you been self-employed (up to yesterday)?

- 12 months but less than 2 years .....
- 2 years but less than 3 years .....
- 3 years but less than 5 years .....
- 5 years but less than 10 years .....
- 10 years but less than 15 years .....
- 15 years but less than 20 years .....
- 20 years but less than 25 years .....
- 25 years but less than 30 years .....
- 30 years but less than 35 years .....
- 35 years but less than 40 years .....
- 40 years or more .....

Show Card 29  
and prompt as  
necessary

15

→ See F18,  
page 40

16-17

F12. A. For employees (main job/government scheme)

(introduce if on short time/lay-off:

I'd like to ask about your hours when you are not on short time/laid off... )

How many hours a week do you usually work (in your main job/government scheme), that is excluding meal breaks and overtime?

Check with informant that this is excluding any paid or unpaid overtime

- BF12A  
NO OF HOURS  
excluding meal  
breaks and  
overtime

01-99  
N/A

18-19

B. For self-employed, (main job)

(Introduce if on short time/lay-off:

I'd like to ask about your hours when you are not on short time/laid off... )

How many hours a week in total do you usually work (in your main job), that is excluding meal breaks but including any overtime

Check with informant that this is total hours including any paid or unpaid overtime

- BF12B  
TOTAL HOURS  
excluding meal  
breaks

01-99  
N/A

20-21

If work pattern not based on a week,  
give average over a few months

F13.



Earlier I was asking you about how you had been feeling in the past month.

Has your health or the way you have been feeling caused you to take time off work in the past year?

Yes ..... BF13

No ..... 2NA

(a) How many days in the past year have you taken off work?

Weekends falling within a period of sickness must be included

BF13 A  
Enter number of days →

001 -  
365  
NA

24 - 26

BF13 DNA  
(ie coded 2 at front page Q(ii))

22  
→ See F26,  
page 43

23  
→(a)  
→F14

F14. To those with a job last week but temporarily not working because of a mental or physical health problem

(coded 2 or 3 at F4, page 34)

DNA: Others ..... BF14+DNA

(ie coded 1 or 4-7 at F4, page 34)

How long have you been off work?

Less than 2 weeks ..... BF14

2 weeks, less than 1 month .....

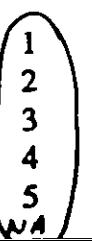
1 month, less than 3 months .....

3 months, less than 6 months .....

6 months or more .....



27  
→ See F26, page 43



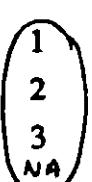
28



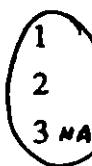
→ F16



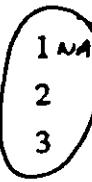
29



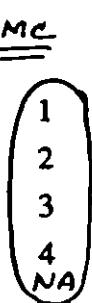
→ See F26, page 43



30



→ See F26, page 43



33-36

F15. If employee

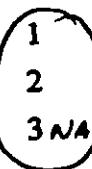
DNA: Self-employed (coded 2 at F8(b), page 36) .....

\* Do you expect to return to your present employer?

Yes ..... BF15

No .....

Not sure .....

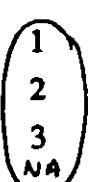


29

Yes ..... BF15A

No .....

DK .....



30

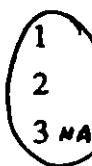
F16. Do you expect to be fit

\* to work again?

Yes ..... BF16

No .....

Not sure .....



31

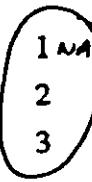
F17. Will you look for another paid

\* job in the future?

Yes ..... BF17

No .....

DK .....



32

\* (a) Why will/may you not look for another job?

Code

No suitable jobs. general employment situation .....

all

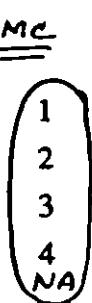
No suitable jobs. due to health problems .....

that

Too old ..... BF17AM1-NT

apply

Other ..... MC=4



33-36

F18. If not working but has worked

DNA: Never worked (coded 2 at F6, page 35) .....

How old were you when you left your last paid job?

*BF18DNA*

1

37

→ See F20

Enter age *BF18*

12-64

NA

38-39

40

→ See F26,

page 43

41

→ (a)

1

2 AM

→ See F20

42

→ See F20

43

→ See F20

F19.

DNA: Proxy interview ..... *BF19DNA*  
*(i.e. coded 2 on front page 2 (ii))*

- Did a mental, nervous or emotional problem have anything to do with your leaving your last job?

Yes ..... *BF19*

No .....

(a) DNA: Self-employed in last job (coded 2 at F8 (b) page 36) .....

Did your employer ask you to leave or did you leave of your own accord?

Employer asked ..... *BF19A*

Left of own accord .....

F20. DNA: Proxy interview ..... *BF20 DNA P*  
*(see code 2 at front page f.(ii))*  
 DNA: Retired (code 08 at F3(a)(i), page 34) *BF20 DNA R*

If not working but not retired

\* Is the reason that you are not working at present that ...

Code first that applies

the way you have been feeling makes it impossible for you to do any kind of paid work? ..... *BF20*  
 a physical health problem makes it impossible for you to do any kind of paid work? .....  
 you have not found a suitable paid job? .....  
 or because you do not want or need a paid job? .....  
 Other .....

1	→ See F26, page 43 ++
1	→ See F26, page 43 ++
1	→ (a)
2	→ F21
3	→ F21
4 NA	→ See F26, page 43
5	→ F21

\* (a) May I just check, would you be able to do some kind of sheltered or part-time work if it were available, or is this impossible?

Could do sheltered work ..... *BF20 A*  
 Could do part-time work .....  
 Impossible to do work .....

F21. (May I just check) Are you looking for a job at the moment?

Yes ..... *BF21*

No .....

\* (a) Have you looked for a job at all (since you last worked)?

Yes ..... *BF21 A*

No .....

\* (i) Why have you not looked for a job?

Code all that apply

No suitable jobs around - general employment situation ..... *BF21 A/M1 - M3*  
 No suitable jobs for someone with subject's health problem ..... *M.C. = 3*  
 Other .....

1	→ F23
2	→ (a)
1 NA	→ See F26, page 43
2	→ F22
1 NA	→ F22
2	→ (i)
MC	
1	→ See F26, page 43
2	
3 NA	
MC	
1	
2	
3 NA	

F22. Why have you stopped looking for jobs?

\* Code all that apply

No suitable jobs around - general employment situation ..... *BF22 A/M1 - M3*  
 No suitable jobs for someone with subject's health problem ..... *M.C. = 3*  
 Other .....

1	→ See F26, page 43 ++
2	
3 NA	
MC	
1	
2	
3 NA	

F23. (Since you last worked) have you (ever) done any of the following to help get a job:

Individual  
Prompt

Visited a local Job Centre? ..... BF23A

Yes No

1 NA 2

56

Talked to a Careers Officer? ..... BF23B

1 NA 2

57

Talked to a Disablement Resettlement Officer (DRO)? ..... BF23C

1 NA 2

58

F24. Do you think that the way you have been feeling over the past month makes it more difficult for you than for other people to find a job?

Yes ..... BF24

No .....

1

2

NA

59

F25. Thinking about the hours you would like to work, would you prefer to work full time or part time?

Individual  
Prompt

Full time ..... BF25

1 NA

→ See F26

Part time .....

2

→ (a)

Qualified answer.....

3

→ 60

(a) About how many hours a week would you want to work?

Enter hours → BF25A

01-30

NA

→ See F26

61-62

END REC 29

REC 30 SEW 1 1-4 = '300'

F26. Spouse's employment

(i.e. "Offer the box at A schedule Q 2, P 2 is coded  
DNA: no spouse ..... BF26DNA  
Enter person no. of spouse  
(from H'hold box) ..... BF26SPNO  
02-09, 99)

15 → Section G, p 45

16-17

I'd now like to ask you about (SPOUSE).

Did (SPOUSE) do any paid work in the last week,  
that is in the 7 days ending last Sunday,  
either as an employee or self-employed?

Yes ..... BF26

01 → F27

No .....

→ (a)

(a) Even though he/she wasn't working, did he/she  
have a job that he/she was away from last week?

Yes .....

02 → F27

No .....

→ (i)

(i) Last week was he/she:

Code  
first  
that  
applies

waiting to take up a job that he/she  
had already obtained? .....

03

looking for work? .....

04

intending to look for work but  
prevented by temporary sickness  
or injury? .....

05

going to school or college full time?  
(use only for persons aged 16 - 49) .....

06

permanently unable to work because of  
long term sickness or disability?  
(for women, use only if aged 16 - 59) .....

07

retired?  
(use only if stopped work at aged 50 or over) .....

08

looking after the home or family? .....

09

or was he/she doing something else? .....

10

18-19

(ii) May I check, has he/she ever had a paid job  
or done any paid work?

Yes ..... BF26A2

1 → F27

No ..... . . . . .

2 NA → Section G, p 45

2c

166

F27 Details of spouse's employment

If employed

(i) What was his/her job last week?

If not employed

(ii) What was his/her most recent job?

(iii) What is the job he/she is waiting to take up?

If retired

(iv) What was his/her main job?

Job title:

Description:

*NO NAS*  
BF273SC

21-23

SOC

*NO NAS*  
BF27IND

IND

24-26

Industry:

Full-time .....

27

Part-time *BF27F-P* .....

28

Employee *NA BF27EMP* .....

29

Self-employed .....

28

(a) Ask or record

Manager *BF27A* .....

29

Foreman/supervisor .....

30

other employee *NA* .....

31

(i) How many employees work(ed) in the establishment

1 - 24 *NA BF27A1* .....

Section G

25 - 499 .....

32

500 or more .....

33

(b) If self-employed:

Do (did) he/she employ other people?

*BF27B*  
Yes, PROBE: 1 - 24 .....

Section G

25 - 499 .....

34

500 or more .....

35

No employees *NA* .....

36

**G State Benefits**

**G1.** Are you receiving any of the state benefits shown on this card?

Show card 30

Yes ..... *BG1* .....

No ..... . . . . .

(a) **Child benefit?** ..... *BG1A* .....

(i) As well as child benefit, do you receive the one-parent benefit?... *BG1A-1*

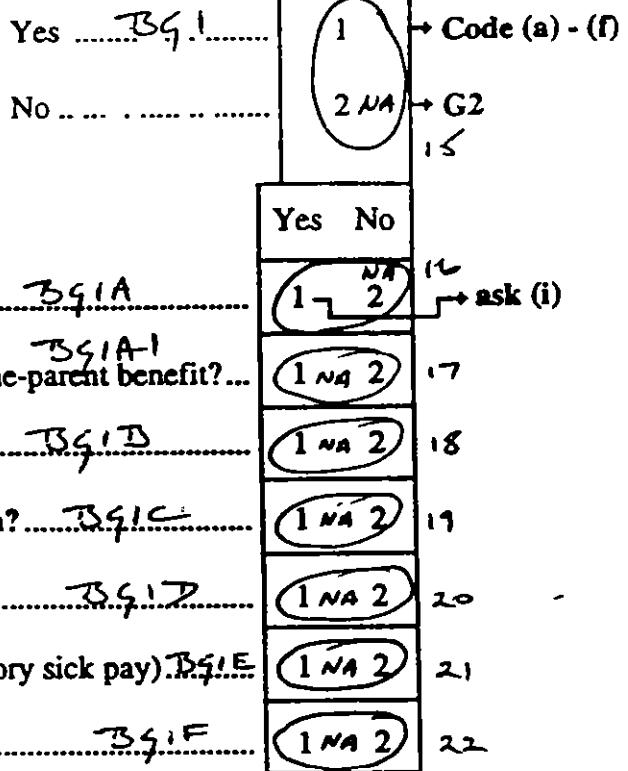
(b) **Family credit?** ..... *BG1B* .....

(c) **N.I. Retirement pension or Old Age pension?** ..... *BG1C* .....

(d) **Income Support?** ..... *BG1D* .....

(e) **N.I. Sickness benefit (Not Employer's Statutory sick pay)** *BG1E* .....

(f) **Unemployment benefit?** ..... *BG1F* .....



G2. (In addition) are you receiving any of the State benefits listed on this card or any other N.I. or State benefit (for example, war benefits or maternity allowance)?

Show card 31

Yes ..... BG2 .....

No ..... 23 .....

→ Code (a) - (m)

→ G3

23

Yes No

1 NA 2

24

1 NA 2

25

1 NA 2

26

1 NA 2

27

1 NA 2

28

1 NA 2

29

1 NA 2

30

1 NA 2

31

1 NA 2

32

1 NA 2

33

1 NA 2

34

1 NA 2

35

1 NA 2

36

(a) Widow's pension or War Widow's pension? ..... BG2A .....

(b) Any other State Widow's benefit  
(eg Widowed Mother's allowance)? .....  
**Exclude Widow's benefit**

(c) War disablement pension? .....

(d) Invalidity pension, Invalidity benefit or allowance? .....

(e) Severe disablement allowance? .....

(f) Mobility allowance? .....

(g) Industrial disablement allowance? .....

(h) Attendance allowance? .....

(i) Disability Living allowance? .....

(j) Disability Working allowance? .....

(k) Invalid care allowance? .....

(l) Maternity allowance? .....

(m) Anything else? (Specify) ..... BG2M .....

## Other Income

G3. (In addition to these), do you receive income from any of the sources on this card?

Show card 32

Yes .....	BG3	Code (a) - (f)
No .....	2 n 4	G4 37
Yes No		
1 n 4 2		38
1 n 4 2		39
1 n 4 2		40
1 n 4 2		41
1 n 4 2		42
1 n 4 2		43

(a) Earned Income/salary? ..... DG3A

(b) Income from self-employment? .....

(c) Pension from a former employer? .....

(d) Interest from savings, building society, investment dividends from shares etc? .....

(e) Other kinds of regular allowances from outside the household (eg alimony, annuity, educational grant)? .....

(f) Any other source?(specify) ..... BG3F

G4. Could you please look at this card and tell me which group represents your own personal gross income from all sources mentioned?

By gross income, I mean income from all sources before deductions for income tax and National Insurance.

Show card 33

Enter group number →

01-20

or

DK ..... BG4

98

Refused / N/A.....

99

→ See section H  
page 49

(a) Ask, or if single person household, record group no. at G4

Could you look at the card again and tell me which group represents your household's gross income from all sources.

Show card 33

Enter group number →

01-20

or

DK ..... BG4A

98

Refused / N/A

99

170



H7. How easy or difficult would you find it to go  
\* without smoking for a whole day?

Running  
prompt

- BH7  
Very easy .....  
Fairly easy .....  
Fairly difficult ....  
Very difficult?....  
DK / NA .....

27

H8. Would you like to give up smoking  
\* altogether?

- Yes BH8 .....
- No .....
- DK / NA .....

28

H9. How soon after waking do you usually smoke your first cigarette of the day?

- Less than 5 minutes ..... BH9  
5 - 14 minutes .....  
15 - 29 minutes .....  
30 minutes but less than 1 hour .....  
1 hour but less than 2 hours .....  
2 hours or more .....

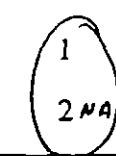
→ H11

29

H10. Have you ever smoked cigarettes regularly?

Yes BH10.

No ..... → (a)



→ (a)  
→ H12  
30

(a) About how many cigarettes did you smoke in a day when you smoked them regularly?

Less than 1 BH10A

No. smoked a day →



31-32

(b) How long ago did you stop smoking cigarettes regularly?

Less than 6 months ago .....

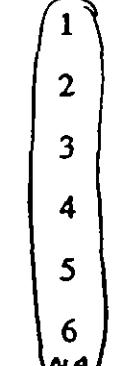
6 months but less than a year ago ..... BH10B

1 year but less than 2 years ago .....

2 years but less than 5 years ago .....

5 years but less than 10 years ago .....

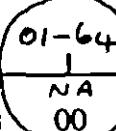
10 years or more ago .....



33

H11. How old were you when you started to smoke cigarettes regularly?

Enter age BH11

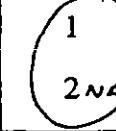


34

Spontaneous Never smoked cigarettes regularly .....

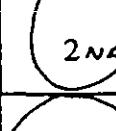
H12. Do you smoke at least one cigar of any kind per month nowadays?

Yes .....



36

No .. BH12

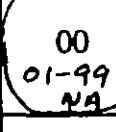


37-38

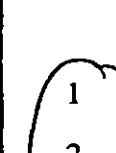
(a) About how many cigars do you usually smoke in a week?

Less than 1 BH12A

No. smoked a week →



39



39

(b) Have you ever regularly smoked at least one cigar of any kind per month?

Yes BH12B

No ..

See H13

1  
2 NA

40

Go to Section I page 52

1  
2 NA

41

Go to Section I page 52

1  
2

42

H13. To all men who have ever smoked (Coded 1 at H1)

DNA: Women BH13DNA

Do you smoke a pipe at all nowadays?

Yes ..

No .. BH13

1  
2 NA

43

Go to Section I page 52

1  
2

44

H14. Have you ever smoked a pipe regularly?

Yes BH14

No ..

1  
2 NA

45

Go to Section I page 52

1  
2

46

## I Drinking

11. I'm now going to ask you a few questions about what you drink - that is, if you do drink.

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

B11  
Yes.....

No .....

15 → I5 8501  
12 → I2 1277  
 $-9 = 14$  GtM  
= 8516 ✓  
prob

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

Very occasionally ..... B12

Never .....

16 → I5 549  
13 → I3 727  
 $-8 = 1$   
 $-9 = 8516$  ✓  
→ I4(a) 416  
→ I4(b) 310

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

Always a non-drinker B13

Used to drink but stopped .....

MC  
1  
2  
3  
4  
5  
6 NA  
18-22  
Go to self completion , page 6, then complete front page

## I4(a). Always a non drinker

\* Why is that?

Code all that apply Religious reasons .....

Don't like it B14A1-M5

Parent's advice ..... MC-S

Health reasons .....

Can't afford it .....

Other .....

MC  
1  
2  
3  
4  
5  
6 NA  
23-27  
Go to self completion , page 6, then complete front page

## I4(b). Used to drink but stopped

\* What would you say was the main reason you stopped drinking?

Code all that apply Religious reasons .....

Don't like it B14B1-M5

Parent's advice ..... MC-S

Health reasons .....

Can't afford it .....

Other .....

15. I'm going to read out a few descriptions about the amounts of alcohol people drink, and I'd like you to say which one fits you best.  
Would you say you

Running prompt

- hardly drink at all ..... *B. I S*  
drink a little .....  
drink a moderate amount .....  
drink quite a lot .....  
or drink heavily? .....  
DK .....

1
2
3
4
5
6
NA

16

28

$$-9 = 742$$
$$-8 = 10$$

JS - 8501  
549

9050

176

16. Show Card 34 and ask for each group of alcoholic drinks listed below:

How often have you had a drink of ..... during the last 12 months?

Ring the appropriate number

**EXCLUDE:** Any non-alcoholic drinks.  
Any low-alcohol drinks (other than shandy)

Shandy SHANDY  
(exclude bottles/cans)

Beer, lager,  
stout, cider BEER

Spirits or liqueurs  
(e.g. gin, whisky,  
rum, brandy, vodka,  
advocaat) SPRIT

Sherry or martini  
(including port,  
vermouth, cinzano,  
dubonnet) SHERRY

Wine  
(inc. babycham,  
champagne) WINE

Any other alcoholic  
drinks?

Yes ..... 1

No ..... 2

If yes, Specify name of drink  
..... OTHER

Almost every day	5 or 6 days a week	3 or 4 days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice a year	Not at all in past 12 months

1	2	3	4	5	6	7	8 NA

1	2	3	4	5	6	7	8 NA

1	2	3	4	5	6	7	8 NA

1	2	3	4	5	6	7	8 NA

1	2	3	4	5	6	7	8 NA

1	2	3	4	5	6	7	8 NA

1	2	3	4	5	6	7	8 NA

17. Ask for each group of alcoholic drinks coded 1 - 7 at I6 (drunk in the last 12 months)

How much . . . . . have you usually drunk on any one day?

Enter the amount

Leave blank for the groups of drink that the informant has not drunk at all in the last 12 months.

**EXCLUDE:** Any non-alcoholic drinks  
Any low-alcohol drinks  
(other than shandy)

Shandy \_\_\_\_\_

SHANDYAM  
Blank or

No NAS

35-36

half pints

Beer, lager,  
stout, cider \_\_\_\_\_

BEERAM A

Blank or

BEERAM B

Blank or

BEERAM C

Blank or

BEERAM D

Blank or

BEERAM E

Blank or

BEERAM F

Blank or

BEERAM G

Blank or

BEERAM H

Blank or

BEERAM I

Blank or

BEERAM J

Blank or

BEERAM K

Blank or

BEERAM L

Blank or

BEERAM M

Blank or

BEERAM N

Blank or

BEERAM O

Blank or

BEERAM P

Blank or

BEERAM Q

Blank or

BEERAM R

Blank or

BEERAM S

Blank or

BEERAM T

Blank or

BEERAM U

Blank or

BEERAM V

Blank or

BEERAM W

Blank or

BEERAM X

Blank or

BEERAM Y

Blank or

BEERAM Z

Blank or

Spirits or liqueurs  
(e.g. gin, whisky,  
rum, brandy, vodka,  
advocaat) \_\_\_\_\_

SPIRITAM

Blank or

SPIRIT B

Blank or

SPIRIT C

Blank or

SPIRIT D

Blank or

SPIRIT E

Blank or

SPIRIT F

Blank or

SPIRIT G

Blank or

SPIRIT H

Blank or

SPIRIT I

Blank or

SPIRIT J

Blank or

SPIRIT K

Blank or

SPIRIT L

Blank or

SPIRIT M

Blank or

SPIRIT N

Blank or

SPIRIT O

Blank or

SPIRIT P

Blank or

SPIRIT Q

Blank or

SPIRIT R

Blank or

SPIRIT S

Blank or

SPIRIT T

Blank or

SPIRIT U

Blank or

SPIRIT V

Blank or

SPIRIT W

Blank or

SPIRIT X

Blank or

SPIRIT Y

Blank or

SPIRIT Z

Blank or

Wine  
(inc. babycham,  
champagne) \_\_\_\_\_

WINEAM

Blank or

WINE B

Blank or

WINE C

Blank or

WINE D

Blank or

WINE E

Blank or

WINE F

Blank or

WINE G

Blank or

WINE H

Blank or

WINE I

Blank or

WINE J

Blank or

WINE K

Blank or

WINE L

Blank or

WINE M

Blank or

WINE N

Blank or

WINE O

Blank or

WINE P

Blank or

WINE Q

Blank or

WINE R

Blank or

WINE S

Blank or

WINE T

Blank or

WINE U

Blank or

WINE V

Blank or

WINE W

Blank or

WINE X

Blank or

WINE Y

Blank or

WINE Z

Blank or

Any other alcoholic  
drinks?

If the informant had any other type  
of alcoholic drink at I6, record the  
name of the drink again and enter the  
amount usually drunk on any one day.

Specify name of drink

Amount drunk on any  
one day during the  
last 12 months

No NAS

35-36

half pints

37-38

half pints OR

39-40

large cans, OR

41-42

small cans

43-44

singles

(Count doubles  
as 2 singles)

45-46

glasses

47-48

glasses

OFF USE

Blank or

49-50

Go to I8

178

18. During the past year, how often did you have 12 or more units of alcoholic drink of any kind in a single day, that is any combination of beers, glasses of wine, or other alcoholic drinks?

This card will help you to work out the number of units.

Show card 34  
and use cards  
35 and 36 as  
necessary

- Almost every day ..... B18
- 5 - 6 days a week .....
- 3 - 4 days a week .....
- Once or twice a week .....
- Once or twice a month.....
- Once or twice in 6 months.....
- Once or twice a year .....
- Not at all in the past 12 months .....



Go to page  
2 of self  
completion,  
then complete  
front page

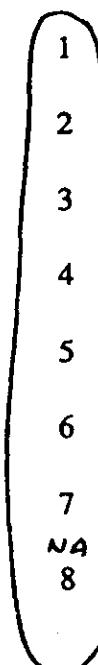
→ 19

51

19. During the past year, how often did you have from 8 to 11 units of alcoholic drink of any kind in a single day, that is any combination of beers, glasses of wine, or other alcoholic drinks?

Show card 34  
and use cards  
35 and 36 as  
necessary

- Almost every day ..... B19
- 5 - 6 days a week .....
- 3 - 4 days a week .....
- Once or twice a week .....
- Once or twice a month.....
- Once or twice in 6 months.....
- Once or twice a year .....
- Not at all in the past 12 months .....



Go to page  
2 of self  
completion,  
then comp'  
front page

→ 19

I.10

52

110. During the past year, how often did you have from 5 to 7 units of alcoholic drink of any kind in a single day, (that is any combination of beers, glasses of wine, or other alcoholic drinks)?

Show card 34  
and use cards  
35 and 36 as  
necessary

- Almost every day ..... B110
- 5 - 6 days a week ..... 1
- 3 - 4 days a week ..... 2
- Once or twice a week ..... 3
- Once or twice a month ..... 4
- Once or twice in 6 months ..... 5
- Once or twice a year ..... 6
- Not at all in the past 12 months ..... 7 NA 8

Go to page  
2 of self  
completion,  
then comple  
front page

Go to page  
6 of self  
completion,  
then comple  
front page

END REC 33

180

**IN CONFIDENCE**

Stick serial number label	H'ld	Date of Interview		
				9 3

(2)

---

**Complete at end of interview.**

**(i) Type of interview:**

Full interview, .....	1
Partial interview .....	2
Refusal .....	3

**(ii) Who was interviewed?**

Subject .....	1
Proxy .....	2
Both .....	3

→ Go to  
Recall Sheet

→ (iii) - (iv)

**(iii) Was subject present during the interview?**

Yes - all the time .....	1
Yes - part of the time .....	2
No .....	3

**(iv) Reason for proxy:**

Subject absent .....	1
Subject incapable due to mental health problems .....	2
Subject too ill .....	3
Subject has speech/hearing problem .....	4
Subject cannot speak English .....	5
Other (specify) .....	6

→ End  
interview

**D. Practical activities**

**\***

**Do you have any difficulty ....**

	Yes	No	DNA	(a)	Yes	No
				Do you need anyone to help you ( )		
D1 With personal care such as dressing, bathing, washing, or using the toilet?	1	2	3	with personal care?	1	2
D2 Getting out and about or using transport?	1	2	3	getting out and about?	1	2
D3 With medical care such as taking medicines or pills, having injections or changes of dressing?	1	2	3	with medical care?	1	2
D4 With household activities like preparing meals, shopping, laundry and housework?	1	2	3	with household activities?	1	2
D5 With practical activities such as gardening, decorating, or doing household repairs?	1	2	3	with practical activities?	1	2
D6 Dealing with paperwork, such as writing letters, sending cards or filling in forms?	1	2	3	dealing with paperwork?	1	2
D7 Managing money, such as budgeting for food or paying bills?	1	2	3	managing money?	1	2

(b) Who helps you	Code all that apply from list		
with personal care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
getting out and about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with household activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with practical activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dealing with paperwork?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
managing money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

00	No one
01	Spouse/cohabitee
02	Brother/sister (incl. in-law)
03	Son/daughter (incl. in-law)
04	Parent (incl. in-law)
05	Grandparent (incl. in-law)
06	Grandchild (incl. in-law)
07	Other relative
08	Boyfriend/girlfriend
09	Friend
10	CPN/Nurse
11	Occupational Therapist
12	Social worker
13	Home care worker/home help
14	Voluntary worker
15	Landlord/landlady
16	Paid domestic help
17	Paid nurse
18	Bank manager
19	Solicitor
20	Other person

## Recent Life Events

### DNA: Proxy interviews

1

Go to Section E,  
page 8

The following questions are about events or problems which may have happened to you during the past 6 months which might have caused you distress and to seek help

**Use card 19 if subject not alone,  
otherwise, ask D8 to D13**

**Then ask (a) to (g) if coded 1 at main**

			(a) When did this happen?			(b) Was there anyone, among your family or friends, who understood what this felt like?			(c) And were you able to talk about it openly and get support and understanding?
	Yes	No	No of months since event	Yes	No	Yes	No		
D8 In the past 6 months, have you yourself suffered from a serious illness, injury or an assault?	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	
D9 (In the past 6 months,) has a serious illness, injury or an assault happened to a close relative?	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	
D10 (In the past 6 months,) has a parent, spouse (or partner), child, brother or sister of yours died?	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	
D11 (In the past 6 months,) has a close family friend or another relative died, such as an aunt, cousin or grandparent?	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	
D12 (In the past 6 months,) have you had a separation due to marital difficulties or broken off a steady relationship?	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	
D13 (In the past 6 months,) have you had a serious problem with a close friend, neighbour or relative?	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	

(c) ↓ (d) ↓ (c) ↓ (d) ↓ (c) ↓ (d) ↓ (c) ↓ (d)

(d) Did you get any professional help, for this, that is from someone other than family or friends?	(e) Did you try to get help for this, from any professional?	(f) Was this because you didn't know where to get the help you wanted from or because you felt you didn't need any professional help?	(g) Was it help with practical things or did you need someone to talk things over with?			
Yes	No	DK where	Didn't need help	Practical	Talk over	Both
1 ↓ (g)	2 ↓ (e)	1 ↓ (g)	2 ↓ (f)	1 ↓ (g)	2 ↓ See D9	1 2 3 ↓ See D9
1 ↓ (g)	2 ↓ (e)	1 ↓ (g)	2 ↓ (f)	1 ↓ (g)	2 ↓ See D10	1 2 3 ↓ See D10
1 ↓ (g)	2 ↓ (e)	1 ↓ (g)	2 ↓ (f)	1 ↓ (g)	2 ↓ See D11	1 2 3 ↓ See D11
1 ↓ (g)	2 ↓ (e)	1 ↓ (g)	2 ↓ (f)	1 ↓ (g)	2 ↓ See D12	1 2 3 ↓ See D12
1 ↓ (g)	2 ↓ (e)	1 ↓ (g)	2 ↓ (f)	1 ↓ (g)	2 ↓ See D13	1 2 3 ↓ See D13
1 ↓ (g)	2 ↓ (e)	1 ↓ (g)	2 ↓ (f)	1 ↓ (g)	2 ↓ Go to D14	1 2 3 ↓ Go to D14

Now I'd like to ask you about some other events or problems which may have happened to you during the past 6 months

**Use card 20 if subject not alone,  
otherwise, ask D14 to D18**

**Then ask (a) to (g) if coded 1 at main**

**D14 In the past 6 months, were you made redundant or sacked from your job?**

**D15 (In the past 6 months,) were you seeking work without success for more than one month?**

**D16 (In the past 6 months,) did you have a major financial crisis, such as losing the equivalent of 3 months income?**

**D17 (In the past 6 months,) did you have problems with the police involving a court appearance?**

**D18 (In the past 6 months,) was something you valued lost or stolen?**

	(a) When did this happen?		(b) Was there anyone, among your family or friends, who understood what this felt like?		(c) And were you able to talk about it openly and get support and understanding?		
	Yes	No	No of months since event	Yes	No	Yes	No
<b>D14</b>	1	2	<input type="checkbox"/>	1 ↓ (c)	2 ↓ (d)	1	2
<b>D15</b>	1	2	<input type="checkbox"/>	1 ↓ (c)	2 ↓ (d)	1	2
<b>D16</b>	1	2	<input type="checkbox"/>	1 ↓ (c)	2 ↓ (d)	1	2
<b>D17</b>	1	2	<input type="checkbox"/>	1 ↓ (c)	2 ↓ (d)	1	2
<b>D18</b>	1	2	<input type="checkbox"/>	1 ↓ (c)	2 ↓ (d)	1	2

(d) Did you get any professional help for this, that is from someone other than family or friends?	(e) Did you try to get help for this, from any professional?	(f) Was this because you didn't know where to get the help you wanted from or because you felt you didn't need any professional help?	(g) Was it help with practical things or did you need for someone to talk things over with?					
Yes	No	Yes	No	DK where	Didn't need help	Practical	Talk over	Both
1 ↓ (g)	2 ↓ (e)	1 ↓ (g)	2 ↓ (f)	1 ↓ (g)	2 ↓ See D15	1 2 3	2 ↓ See D15	
1 ↓ (g)	2 ↓ (e)	1 ↓ (g)	2 ↓ (f)	1 ↓ (g)	2 ↓ See D16	1 2 3	2 ↓ See D16	
1 ↓ (g)	2 ↓ (e)	1 ↓ (g)	2 ↓ (f)	1 ↓ (g)	2 ↓ See D17	1 2 3	2 ↓ See D17	
1 ↓ (g)	2 ↓ (e)	1 ↓ (g)	2 ↓ (f)	1 ↓ (g)	2 ↓ See D18	1 2 3	2 ↓ See D18	
1 ↓ (g)	2 ↓ (e)	1 ↓ (g)	2 ↓ (f)	1 ↓ (g)	2 ↓ Go to Section E	1 2 3	2 ↓ Go to Section E	

- E1. The next few questions are about how you spend your leisure time

When you are at home, what sorts of things do you usually do during your leisure time?

Show card 21

Code  
all  
that  
apply

Spontaneous: No leisure time/no leisure pursuits .. .

Entertaining friends or relatives ..... .. ..

Writing letters/telephoning ... .. ..

Reading books and newspapers ..... ..

TV/radio .. ..

Listening to music ..

Hobbies inc art and crafts,  
knitting, playing a musical  
instrument, writing poetry ..... ..

Gardening .. .. .. .. ..

DIY/ car maintenance .. .... .. .. ..

Games inc. cards, computer games,  
betting and gambling .. ..

Other leisure pursuits .. .. .. .. ..

	Share	Do on own
01		
02		
03		
04	1	2
05	1	2
06	1	2
07	1	2
08	1	2
09	1	2
10	1	2
99		→ Go to E3

(a) Ask for each activity informant does except for 'entertaining friends or relatives', 'writing letters/telephoning' and 'reading books and newspapers':

Refer to activity and ask:

Is this an interest which you share with someone else and usually do together or do you usually do it on your own?

Ring code in column (a) above.  
Then go to E2.

**E2.** What sorts of things do you usually do during your leisure time away from home?

Show card 22

Code  
all  
that  
apply

**Spontaneous:** No leisure time/no leisure pursuits

- Visiting friends or relatives
- Pubs, restaurants
- Night clubs, discos
- Clubs, organisations
- Classes, lectures
- Going for a walk, walking the dog
- Sports inc keep fit, cycling, swimming, football and horse riding
- Sports as a spectator
- Cinema, theatre, concerts
- Bingo, amusement arcades
- Bookmakers, betting and gambling
- Shopping
- Church
- Political activities
- Library
- Other leisure pursuits

	(a) Do on own	
Share	1	2
01	X	X
02	1	2
03	1	2
04	1	2
05	1	2
06	1	2
07	1	2
08	1	2
09	1	2
10	1	2
11	1	2
12	1	2
13	1	2
14	1	2
15	1	2
16	1	2
99	→ Go to E3	

(a) Ask for each activity informant does except for 'entertaining friends or relatives':

Refer to activity and ask:

Is this an interest which you share with someone else and usually do/go to together or do you usually do it/go on your own?

Ring code in column (a) above.

**E3.** Do you go to any of these places for social activities?

- |                   |  |   |
|-------------------|--|---|
| Individual prompt | (a) Day centre?                                    | . |
|                   | (b) Club for people with physical health problems? | . |
|                   | (c) Club for people with mental health problems?   | . |
|                   | (d) Any other types of social club?                | . |

**E4.** Do you regularly go to

- (a) an Adult Education Centre?
- (b) an Adult Training Centre?

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

E5.

DNA: Proxy interviews

Go to  
Section F  
page 12

**Interviewer Code:**

No other adults live with informant ..

1 → E7

One or more other adults live with informant .. .. ..

2 → E6

E6.

**No privacy - use card 23 for E6, E7 and E8  
otherwise, ask.**

**Preamble:**

The next few questions are about people you feel close to,  
including relatives, friends and acquaintances

First of all we would like to ask you about the people that  
you live with

How many adults who live with you  
do you feel close to?

None ..... 00

One . .... 01

Two or more enter no. → 1

E7.

**If informant lives alone, but no privacy,  
use card 24 for E7 and E8, otherwise ask.**

**Preamble if necessary:**

The next few questions are about people you feel close to,  
including relatives, friends and acquaintances.

(Now we would like to ask you about people whom you  
feel close to who do not live with you )

How many relatives who are aged 16 or over  
(and do not live with you) do you feel close to?

None ... .... 00

One ... .... 01

Two or more enter no. → 1

E8.

How many friends or acquaintances (who do  
not live with you) would you describe as  
close or good friends?

None . .... 00

One . .... 01

Two or more enter no. → 1

E9

DNA: No close relatives or friends outside household (coded 00 at E7 and E8)

No privacy - use a card 25, otherwise ask

Thinking about all of the people (who do not live with you) whom you feel close to or regard as good friends, how many did you meet or speak with in the past week?

None

One

Two or more enter number

00

01

1

E10

DNA: No close relatives or friends  
(coded 00 at E6, E7 and E8)

Go to  
Section F

Use cards 27a to c if subject not alone, otherwise, ask using card 26.

I would now like you to think about your family and friends  
(By family I mean those who live with you as well as those elsewhere )

Here are some comments people have made about their family and their friends For each statement, please say whether it is not true, partly true or certainly true

- A. There are people I know - amongst my family or friends - who do things to make me happy
- B. There are people I know - amongst my family or friends - who make me feel loved
- C. There are people I know - amongst my family or friends - who can be relied on no matter what happens
- D. There are people I know - amongst my family or friends - who would see that I am taken care of if I needed to be
- E. There are people I know - amongst my family or friends - who accept me just as I am
- F. There are people I know - amongst my family or friends - who make me feel an important part of their lives
- G. There are people I know - amongst my family or friends - who give me support and encouragement

Not true	Partly true	Certainly true
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

**F Education and Employment Status**

**F1. At what age did you finish your continuous full-time education at school or college?**

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

- F2. Please look at this card and tell me whether you have passed any of the qualifications listed. Look down the list and tell me the first one you come to that you have passed.

**Show card 28**

<b>Code first that applies</b>	<p>Degree (or degree level qualification) .....</p> <p>Teaching qualification .....</p> <p>HNC/HND, BEC/TEC Higher, BTEC Higher .....</p> <p>City and Guilds Full Technological Certificate .....</p> <p>Nursing qualifications (SRN, SCM, RGN, RM RHV, Midwife . . . . .</p> <p>'A' levels/SCE higher.....</p> <p>ONC/OND/BEC/TEC not higher .....</p> <p>City and Guilds Advanced/Final level .....</p> <p>'O' level passes (Grade A - C if after 1975) .....</p> <p>GCSE (Grades A - C) . . . . .</p> <p>CSE Grade 1 .....</p> <p>SCE Ordinary (Bands A - C) .....</p> <p>Standard Grade (Level 1 - 3) .....</p> <p>SLC Lower... . . . . .</p> <p>SUPE Lower or Ordinary . . . . .</p> <p>School Certificate or Matric . . . . .</p> <p>City and Guilds Craft/Ordinary level .....</p> <p>CSE Grades 2 - 5 . . . . .</p> <p>GCE 'O' level (Grades D &amp; E if after 1975) .....</p> <p>GCSE (Grades D, E, F, G) . . . . .</p> <p>SCE Ordinary (Bands D &amp; E) .....</p> <p>Standard Grade (Level 4, 5) . . . . .</p> <p>Clerical or commercial qualifications .....</p> <p>Apprenticeship .. . . . .</p> <p>CSE ungraded . . . . .</p> <p>Other qualifications (specify) .. . . . .</p> <p>No qualifications . . . . .</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p>
--	--	---

**Employment status**

**F3.** Did you do any paid work in the last week, that is in the 7 days ending last Sunday, either as an employee or self employed?

<b>Include paid sheltered employment</b>	Yes	..
<b>Include work based training schemes</b>	No	-----
<b>Exclude college based training schemes</b>		

Yes

01

→ F5

No

-----

→ (a)

(a) Even though you weren't working, did you have a job that you were away from last week?

Yes

02

→ F4

No

-----

→ (i)

(i) Last week were you

**Code  
first  
that  
applies**

waiting to take up a job that you had already obtained? .....

03

looking for work? .....

04

intending to look for work but prevented by temporary ill-health, sickness or injury? .....

05

going to school or college full time? .. .  
(use only for persons aged 16 - 49)

06

permanently unable to work because of long term sickness or disability? .. .  
(for women, use only if aged 16 - 59)

07

retired? .. .  
(use only if stopped work at age 50 or over)

08

looking after the home or family? .. . . . .

09

or were you doing something else? .. .

10

→ F5

**F4.** What was the main reason you were away from work (last week)?

**Code  
one  
only**

On leave/holiday .. . . . . 1

A mental, nervous or emotional problem .. . . . . 2

A physical health problem .. . . . . 3

Attending a training course away from the workplace .. . . . . 4

→ F5

Laid off/short time .. . . . . 5

Personal/family reason .. . . . . 6

Other reasons .. . . . . 7

**F5. Interviewer check**

Had a job last week (coded 01 at F3 or 02 at F3(a)) ... 1 → F8  
Unemployed waiting to take up a job (coded 03 at F3(a)(i)) .... 2 → F6  
Unemployed looking for work (coded 04 or 05 at F3(a)(i)) . .... 3 → F7  
Others - economically inactive (coded 06 to 10 at F3(a)(i)) . .... 4

**F6. Unemployed waiting to take up a job**

Apart from the job you are waiting to take up, have you ever had a paid job or done any paid work?

Yes ... 1 → F8  
No .... 2

**F7. All others unemployed and economically inactive**

(May I check) have you ever had a paid job or done any paid work?

Yes .... 1 → F8  
No ..... 2 → See F26,  
page 17

**F8. If employed**

(i) What was your job last week?

**If not employed**

(ii) What was your most recent job?

(iii) What is the job you are waiting to take up?

**If retired**

(iv) What was your main job?

Job title

Description

Industry

**(a) Informant's Definition**Full-time .. . . .  
Part-time .. . . .1  
2**(b)**Employee .. . . .  
Self-employed .. . .1  
2**F9 (a) If employee ask or record**Manager .. . . . .  
Foreman/supervisor .. . . .  
other employee .. . . .1  
2  
3**(b) How many employees work(ed)  
in the establishment**1 - 24 .. . . . .  
25 - 499 .. . . . .  
500 or more .. . . .1  
2  
3**(c) Do/did you work in sheltered employment  
such as with****Running  
Prompt**Remploy .. . . .  
a local authority .. . .  
a blind association .. . .  
a voluntary association ..  
or in a sheltered place with  
an ordinary employer? ..  
DK/None of these1  
2  
3  
4  
5  
6**F10 If self employed**

Do/did you employ other people?

Yes, PROBE 1 - 24 .. . .  
25 - 499 .. . . .  
500 or more .. . .1  
2  
3  
4

No employees .. . . .

See F26,  
page 17

**F26. Spouse's employment**

DNA: no spouse

Enter person no. of spouse  
(from H'hold box) ——————→

1

→ Section H  
page 19

I'd now like to ask you about (SPOUSE)

Did (SPOUSE) do any paid work in the last week,  
that is in the 7 days ending last Sunday,  
either as an employee or self-employed?

Yes .. .

01 → F27

No .. .

-----→ (a)

(a) Even though he/she wasn't working, did he/she  
have a job that he/she was away from last week?

Yes .. .

02 → F27

No .. .

-----→ (i)

(i) Last week was he/she:

Code  
first  
that  
applies

waiting to take up a job that he/she  
had already obtained? .. . .. .

03

looking for work? .. . .. . .. .

04

intending to look for work but  
prevented by temporary sickness  
or injury? .. . .. . .. . .. .

05

going to school or college full time?  
(use only for persons aged 16 - 49) .. . ..

06

permanently unable to work because of  
long term sickness or disability?  
(for women, use only if aged 16 - 59) .. . ..

07

retired?  
(use only if stopped work at aged 50 or over) ..

08

looking after the home or family? .. .

09

or was he/she doing something else? .. .

10

'ii) May I check, has he/she ever had a paid job  
or done any paid work?

Yes .. .

1 → F27

No .. .

2 → Section H  
page 19

**F27 Details of spouse's employment**

**If employed**

(i) What was his/her job last week?

**If not employed**

(ii) What was his/her most recent job?

(iii) What is the job he/she is waiting to take up?

**If retired**

(iv) What was his/her main job?

Job title

Description

Industry

Full-time .....

1

Part-time .....

2

Employee.....

1

Self-employed ..

2

**(a) Ask or record**

Manager .....

1

Foreman/supervisor .....

2

other employee .....

3

**(i) How many employees work(ed)  
in the establishment**

1 - 24 .....

1

25 - 499 .....

2

500 or more .....

3

**(b) If self-employed:**

Do (did) he/she employ other people?

Yes, PROBE 1 - 24 ...

1

25 - 499 .....

2

500 or more .....

3

No employees .....

4

SOC

IND

→ (a)

→ (b)

→ Section H

→ Section H

## H Smoking

H1

DNA: Proxy interview .....

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

Yes ... 1

No ... 2

→ Complete front page

→ H2

→ Go to Section I, page 22

H2. Do you smoke cigarettes at all nowadays?

Yes ..... 1

No ... 2

→ H3

→ H10

H3. About how many cigarettes a day do you usually smoke at weekends?

Less than 1 ..... 00

No. smoked a day → 1

H4. And about how many cigarettes a day do you usually smoke on weekdays?

Less than 1 .. .... 00

No. smoked a day → 1

H5. Do you mainly smoke

**Running prompt  
Code one only**

filter-tipped cigarettes .. ... .. .... .. .

1

→ H6

or plain or untipped cigarettes ..... .. .... .. .

2

or hand-rolled cigarettes? .. .. .... .. .

3

→ H7

H6. Which brand of cigarette do you usually smoke?

**Enter details**

Full brand name .. .

Size e.g. King, luxury, regular .. .

Filter tipped or plain

INTERVIEWER: Code from reference card C →

Not on list .. .

1

→ H7

H7. How easy or difficult would you find it to go  
without smoking for a whole day?

\*

**Running  
prompt**

Very easy .. ..	1
Fairly easy .....	2
Fairly difficult ...	3
Very difficult?....	4
DK ..... . . . .	5

H8. Would you like to give up smoking  
altogether?

\*

Yes .. ..	1
No .. .. . ..	2
DK ..... . . . .	3

H9. How soon after waking do you usually smoke your first cigarette of the day?

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

→ H11

**H10. Have you ever smoked cigarettes regularly?**

Yes .. ....	1	→ (a)
No ..	2	→ H12

(a) About how many cigarettes did you smoke in a day when you smoked them regularly?

Less than 1

No. smoked a day →

00

1

(b) How long ago did you stop smoking cigarettes regularly?

Less than 6 months ago .. .. . . .	1
6 months but less than a year ago .. . .. . . .	2
1 year but less than 2 years ago .. . . . .	3
2 years but less than 5 years ago .. . . . .	4
5 years but less than 10 years ago .. . . . .	5
10 years or more ago .. . . . .	6

1

2

3

→ H11

4

5

6

**H11. How old were you when you started to smoke cigarettes regularly?**

Enter age →

1

00

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

**H12. Do you smoke at least one cigar of any kind per month nowadays?**

Yes ..

1

No ..

2

(a) About how many cigars do you usually smoke in a week?

Less than 1 .. . . .

00

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

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2

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5

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8

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2

3

4

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7

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5

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4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

## I Drinking

11. I'm now going to ask you a few questions about what you drink - that is, if you do drink

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

Yes .....

1 → I5

No .....

2 → I2

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

Very occasionally .. ....

1 → I5

Never .. ....

2 → I3

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

Always a non-drinker. ....

1 → I4(a)

Used to drink but stopped ....

2 → I4(b)

### I4(a). Always a non drinker

\* Why is that?

Religious reasons ... ....

1

Code all that apply      Don't like it....

2

Parent's advice .. ....

3

Health reasons ....

4

Can't afford it .. ....

5

Other .. ....

6

Go to self completion , page 6, then complete front page

### I4(b). Used to drink but stopped

\* What would you say was the main reason you stopped drinking?

Religious reasons ....

1

Code all that apply      Don't like it .. ....

2

Parent's advice .. ..

3

Health reasons .. ....

4

Can't afford it ....

5

Other .. ..

6

Go to self completion , page 6, then complete front page

- 15.** I'm going to read out a few descriptions about  
the amounts of alcohol people drink, and I'd like  
you to say which one fits you best.  
Would you say you.

**Running  
prompt**

- hardly drink at all .....  
drink a little .....  
drink a moderate amount .....  
drink quite a lot. ....  
or drink heavily? ....  
DK ....

1	
2	
3	
4	
5	
6	

→ I6

16. Show Card 34 and ask for each group of alcoholic drinks listed below:

How often have you had a drink of . . . during the last 12 months?

Ring the appropriate number

**EXCLUDE:** Any non-alcoholic drinks.  
Any low-alcohol drinks (other than shandy)

Shandy \_\_\_\_\_ →

Almost every day	5 or 6 days a week	3 or 4 days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice a year	Not at all in past 12 months

Beer, lager, stout, cider \_\_\_\_\_ →

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

Spirits or liqueurs (e.g. gin, whisky, rum, brandy, vodka, advocaat) \_\_\_\_\_ →

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

Sherry or martini (including port, vermouth, cinzano, dubonnet) \_\_\_\_\_ →

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

Wine (inc. babycham, champagne) \_\_\_\_\_ →

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

Any other alcoholic drinks?

Yes . . . 1

No .. 2

If yes, Specify name of drink

→

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

Go to I7

**I7. Ask for each group of alcoholic drinks coded 1 - 7 at I6 (drunk in the last 12 months)**

How much ... have you usually drunk on any one day?

Enter the amount

Leave blank for the groups of drink that the informant has not drunk at all in the last 12 months.

**EXCLUDE:** Any non-alcoholic drinks  
Any low-alcohol drinks  
(other than shandy)

Shandy \_\_\_\_\_ →

Beer, lager,  
stout, cider \_\_\_\_\_ →

Spirits or liqueurs  
(e.g. gin, whisky,  
rum, brandy, vodka,  
advocaat) \_\_\_\_\_ →

Sherry or martini  
(including port,  
vermouth, cinzano,  
dubonnet) \_\_\_\_\_ →

Wine  
(inc. babycham,  
champagne) \_\_\_\_\_ →

Any other alcoholic  
drinks? \_\_\_\_\_

If the informant had any other type  
of alcoholic drink at I6, record the  
name of the drink again and enter the  
amount usually drunk on any one day.

Specify name of drink \_\_\_\_\_

Amount drunk on any  
one day during the  
last 12 months

half pints

half pints OR

large cans, OR

small cans

singles  
(Count doubles  
as 2 singles)

glasses

glasses

OFF USE

Go to I8

205

- I8.** During the past year, how often did you have 12 or more units of alcoholic drink of any kind in a single day, that is any combination of beers, glasses of wine, or other alcoholic drinks?

This card will help you to work out the number of units.

Show card 34  
and use cards  
35 and 36 as  
necessary

Almost every day .. .. .. ..	1
5 - 6 days a week .. .. .. ..	2
3 - 4 days a week .. .. .. ..	3
Once or twice a week .. .. .. ..	4
Once or twice a month .. .. .. ..	5
Once or twice in 6 months .. .. .. ..	6
Once or twice a year .. .. .. ..	7
Not at all in the past 12 months .. .. .. ..	8

Go to page 2 of self completion,  
then complete front page

→ I9

- I9.** During the past year, how often did you have from 8 to 11 units of alcoholic drink of any kind in a single day, that is any combination of beers, glasses of wine, or other alcoholic drinks?

Show card 34  
and use cards  
35 and 36 as  
necessary

Almost every day .. .. .. ..	1
5 - 6 days a week .. .. .. ..	2
3 - 4 days a week .. .. .. ..	3
Once or twice a week .. .. .. ..	4
Once or twice a month .. .. .. ..	5
Once or twice in 6 months .. .. .. ..	6
Once or twice a year .. .. .. ..	7
Not at all in the past 12 months .. .. .. ..	8

Go to page 2 of self completion,  
then complete front page

→ I9

I10. During the past year, how often did you have from 5 to 7 units of alcoholic drink of any kind in a single day, (that is any combination of beers, glasses of wine, or other alcoholic drinks)?

Show card 34  
and use cards  
35 and 36 as  
necessary

Almost every day .. . . . .	1
5 - 6 days a week .. . . .	2
3 - 4 days a week .. . . .	3
Once or twice a week ..... .	4
Once or twice a month. . . .	5
Once or twice in 6 months . . .	6
Once or twice a year . . . .	7
Not at all in the past 12 months .....	8

Go to page  
2 of self  
completion,  
then complete  
front page

Go to page  
6 of self  
completion,  
then complete  
front page

REC 3 + SCQ 1 1-+ = '3+01'

= 3560

D

N1361

Self-Completion

SC unless MC specified.

IN CONFIDENCE

No NAs

REGION

(15-18)

ADDRESS

(19-20)

No NAs

H/HLD

H'hd

REGION	AREAS	ADDRESS
- Stick serial number label		
(01-16)	(01-19)	(01-90)

15-20

1-9

21

INTDAY INTMONTH INTYEAR

Date of interview

(01-31) NA	(04-09) NA	(9,3)
---------------	---------------	-------

22-23 24-25 26-27

## Part A

Here is a list of some experiences that many people have reported in connection with drinking.

Please read each item and indicate if this has ever happened to you in the past 12 months.

Please ring 1 or 2  
for each item

	Yes	No	
SB 1. I have skipped a number of regular meals while drinking .....	PA 1	1 NA 2	15
SB 2. I have often had an alcoholic drink the first thing when I got up in the morning .....		1 NA 2	16
SB 3. I have had a strong drink in the morning to get over the effects of the previous night's drinking .....		1 NA 2	17
SB 4. I have woken up the next day not being able to remember some of the things I had done while drinking .....		1 NA 2	18
SB 5. My hands shook a lot the morning after drinking.....		1 NA 2	19
SB 6. I need more alcohol than I used to, to get the same effect as before .....		1 NA 2	20
7. My drinking has interfered with my spare time activities or hobbies .....		1 NA 2	21
LC 8. Sometimes I have needed a drink so badly that I couldn't think of anything else .....		1 NA 2	22
SB 9. Sometimes I have woken up during the night or early morning sweating all over because of drinking.....		1 NA 2	23
BELL 10. I have got into a heated argument while drinking.....		1 NA 2	24
BELL 11. I have got into a fight in a pub while drinking.....		1 NA 2	25
BELL 12. I have got into a fight at home while drinking .....		1 NA 2	26
13. A police officer questioned or warned me because of my drinking .....	↓ PA 13	1 NA 2	27

Please ring 1 or 2  
for each item

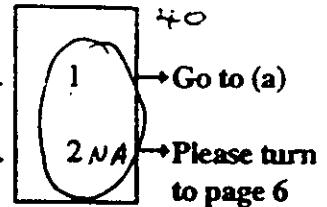
	Yes	No	
14. My drinking contributed to getting involved in an accident in which someone else was hurt or property, such as a car, was damaged .....	DA14	1 NA 2	25
15. My drinking contributed to my getting hurt in an accident in a car or elsewhere.....	DA15	1 NA 2	29
16. I had trouble with the police about drinking when driving was not involved .....	DA16	1 NA 2	30
17. I have been arrested for driving after drinking .....	DA17	1 NA 2	31
18. I have stayed drunk for several days at a time .....	DA18	1 NA 2	32
19. Once I started drinking it was difficult for me to stop before I became completely drunk .....	DA19	1 NA 2	33
20. I sometimes kept on drinking after I promised myself not to .....	DA20	1 NA 2	34
21. I deliberately tried to cut down or stop drinking, but I was unable to do so .....	DA21	1 NA 2	35
22. I had an illness connected with drinking which kept me from working or doing my regular activities for a week or more .....	DA22	1 NA 2	36
23. I felt that my drinking was becoming a serious threat to my physical health .....	DA23	1 NA 2	37
24. A doctor suggested that I cut down on my drinking .....	DA24	1 NA 2	38
25. I have lost a job or nearly lost one because of drinking .....	DA25	1 NA 2	39

Now, please turn over

26. In the past 12 months, did any of the people in the list below ask you to drink less or to act differently when you were drinking?

Yes ..... *D A 2 C*

No ..... *D A 2 C*



1. Spouse or partner
2. Mother
3. Father
4. Girlfriend or boyfriend
5. Any other relative
6. Anyone else you live with
7. Any other friend
8. Someone else

(a) Who asked you to drink less or to act differently when you were drinking?  
Please circle number(s) in the box below.

For example, if your mother and father asked you  
to drink less, circle '2' and '3' below.

MC  
  

*MC = 8*

*D A 2 C M 1 - M 8*

1	2	3	4	5	6	7	8 <i>M</i>
---	---	---	---	---	---	---	------------

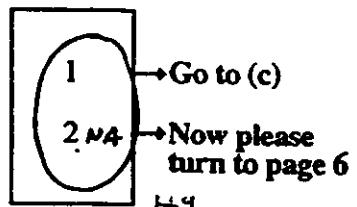
→ Go to (b)

*41 - 43*

(b) Did this threaten or break up your relationship  
with any of the people who asked you to drink  
less or act differently?

Yes ..... *D A 2 C 3*

No ..... *D A 2 C 3*



(c) Which relationship(s) did this threaten or break up?  
Please circle number(s) in the box below.

MC  
  

*MC = 8*

*D A 2 C M 1 - M 8*

1	2	3	4	5	6	7	8 <i>M</i>
---	---	---	---	---	---	---	------------

→ Now please  
turn to page 6

*50 - 57*

Part B

Now I'd like to ask about your experience with drugs.  
Here is a list of the most commonly used drugs.

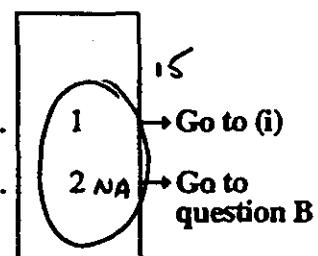
1. Sleeping Pills, Barbiturates, Sedatives, Downers, Seconal
2. Tranquillisers, Valium, Librium
3. Cannabis, Marijuana, Hash, Dope, Grass, Ganja, Kif
4. Amphetamines, Speed, Uppers, Stimulants, Qat
5. Cocaine, Coke, Crack
6. Heroin, Smack
7. Opiates other than heroin: Demerol, Morphine, Methadone, Darvon, Opium, DF118
8. Psychedelics, Hallucinogens: LSD, Mescaline, Acid, Peyote, Psilocybin (Magic) mushrooms
9. Ecstasy
0. Solvents, inhalants, glue, amyl nitrate

Please look at the above list and answer questions A, B and C

- A Have you ever used any of the drugs on the list more than was prescribed for you?

Yes ..... DSA .....

No ..... ..... .....



- (i) Which of these drugs have you used more than was prescribed for you?  
Please circle the category/categories of drugs from the list in the box below.

MC

DBA1M1-M1C

MC = 10

16-25

1	2	3	4	5	6	7	8	9	0 NA
---	---	---	---	---	---	---	---	---	------

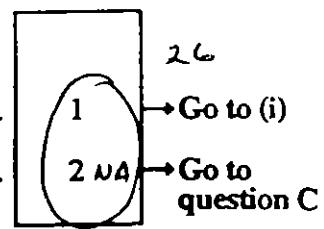
→ Go to question B

213 Now please answer question B on the opposite page.

B Have you ever used any of the drugs on the list to get high?

Yes ..... DBC

No .....



(i) Which of these drugs have you used to get high?  
Please circle the category/categories of drugs from the list in the box below.

MC

DBCIMI-MIC

MC=10

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

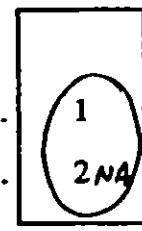
→ Go to question C

27-36

C Have you ever used any of the drugs on the list without a prescription?

Yes ..... DBC

No .....



37

(i) Which of these drugs have you used without a prescription?  
Please circle the category/categories of drugs from the list in the box below

MC

DBCIMI-MIC

MC=10

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

→ Go to D

38-47

D If you have answered 'yes' to any of questions A, B or C, please go to question 1 on the next page.

END REC 34

If you have answered 'no' to all of questions A, B and C, please hand this back to the interviewer.

1. Sleeping Pills, Barbiturates, Sedatives, Downers, Seconal
2. Tranquillisers, Valium, Librium
3. Cannabis, Marijuana, Hash, Dope, Grass, Ganja, Kif
4. Amphetamines, Speed, Uppers, Stimulants, Qat
5. Cocaine, Coke, Crack
6. Heroin, Smack
7. Opiates other than heroin: Demerol, Morphine, Methadone, Darvon, Opium, DF118
8. Psychedelics, Hallucinogens: LSD, Mescaline, Acid, Peyote, Psilocybin (Magic) mushrooms
9. Ecstasy
10. Solvents, inhalants, glue, amyl nitrate.

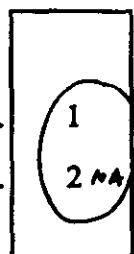
REC 35 SEQ 1 1-4 = 3501

Please answer the following questions thinking about the drugs on this list which you have used without a prescription, to get high, or more than was prescribed for you.

1. Have you ever used any of these drugs more than five times in your life?

Yes ..... **21** ..... → Go to (a)

No ..... **NA** ..... → Go to Q15,  
page 14



15

- (a) What was it? (What are they?)  
Please circle category/categories of drugs from the list.

MC      DDIAAMI-MIC      n.cx10

1	2	3	4	5	6	7	8	9	0 <b>NA</b>	→ Go to (b)
---	---	---	---	---	---	---	---	---	-------------	-------------

16-25

- (b) In what year did you first use any of the drugs on this list?

215

Please enter year → **DD1D**

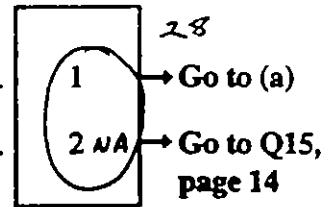
**19** **29-93** **NA** → Go to 2

26-27

2. Have you used any one of these drugs in the past 12 months?

Yes ..... DD2 .....

No ..... .....



(a) What was it? (What were they?)

Please circle category/categories of drugs from the list.

MC

DD2A M1 - M10

MC = 10

1	2	3	4	5	6	7	8	9	0 NA
---	---	---	---	---	---	---	---	---	------

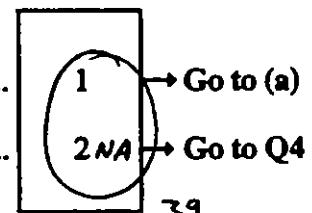
29 - 38

→ Go to Q3

3. Have you ever used any one of these drugs every day for two weeks or more in the past 12 months?

Yes ..... DD3 .....

No ..... .....



(a) What was it? (What were they?)

Please circle category/categories of drugs from the list.

MC

DD3A M1 - M10

MC = 10

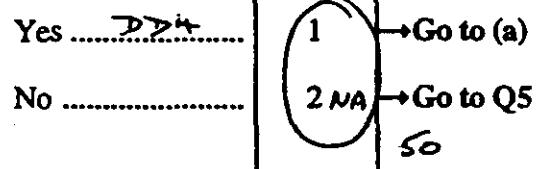
1	2	3	4	5	6	7	8	9	0 NA
---	---	---	---	---	---	---	---	---	------

40 - 49

216

1. Sleeping Pills, Barbiturates, Sedatives, Downers, Seconal
2. Tranquillisers, Valium, Librium
3. Cannabis, Marijuana, Hash, Dope, Grass, Ganja, Kis
4. Amphetamines, Speed, Uppers, Stimulants, Qat
5. Cocaine, Coke, Crack
6. Heroin, Smack
7. Opiates other than heroin: Demerol, Morphine, Methadone, Darvon, Opium, DF118
8. Psychedelics, Hallucinogens: LSD, Mescaline, Acid, Peyote, Psilocybin (Magic) mushrooms
9. Ecstasy
0. Solvents, inhalants, glue, amyl nitrate

4. In the past 12 months have you used any one of these drugs to the extent that you felt like you needed it or were dependent on it?



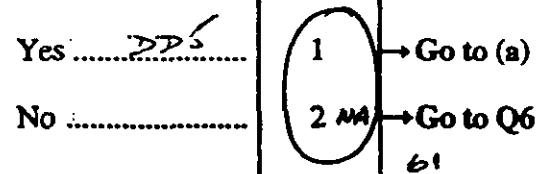
- (a) What was it? (What were they?)  
 Please circle category/categories of drugs from the list.

MC      *DD4AM1-M10*      *MC=10*

1	2	3	4	5	6	7	8	9	0 NA
---	---	---	---	---	---	---	---	---	------

→ Go to Q5  
*51-60*

5. In the past 12 months have you tried to cut down on any drugs but found you couldn't do it?



- (a) What was it? (What were they?)  
 Please circle category/categories of drugs from the list.

MC      *DD5AM1-M10*      *MC=10*

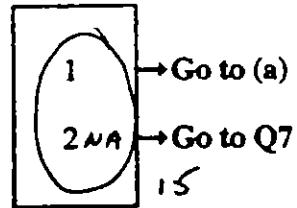
1	2	3	4	5	6	7	8	9	0 NA
---	---	---	---	---	---	---	---	---	------

→ Go to Q6  
*62-71*

6. In the past 12 months did you find you needed larger amounts of these drugs to get an effect, or that you could no longer get high on the amounts you used to use?

Yes ... DD6 ...

No .....



- (a) What was it? (What were they?)

Please circle category/categories of drugs from the list.

MC  
=

DD6AMI-M10

MC = 10

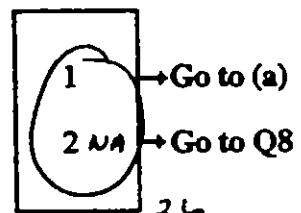
1	2	3	4	5	6	7	8	9	0 NA
---	---	---	---	---	---	---	---	---	------

16-25

7. In the past 12 months, have you had withdrawal symptoms, such as feeling sick because you stopped or cut down on any of these drugs?

Yes ... DD7 ...

No .....



26

- (a) What was it? (What were they?)

Please circle category/categories of drugs from the list.

MC  
=

DD7AMI-M10

MC = 10

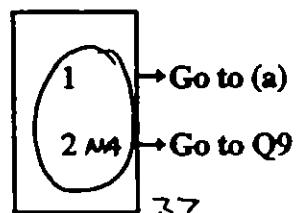
1	2	3	4	5	6	7	8	9	0 NA
---	---	---	---	---	---	---	---	---	------

27-36

8. In the past 12 months did you have any health problems, such as fits, an accidental overdose, a persistent cough or an infection as a result of using any of these drugs?

Yes ... DD8 ...

No .....



37

- (a) What was it? (What were they?)

Please circle category/categories of drugs from the list.

MC  
=

DD8AMI-M10

MC = 10

1	2	3	4	5	6	7	8	9	0 NA
---	---	---	---	---	---	---	---	---	------

38-47

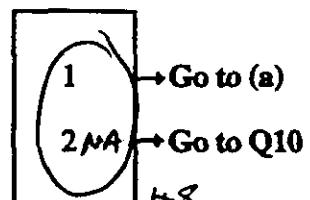
218

1. Sleeping Pills, Barbiturates, Sedatives, Downers, Seconal
2. Tranquillisers, Valium, Librium
3. Cannabis, Marijuana, Hash, Dope, Grass, Ganja, Kif
4. Amphetamines, Speed, Uppers, Stimulants, Qat
5. Cocaine, Coke, Crack
6. Heroin, Smack
7. Opiates other than heroin: Demerol, Morphine, Methadone, Darvon, Opium, DF118
8. Psychedelics, Hallucinogens: LSD, Mescaline, Acid, Peyote, Psilocybin (Magic) mushrooms
9. Ecstasy
0. Solvents, inhalants, glue, amyl nitrate

9. In the past 12 months did any drugs cause you considerable problems with your family or friends, at work or at school or with the police?

Yes ..... DD9 .....

No .....



- (a) What drug was it? (What were they?)  
Please circle category/categories of drugs from the list.

MC

DD9AM1-M10 MC-10									
1	2	3	4	5	6	7	8	9	0 NA

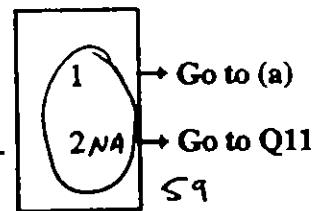
→ Go to Q10

44 - 58

10. In the past 12 months did you have any emotional or psychological problems from taking drugs, such as feeling crazy or paranoid, or depressed or uninterested in things?

Yes ..... DD10.....

No .....



59

- (a) What drug was it? (What were they?)

Please circle category/categories of drugs from the list.

MC

DD10 AMI - MIC

MC = 10

1	2	3	4	5	6	7	8	9	0 NA
---	---	---	---	---	---	---	---	---	------

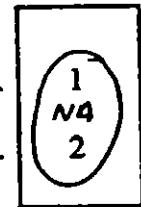
→ Go to Q11

60 - 69

11. In the past 12 months, have you told a doctor about any problems you may have had from taking drugs?

Yes ..... DD11.....

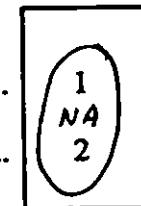
No .....



12. In the past 12 months, have you spoken to any other professional about any problems you may have had from taking drugs?

Yes ..... DD12.....

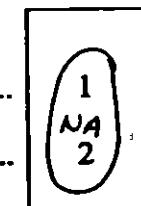
No .....



13. In the past 12 months, did you use medication more than once for any drug problems?

Yes ..... DD13.....

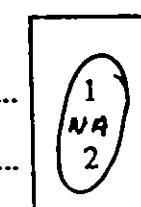
No .....



14. In the past 12 months, did you have any drug problems which interfered with your life or activities a lot?

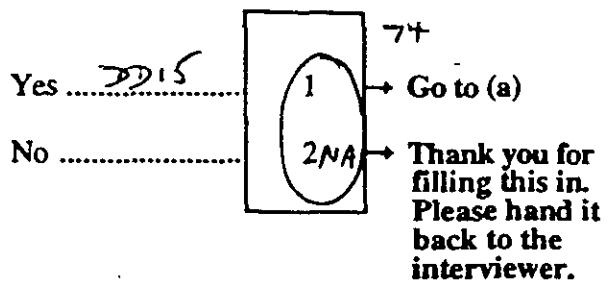
Yes ..... DD14.....

No .....

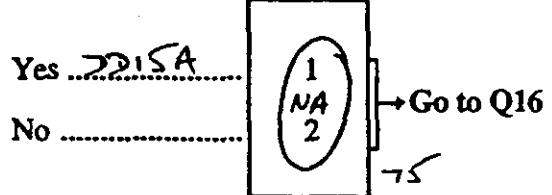


220

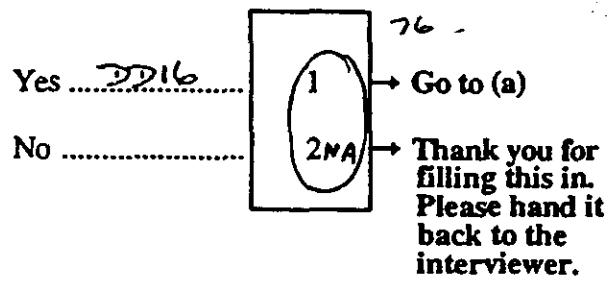
15. May I just check, have you ever injected yourself with drugs?



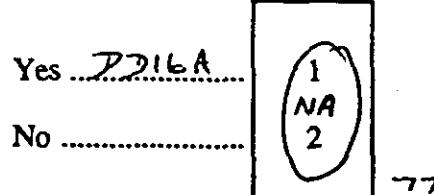
(a) Have you ever shared injection equipment with someone else?



16. Have you injected a drug in the past month?



(a) Have you shared injection equipment with someone else in the past month?



END REC 35

Thank you for filling this in. Please hand it back to the interviewer.

N1361

Recall Sheet - Informants onlyREC 36 SEC 1 1-4 = 3601  
3560 E**IN CONFIDENCE**

REGION (5-18) ADDRESS (19-20)

REGION	4264	ADDRESS
01-16	01-19	01-90

Stick serial number label  
15-20

1101  
AP/NA  
H/ld  
1-9  
21

SCAN  
SCAN no NO NAs  
OFF USE  
4 digits  
22-25

INTDAY INTMONTH INTYEAR  
Date of interview

01-31 NA	04-09 NA	93
26-27	28-29	30-31

Interviewer's Name -----

RIAMI-  
msMC  
Code all  
that apply

01	02	03	04	05
----	----	----	----	----

32-33 .... 40-41

MC	MC-2
06	11

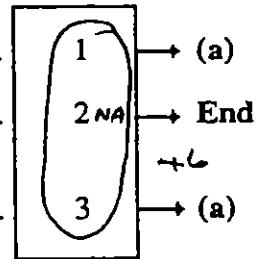
RIBNI-  
m2

42-43 .... 44-45

1. Interviewer: ring outcome code(s) from front page of Schedule A  
*MC*
2. Sometimes we would like to talk further to some of the people who have helped us on surveys. Any further enquiry would be officially approved by this government department. Would it be alright for an interviewer to call again on behalf of OPCS?

Yes (unconditional) ... R2 ....

No (unconditional) ... .....

Yes - with conditions  
(specify) ... .....

If agreed to recall

- (a) May we contact you by telephone?

Yes . R2A ..... 47  
1 → Tel No. .... .. .... .. .... .. → (b)

No/No telephone . 2 NA → (b)

- (b) Enter informant's name

MR/MRS/MISS/MS	SURNAME	INITIALS

- (c) Address:

Stick address label  
and update if necessary

END REC 36

- (d) Record any special instructions for recall below

REC 3 SEQ 7 1-4 = '0307

- 3560

F

REGION	AREA	ADDRESS
Stuck serial number label		
(01-16)	(01-17)	(01-90)
15-20		

{ REGION                    ADDRESS  
 15-18                    19-20 }

AFLAPA - AFLAPN

Note: Threshold  
is 12 or more

AFLAPTOT

H'ld  
No. 1

1-9
-----

21

444n)

### Check card

Enter Scores :

- |                |       |  |
|----------------|-------|--|
| Blank at 22    | 0-4   | A Somatic symptoms                         |
| Blank at 23    | 0-4   | B Fatigue                                  |
| Blank at 24    | 0-4   | C Concentration and forgetfulness          |
| Blank at 25    | 0-4   | D Sleep problems                           |
| Blank at 26    | 0-4   | E Irritability                             |
| Blank at 27    | 0-4   | F Worry about physical health              |
| Blank at 28    | 0-4   | G Depression                               |
| Blank at 29    | 0-5   | H Depressive ideas                         |
| Blank at 30    | 0-4   | I Worry                                    |
| Blank at 31    | 0-4   | J Anxiety                                  |
| Blank at 32    | 0-4   | K Phobias                                  |
| Blank at 33    | 0-4   | L Panic                                    |
| Blank at 34    | 0-4   | M Compulsions                              |
| Blank at 35    | 0-4   | N Obsessions                               |
| Blank at 36-37 | 00-53 | Total score: sections A to N<br>Enter here |

END REC 3

Go to section P,  
page 43.

## THE HEALTH AND WELL-BEING OF THE NATION

### What the survey is about

This survey on the health and well-being of the nation is being conducted by the Office of Population Censuses and Surveys on behalf of the Department of Health. The main purposes of the survey are to find out:

- \* how people all over England are coping with the strains and stresses of everyday life
- \* what things make people nervous, anxious or depressed
- \* what people do for help or support when they need it

### Why the survey is taking place

The Department of Health needs a clear, up to date picture of the health and well-being of the nation. The information obtained from this survey can help in the development of policies aimed at providing services, help and support to those in need of them.

### How your address was chosen

All households in this survey have been chosen purely by chance by taking a random sample of addresses from a list of all addresses in the country and then approaching the people who happen to live at those addresses.

## **Confidentiality**

Any information you give will be treated in confidence. The results will not be used in any way in which they can be associated with your name or address. No identifiable information about you or your household will be passed to other government departments, local authorities, members of the public or press.

As in all our surveys we rely on people's voluntary co-operation which is essential if our work is to be successful.

Your co-operation is very much appreciated.

## **Social Survey Division**

Office of Population Censuses and Surveys  
St Catherines House  
10 Kingsway  
London WC2B 6JP

071 - 396 - 2192

IN CONFIDENCE

Stuck serial number label

h'ld

Interviewer's Name \_\_\_\_\_

Auth  
no

--	--	--	--

**A. Details of Calls**

RING CALL NO.	1	2	3	4	5	6	7	8	9	10
<b>Day</b>										
<b>Date</b>										
<b>Month</b>										
<b>Time</b> <b>24 hour clock</b>										
<b>Any interviewing done</b>	90	90	90	90	90	90	90	90	90	90
<b>No reply</b>	91	91	91	91	91	91	91	91	91	91
<b>Appointment made</b>	92	92	92	92	92	92	92	92	92	92
<b>Interviewer withdraws</b>	93	93	93	93	93	93	93	93	93	93
<b>Code 90's time taken in minutes</b>										

**B Final Outcome****Interviews**

- Long interview (coded 01 - 05 on A) .... . . . .
- Long interview (coded 06 only on A) ..... . . . .
- Long interview - partial . . . . .
- Long interview - proxy . . . . .
- Short interview . . . . .
- Short interview - partial .. . . .
- Short interview - proxy . . . . .

01  
02  
03  
04  
05  
06  
07

→ Give reasons at E

→ Give reasons at E

**Ineligible and non-response**

- Business premises only . . . . .
- Empty at first call . . . . .
- Instutution . . . . .
- Second home/holiday flat . . . . .
- Demolished/Address not traced . . . . .
- HQ refusal . . . . .
- No adult 16 - 64 in household . . . . .
- Refusal at sampling stage . . . . .
- Refusal by sampled person . . . . .
- Non-contact of whole h'ld . . . . .
- Non-contact of sampled person . . . . .

10  
11  
12  
13  
14  
20  
30  
40  
41  
50  
51

→ End

→ Go to C

→ Go to C and code  
reasons at D

→ Go to C

226

**C Doorstep selection (all except codes 10 - 20 at B)**

Codes 01 - 07: Give household composition, (a) to (e), and select informant

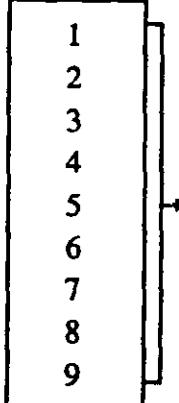
Code 30: Give household composition, (a) to (d)

Codes 40, 41, 50 and 51 (Refusals & Non-contacts): give estimated household composition, (a) to (d), with estimated ages if possible.

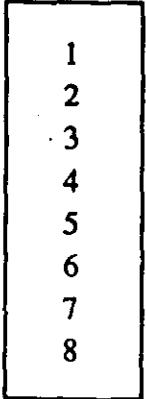
(a) Pers Ring	(b) Relationship to HOH	(c) M	(d) F	(e) Number adults 16 - 64 in age order
01	HOH	1	2	
02		1	2	
03		1	2	
04		1	2	
05		1	2	
06		1	2	
07		1	2	
08		1	2	
09		1	2	
10		1	2	

If two or more adults 16 - 64 listed in box above, use pink sampling card I to select informant and ring selected informant in column (e).

**D. Refusals (coded 40 and 41) - code reasons**

- |                                  |   |
|----------------------------------|---|
| Doesn't believe in surveys ..... |  |
| Anti - government .....          |   |
| Can't be bothered .....          |   |
| Too sick .....                   |   |
| Disliked survey matter .....     |   |
| Genuinely too busy .....         |   |
| Invasion of privacy .....        |   |
| Confidentiality .....            |   |
| Personal problems .....          |   |

**E. Partials (codes 03 and 06) - code reasons**

- |   |   |
|---|---|
| Tired/could not concentrate .....               |  |
| Upset/depressed by survey .....                 |   |
| Disliked survey matter/angry .....              |   |
| Too sick: due to mental health problem .....    |   |
| Too sick: due to physical health problem .....  |   |
| Other reason due to mental health problem ..... |   |
| Interviewer withdraws .....                     |   |
| Other reasons .....                             |   |

N1361

**Selection of Informant in  
Private Households**

<b>Address</b>	<b>Number of adults in household aged from 16 to 64</b>						
	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
01	1	3	2	5	3	2	7
02	2	1	1	2	5	6	4
03	2	2	3	3	2	5	5
04	1	3	4	1	6	7	1
05	1	2	2	4	1	1	2
06	2	1	3	1	4	3	7
07	1	1	4	2	5	5	5
08	2	3	1	5	2	2	8
09	1	2	1	4	3	3	4
10	2	2	2	3	6	4	6
11	2	1	4	4	4	2	2
12	1	3	3	3	1	3	6
13	2	3	4	2	6	2	8
14	1	2	3	1	3	5	3
15	1	1	2	5	5	4	5
16	2	1	1	5	2	7	1
17	2	3	4	2	1	5	4
18	1	2	2	4	4	7	7
19	1	2	1	1	3	1	3
20	2	1	3	3	1	1	2
21	1	3	4	3	4	3	1
22	2	2	3	5	2	1	2
23	2	3	1	4	6	2	2
24	1	1	2	2	5	6	7
25	2	2	3	1	5	2	1
26	1	1	2	4	2	2	2
27	1	3	1	1	4	4	8
28	2	3	4	3	1	1	2
29	2	1	3	5	6	4	7
30	1	2	4	5	6	1	2

## Addresses 031 to 060

Address	Number of adults in household aged from 16 to 64							
	2	3	4	5	6	7	8	
31	1	3	2	4	5	4	4	4
32	2	1	1	3	1	4	4	4
33	2	2	4	4	6	3	7	
34	1	3	2	1	1	1		5
35	1	2	1	4	1	3	1	
36	2	1	3	4	6	3	4	
37	1	1	2	5	6	7	6	
38	2	3	4	1	5	7	8	
39	1	2	1	1	2	6	6	
40	2	2	2	4	4	2	1	
41	2	1	1	5	5	2	8	
42	1	3	2	1	4	6	3	
43	2	3	4	3	3	6	5	
44	1	2	3	2	3	7	2	
45	1	1	1	4	4	3	4	
46	2	1	1	3	4	3	8	
47	2	3	3	4	5	6	5	
48	1	2	1	1	4	6	3	
49	1	2	4	5	5	1	6	
50	2	1	2	5	3	6	5	
51	1	3	3	2	1	6	8	
52	2	2	2	3	3	2	1	
53	2	3	2	1	2	3	3	
54	1	1	3	2	4	5	5	
55	2	2	4	3	6	5	1	
56	1	1	3	1	3	2	3	
57	1	3	4	5	3	5	8	
58	2	3	4	4	5	7	5	
59	2	1	2	2	2	7	5	
60	1	2	1	1	1	7	6	

## Addresses 061 to 090

Address	Number of adults in household aged from 16 to 64						
	2	3	4	5	6	7	8
61	1	3	3	5	5	6	2
62	2	1	2	2	6	7	7
63	2	2	3	3	5	4	8
64	1	3	4	3	6	5	7
65	1	2	1	4	5	7	4
66	2	1	4	5	1	1	4
67	1	1	4	5	2	3	6
68	2	3	2	2	3	2	7
69	1	2	3	4	3	4	3
70	2	2	3	1	4	3	2
71	2	1	2	4	3	6	2
72	1	3	1	3	2	5	3
73	2	3	3	5	6	4	1
74	1	2	2	3	4	2	3
75	1	1	1	2	3	4	6
76	2	1	3	2	6	6	8
77	2	3	2	1	2	6	5
78	1	2	4	3	5	2	7
79	1	2	3	1	3	5	7
80	2	1	2	2	2	5	6
81	1	3	1	3	2	4	3
82	2	2	2	2	3	7	1
83	2	3	4	2	6	4	8
84	1	1	4	5	1	1	4
85	2	2	4	5	4	4	5
86	1	1	1	2	4	1	4
87	1	3	4	4	1	5	6
88	2	3	3	1	1	5	7
89	2	1	3	1	1	7	2
90	1	2	1	2	2	1	6

- 3560

**N1361**

**J**

## **Prompt Cards**

- 1. White**
- 2. Black - Caribbean**
- 3. Black - African**
- 4. Black - other**
- 5. Indian**
- 6. Pakistani**
- 7. Bangladeshi**
- 8. Chinese**
- 9. None of these**

- 1. Less than 2 weeks**
- 2. 2 weeks but less than 6 months**
- 3. 6 months but less than 1 year**
- 4. 1 year but less than 2 years**
- 5. 2 years or more**

- 1. Problems with sleep**
- 2. Medication**
- 3. Physical illness**
- 4. Working too hard**  
*(include housework and looking after a baby)*
- 5. Stress, worry or other psychological reason**
- 6. Physical exercise**
- 7. Other reasons**  
**(Please describe)**

- 1. Noise**
- 2. Shift work/ too busy to sleep**
- 3. Illness/discomfort**
- 4. Worry/ thinking**
- 5. Needing to go to the toilet**
- 6. Having to do something (e.g. look after baby)**
- 7. Tired**
- 8. Medication**
- 9. Other reasons  
(Please describe)**

- 1. Members of the family**
- 2. Relationship with spouse or partner**
- 3. Relationships with friends**
- 4. Housing**
- 5. Money/bills**
- 6. Own physical health**  
(including pregnancy)
- 7. Own mental health**
- 8. Work or lack of work**  
(including students)
- 9. Legal difficulties**
- 10. Political issues/the news**
- 11. Other reasons**  
(Please describe)

- 1. Less than 2 weeks**
- 2. 2 weeks but less than 6 months**
- 3. 6 months but less than 1 year**
- 4. 1 year but less than 2 years**
- 5. 2 years or more**

**Many people find that feeling sad, miserable or depressed, or unable to enjoy or take an interest in things can effect their interest in sex.**

**Over the past month, do you think your interest in sex has:**

- 1. increased**
- 2. decreased**
- 3. or has it stayed the same?**

**In the past week, have you felt that life  
isn't worth living ?**

- 1. Yes**
- 2. Yes, but not in the past week**
- 3. No**

**In the past week, have you thought of killing yourself?**

- 1. Yes**
- 2. Yes, but not in the past week**
- 3. No**

- 1. Members of the family**
- 2. Relationship with spouse or partner**
- 3. Relationships with friends**
- 4. Housing**
- 5. Money/bills**
- 6. Own physical health  
(including pregnancy)**
- 7. Own mental health**
- 8. Work or lack of work  
(including students)**
- 9. Legal difficulties**
- 10. Political issues/the news**
- 11. Other reasons  
(Please describe)**

- 1. Less than 2 weeks**
- 2. 2 weeks but less than 6 months**
- 3. 6 months but less than 1 year**
- 4. 1 year but less than 2 years**
- 5. 2 years or more**

1. Heart racing or pounding
2. Hands sweating or shaking
3. Feeling dizzy
4. Difficulty getting your breath
5. Butterflies in your stomach
6. Dry mouth
7. Nausea or feeling as though you wanted to vomit

- 1. Crowds or public places**  
including travelling alone  
or being far from home
- 2. Enclosed spaces**
- 3. Social situations**  
including eating or speaking in public,  
being watched or stared at
- 4. The sight of blood or injury**
- 5. Any specific single cause**  
including insects, spiders and heights
- 6. Other situations or things**  
**(Please describe)**

- 1. Less than 2 weeks**
- 2. 2 weeks but less than 6 months**
- 3. 6 months but less than 1 year**
- 4. 1 year but less than 2 years**
- 5. 2 years or more**

1. **Psychiatrist/Psychotherapist**
2. **Other consultant or hospital doctor**
3. **Psychiatric nurse**
4. **Social worker/Counsellor**
5. **Occupational Therapist (OT)**
6. **Psychologist**
7. **Some other person**

1. **Community Psychiatric nurse (CPN)**
2. **Occupational Therapist (OT)**
3. **Social Worker**
4. **Psychiatrist**
5. **Home care worker/Home help**
6. **Voluntary worker**

- 1. 4 or more times a week**
- 2. 2 or 3 times a week**
- 3. Once a week**
- 4. Less often than once a week  
but at least once a month**
- 5. Less often than once a month**

1. **Community Psychiatric nurse (CPN)**
2. **Occupational Therapist (OT)/  
Industrial Therapist**
3. **Social Worker/Counselling service**
4. **Psychiatrist**
5. **Home care worker/Home help**
6. **Voluntary worker**
7. **Some other person**

Please answer 'yes' or 'no' to the following questions:

- D8 In the past 6 months, have you yourself suffered from a serious illness, injury or an assault ?**
- D9 In the past 6 months, has a serious illness, injury or an assault happened to a close relative ?**
- D10 In the past 6 months, has a parent, spouse or partner, child, brother or sister of yours died ?**
- D11 In the past 6 months, has a close family friend or another relative died, such as an aunt, cousin or grandparent ?**
- D12 In the past 6 months have you had a separation due to marital difficulties or broken off a steady relationship ?**
- D13 In the past 6 months, have you had a serious problem with a close friend, neighbour or relative ?**

Please answer 'yes' or 'no' to the following questions:

- D14 In the past 6 months, were you made redundant or sacked from your job ?
- D15 In the past 6 months, were you seeking work without success for more than one month ?
- D16 In the past 6 months, did you have a major financial crisis, such as losing the equivalent of 3 months' income ?
- D17 In the past 6 months, did you have problems with the police involving a court appearance ?
- D18 In the past 6 months, was something you valued lost or stolen ?

1. **Entertaining friends or relatives**
2. **Writing letters/telephoning**
3. **Reading books and newspapers**
4. **Watching TV/listening to the radio**
5. **Listening to music**
6. **Hobbies (including art and crafts, knitting, playing a musical instrument, writing poetry)**
7. **Gardening**
8. **DIY/car maintenance**
9. **Games (including cards, computer games, betting and gambling)**
10. **Other leisure pursuits**

1. Visiting friends or relatives
2. Pubs, restaurants
3. Night clubs, discos
4. Clubs, organisations
5. Classes, lectures
6. Going for a walk/walking the dog
7. Sports (including keep fit, cycling, swimming, football and horse riding)
8. Sports as a spectator
9. Cinema, theatre, concerts
10. Bingo, amusement arcades
11. Bookmakers, betting and gambling
12. Shopping
13. Church
14. Political activities
15. Library
16. Other leisure pursuits

**The next few questions are about people you feel close to, including relatives, friends and acquaintances.**

**E6 First of all we would like to ask you about the people that you live with.**

**How many adults who live with you do you feel close to ?**

**Please give your answer to the interviewer.**

**Now we would like to ask you about people whom you feel close to who do not live with you.**

**E7 How many relatives who are aged 16 or over and do not live with you do you feel close to ?**

**Please give your answer to the interviewer.**

**E8 How many friends or acquaintances who do not live with you would you describe as close or as good friends?**

**Please give your answer to the interviewer.**

**The next few questions are about people you feel close to, including relatives, friends and acquaintances.**

**E7 How many relatives who are aged 16 or over do you feel close to ?**

**Please give your answer to the interviewer.**

**E8 How many friends or acquaintances would you describe as close or as good friends?**

**Please give your answer to the interviewer.**

**Thinking about all of the people who do not live with you whom you feel close to or regard as good friends, how many did you meet or speak with in the past week?**

**Please give your answer to the interviewer.**

1. not true
2. partly true
3. certainly true

I would now like you to think about your family and friends. By family I mean those who live with you as well as those elsewhere.

Here are some comments people have made about their family and their friends. For each statement, please say whether it is not true, partly true or certainly true.

- A. There are people I know - amongst my family or friends - who do things to make me happy.  
Is this:

- 1. not true
  - 2. partly true
- or      3. certainly true?

- B. There are people I know - amongst my family or friends - who make me feel loved.  
Is this:

- 1. not true
  - 2. partly true
- or      3. certainly true?

Please turn to next card for statement C

C. There are people I know - amongst my family or friends - who can be relied on no matter what happens. Is this

1. not true
2. partly true

or 3. certainly true?

D. There are people I know - amongst my family or friends - who would see that I am taken care of if I needed to be. Is this

1. not true
2. partly true

or 3. certainly true?

Please turn to next card for statement E

259

E. There are people I know - amongst my family or friends - who accept me just as I am. Is this

1. not true
2. partly true

or 3. certainly true?

F. There are people I know - amongst my family or friends - who make me feel an important part of their lives. Is this

1. not true
2. partly true

or 3. certainly true?

G. There are people I know - amongst my family or friends - who give me support and encouragement. Is this

1. not true

2. partly true

or 3. certainly true?

Degree ( or degree level qualification ).....	1
Teaching qualification.....	
HNC/HND, BEC/TEC Higher, BTEC Higher.....	2
City and Guilds Full Technological Certificate.....	
Nursing qualifications (SRN, SCM, RGN, RM, RHV, Midwife).....	
'A' levels/ SCE higher.....	
ONC/ OND/ BEC/ TEC not higher.....	3
City and Guilds Advanced/ Final level.....	
'O' level passes (Grade A - C if after 1975).....	
GCSE (Grades A - C).....	
CSE Grade 1.....	
SCE Ordinary (Bands A - C).....	
Standard Grade (Level 1 - 3).....	4
SLC Lower.....	
SUPE Lower or Ordinary.....	
School Certificate or Matric.....	
City and Guilds Craft/ Ordinary level.....	
CSE Grades 2 - 5.....	
GCE 'O' level (Grades D & E if after 1975).....	
GCSE (Grades D,E,F,G).....	
SCE Ordinary (Bands D & E).....	
Standard Grade (Level 4,5).....	
Clerical or commercial qualifications.....	
Apprenticeship.....	
CSE ungraded.....	6
Other qualifications (Please describe).....	7
No qualifications.....	8

- 1. Less than 4 weeks**
- 2. 4 weeks but less than 3 months**
- 3. 3 months but less than 6 months**
- 4. 6 months but less than 12 months**
- 5. 12 months but less than 2 years**
- 6. 2 years but less than 3 years**
- 7. 3 years but less than 5 years**
- 8. 5 years but less than 10 years**
- 9. 10 years but less than 15 years**
- 10. 15 years but less than 20 years**
- 11. 20 years but less than 25 years**
- 12. 25 years but less than 30 years**
- 13.. 30 years but less than 35 years**
- 14. 35 years but less than 40 years**
- 15. 40 years or more**

- (a) **Child benefit**
- (b) **Family credit**
- (c) **N.I. Retirement pension or Old Age pension**
- (d) **Income Support**
- (e) **N.I. Sickness benefit (Not Employer's Statutory sick pay)**
- (f) **Unemployment benefit**

- (a) **Widow's pension or War Widow's pension**
- (b) **Any other State Widow's benefit**  
(e.g. Widowed Mother's allowance)
- (c) **War disablement pension**
- (d) **Invalidity pension, Invalidity benefit or allowance**
- (e) **Severe disablement allowance**
- (f) **Mobility allowance**
- (g) **Industrial disablement allowance**
- (h) **Attendance allowance**
- (i) **Disability living allowance**
- (j) **Disability Working allowance**
- (k) **Invalid care allowance**
- (l) **Maternity allowance**
- (m) **Any other State benefit**  
(Please describe)

- (a) Earned income/ salary**
- (b) Income from self-employment**
- (c) Pension from a former employer**
- (d) Interest from savings, building society,  
investment dividends from shares etc**
- (e) Other kinds of regular allowances  
from outside the household  
(e.g. alimony, annuity, educational grant)**
- (f) Any other source  
(Please describe)**

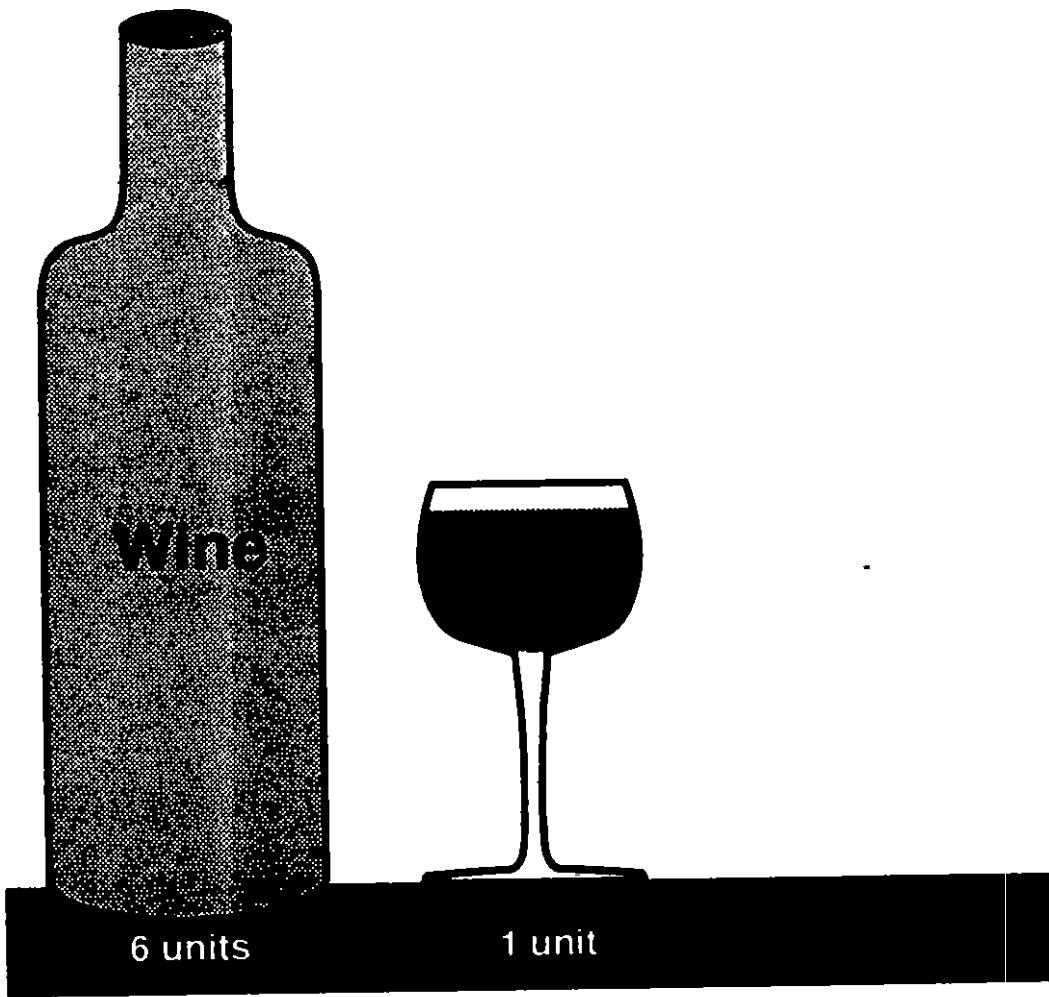
### Gross income - Before deductions

<u>Per week</u>		<u>Per year</u>
Less than £20	1	Less than £1,000
£20 to £39	2	£1,000 to £1,999
£40 to £59	3	£2,000 to £2,999
£60 to £79	4	£3,000 to £3,999
£80 to £99	5	£4,000 to £4,999
£100 to £119	6	£5,000 to £5,999
£120 to £139	7	£6,000 to £6,999
£140 to £159	8	£7,000 to £7,999
£160 to £179	9	£8,000 to £8,999
£180 to £199	10	£9,000 to £9,999
£200 to £219	11	£10,000 to £10,999
£220 to £239	12	£11,000 to £11,999
£240 to £259	13	£12,000 to £12,999
£260 to £279	14	£13,000 to £13,999
£280 to £299	15	£14,000 to £14,999
£300 to £349	16	£15,000 to £17,499
£350 to £399	17	£17,500 to £19,999
£400 to £499	18	£20,000 to £24,999
£500 to £599	19	£25,000 to £29,999
£600 or more	20	£30,000 or more

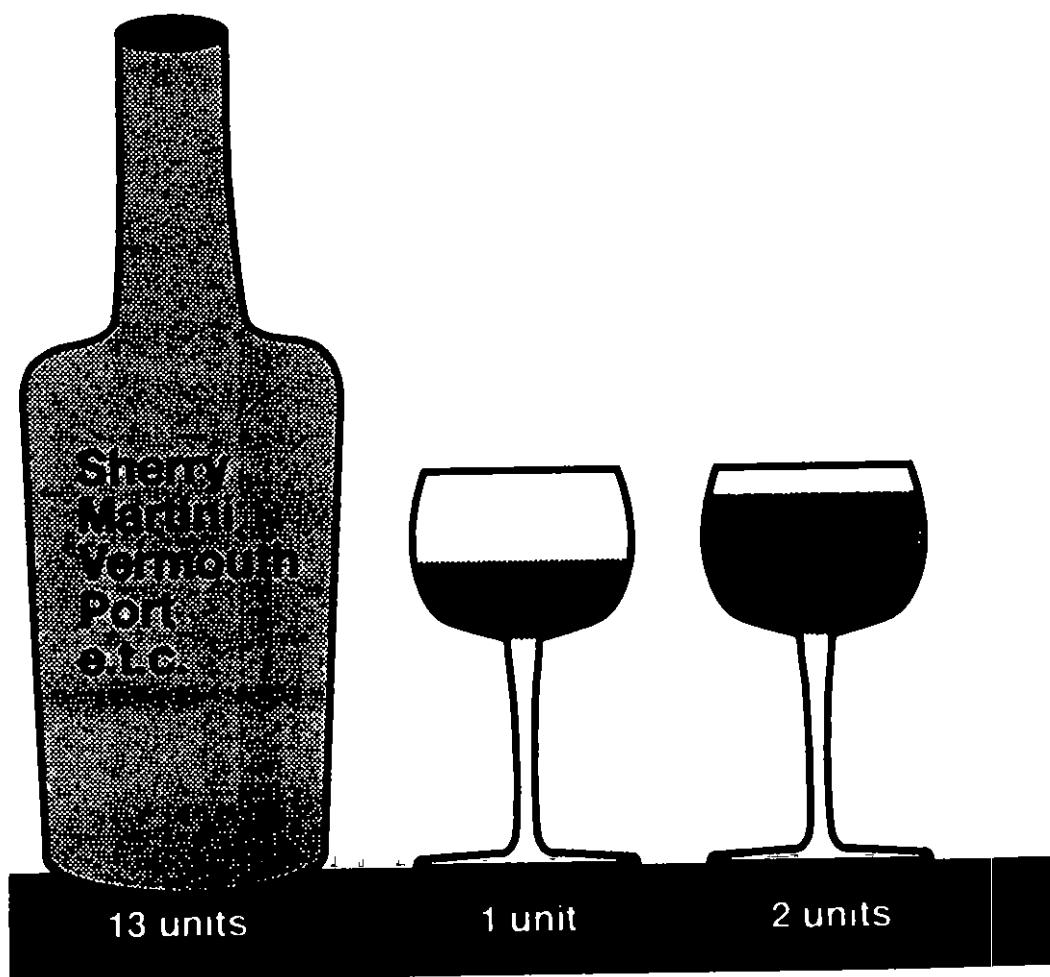
1. **Almost every day**
2. **5 or 6 days a week**
3. **3 or 4 days a week**
4. **Once or twice a week**
5. **Once or twice a month**
6. **Once every couple of months**
7. **Once or twice a year**
8. **Not at all in the past 12 months**

35

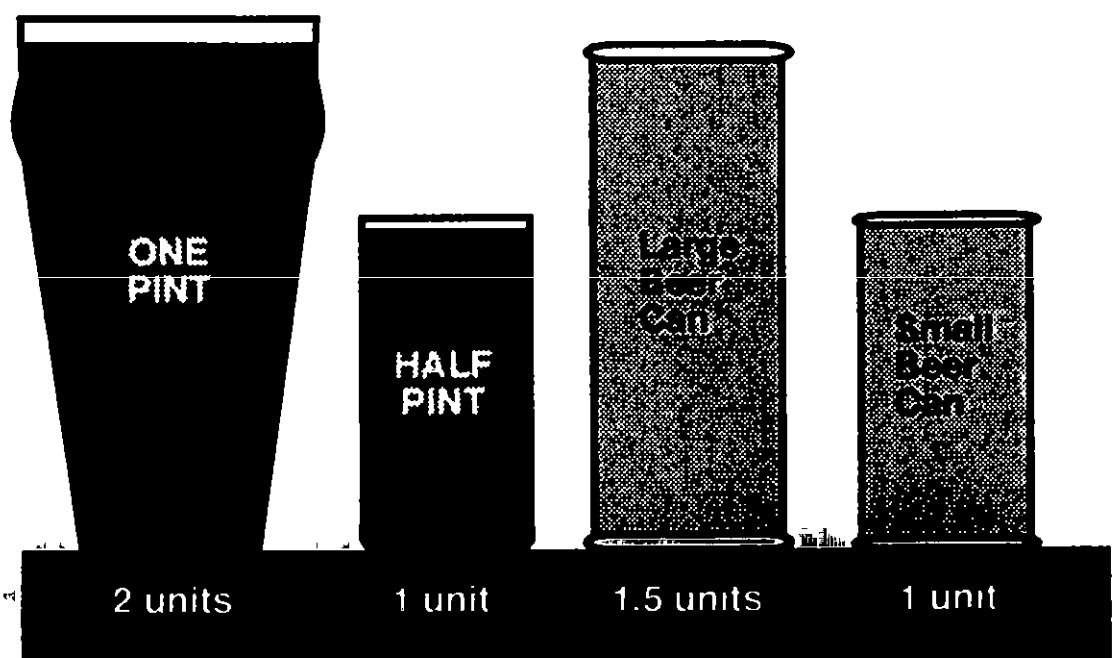
# WINE



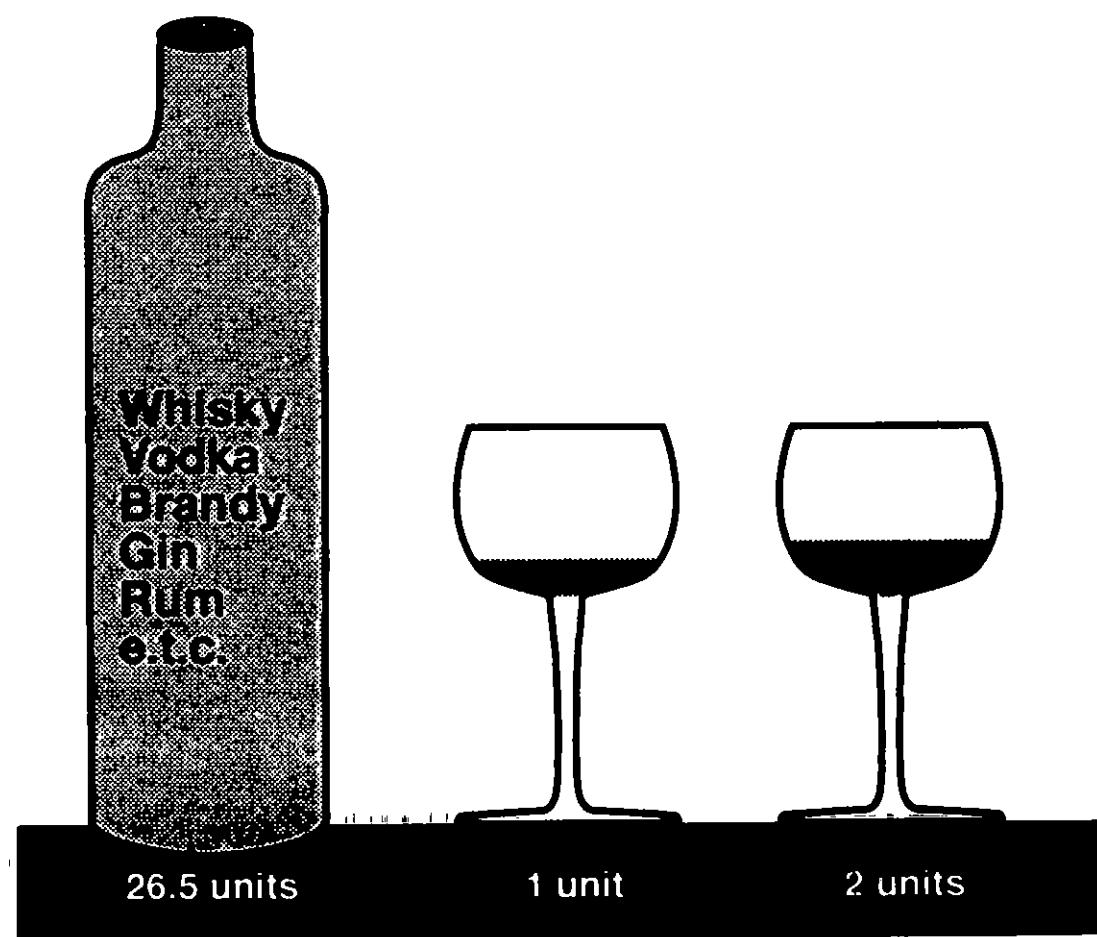
# SHERRY



# DRINKS



# SPIRITS



N1361

K

## Reference Card A

Auditory hallucinations	Mentally disturbed
Bipolar affective disorder	Mild psychosis
Catatonic schizophrenia	Mild schizophrenia
Chronic schizophrenia	Moods
Emotional problems	Mood swings
Hallucinations	Neuroleptic
Hearing voices	Paranoia
Hebephrenic schizophrenia	Paranoid schizophrenia
High schizophrenia	Psychosis
Hyperactive	Psychotic related disorder
Hypomania	Psychotic tendencies
Illness in the mind	Schizo-affective disorder
Mania	Schizophrenia
Manic depression	Schizophrenic affective disorder
Manic depressive psychosis	Simple schizophrenia
Mental Illness	Voices

## Reference Card B

<b>Anquil</b>	<b>Fortunan</b>	<b>Pipothiazine palmitate</b>
<b>Benperidol</b>	<b>Haldol</b>	<b>Priadel</b>
<b>Camcolit</b>	<b>Haldol decanoate</b>	<b>Prochloroperazine</b>
<b>Chlorpromazine</b>	<b>Halperidol</b>	<b>Promazine hydrochloride</b>
<b>Cilest</b>	<b>Largactil</b>	<b>Redeptin</b>
<b>Clopixol acuphase</b>	<b>Liskonum</b>	<b>Remoxipride</b>
<b>Clopixol</b>	<b>Litarex</b>	<b>Roxiam</b>
<b>Clozapine</b>	<b>Lithium</b>	<b>Serenace</b>
<b>Clozaril</b>	<b>Loxapac</b>	<b>Sarine</b>
<b>Depixol</b>	<b>Loxapine</b>	<b>Stelazine</b>
<b>Dolmatil</b>	<b>Melleril</b>	<b>Sulphiride</b>
<b>Dozic</b>	<b>Methotriimeprazine</b>	<b>Sulpitil</b>
<b>Droleptan</b>	<b>Modecate</b>	<b>Thioridazine</b>
<b>Droperidol</b>	<b>Moditen</b>	<b>Trifluoperazine</b>
<b>Fentazin</b>	<b>Moditen ethanate</b>	<b>Trifluperidol</b>
<b>Fluanxol</b>	<b>Neulactil</b>	<b>Zuclopenthixol dihydrochloride</b>
<b>Flupenthixol</b>	<b>Nozinan</b>	<b>Zuclopenthixol acetate</b>
<b>Flupenthixol decanoate</b>	<b>Orap</b>	<b>Zuclopenthixol decanoate</b>
<b>Fluphenazine hydrochloride</b>	<b>Oxypertine</b>	<hr/>
<b>Fluphenazine decanoate</b>	<b>Pericyazine</b>	<b>Antipsychotic drugs</b>
<b>Fluphenazine enanthate</b>	<b>Perphenazine</b>	<hr/>
<b>Fluspirilene</b>	<b>Phasal</b>	<b>Antipsychotic depot injections</b>
	<b>Pimozide</b>	<b>Antimanic drugs</b>
	<b>Piportil Depot</b>	

## BRAND CHECK LIST 1992/93

### John Player

231	King Size
115	King Size Extra Mild
314	Special Filter
352	Special 100s
315	Special King Size
578	Special Lights King Size
232	Superkings
134	Superkings (Low Tar)
544	Kensitas Club
318	Club King Size
233	Club Mild
234	Club Mild King Size
318	Corsair Filter Virginia
319	Filter Virginia King Size
320	Fine Virginia (P)
235	Mild King Size
291	King George King Size
571	Superkings
238	Kings Filter Virginia
349	100s
508	King Size
344	Kingsmen Filter Virginia
545	King Size
546	Kingsway 100s
351	King Size
509	Knights Low Tar
510	King Size
518	100s

272

### Knightsbridge

547	Knightsbridge
572	100s
579	Kings
	Lambert & Butler
321	International Size
239	King Size
549	King Size Low Tar
288	100s
119	Special Mild King Size
	Lambeth
548	King Size
565	Superkings
	London
322	King Size
295	Superkings
511	Maceline King Size
528	Major Extra Size
	Marlboro
242	Marlboro King Size
135	Lights King Size
140	Lights 100
243	100s
120	Merit Extra Mild
	More
244	Filter 120s
245	Menthol Filter 120s
141	Special Mild 120s
142	Special Mild Menthol 120s
568	Special Mild Menthol Filter 120s
	Park Drive
325	Special Virginia (P)
247	Tipped King Size
	Peter Stuyvesant
122	Extra Mild King Size
249	King Size
250	Luxury Length
123	Luxury Length Extra Mild

### Piccadilly

251	Filter De Luxe
252	King Size
253	Number One (P)
	Players
326	Medium Navy Cut (P)
124	No 6 Extra Mild
255	No 6 Filter
256	No. 6 King Size
327	No 6 Plain (P)
328	No 10 Filter
550	No 10 Filter Virginia
274	Raffles 100s
529	Raffles Kings
	Red Bank
289	King Size
136	King Size Mild
282	Superkings
	Regal
551	Filter
258	King Size
290	100s
512	Richmond King Size
	Ronson
345	King Size
283	100s
	Rothmans
259	International
330	King Size Filter
260	Royal 120s
146	Special
513	100s
331	Royal Standard King Size
261	St Moritz Luxury Length Menthol
	Senior Service
262	Cadets King Size
332	Fine Virginia (P)
263	Super Kings

## BRAND CHECK LIST 1992/93

20

201	Acclaim King size
	Balmoral
348	King Size
575	King Size Low Tar
561	100s
562	Belgrave King Size
501	Belmont King Size
531	Belvedere International
	Benson & Hedges
303	Gold Bond Filter
285	100s
202	Sovereign Filter
203	Sovereign King Size
204	Sovereign Mild
306	Special Filter King Size
205	Sterling King Size
293	XL
526	Bentley King Size
	Berkeley
522	Special King Size
272	Super Kings
148	Super Kings Mild
502	Super Kings Menthol
	Black Cat
576	King Size
524	Super Kings
	Camel
208	Filter Tip
532	Lights
	Capstan
401	Full Strength (P)
308	Medium (P)
209	Carrolls Number 1 Virginia
103	Cartier International Luxury Mild
	Choice
533	100s
527	King Size
503	Classic King Size

	Consulate :
104	Menthol
105	No 2
515	100s
	Conway
569	King Size Low Tar
570	100s
	Craven
534	100s Superking
535	100s Superkings Mild
504	100s Superkings Special Mild
	Craven 'A' .
341	King Size
536	King Size Menthol
133	King Size Special Mild
106	Luxury Length Special Mild
525	Special Menthol KS
294	Superkings
147	Superkings Special Mild
	Dorchester :
138	Extra Mild
537	Extra Mild King Size
347	Filter
538	King Size
139	Menthol
539	Menthol King Size
516	Superkings
577	Superkings Menthol
540	Superkings Mild
	Dunhill
213	International
214	International Menthol
108	International Superior Mild
215	King Size
109	King Size Superior Mild
568	Light Virginia
218	Luxury Length
541	Elite King Size

	Embassy :
110	Extra Mild
217	Filter
542	Mild King Size
111	Number 1 Extra Mild
218	Number 1 King Size
219	Number 3 Standard Size
220	Regal
113	Ultra Mild King Size
221	Fine 120 Super Length
505	First King Size
	Gallaher's
402	De Luxe Blue (P)
311	De Luxe Green (P)
	Gauloises
403	Caporal
224	Caporal Filter
225	Disque Blue Caporal Filter
145	Legères
	Gitanes
404	Caporal
226	Caporal Filter
	Globe
563	Blue King Size
543	100s
517	King Size
312	Gold Flake (P)
313	Gold Leaf Filter Virginia
	Gold Mark
286	King Size
506	Superkings
228	Guards
	Hyde Park
343	King Size
281	Superkings
287	Independent No 3 King Size

## BRAND CHECK LIST 1992/93

Silk Cut  
143 Silk Cut  
275 Extra  
137 Extra De Luxe Mild  
127 King Size  
514 King Size De Luxe Mild  
128 No 3  
129 No 5  
580 Ultra  
130 Ultra Low King Size  
552 Sinclair 100s  
567 Sky King Size  
Solo  
292 King Size  
519 King Size Mild  
520 Superkings  
Spar  
346 King Size  
278 Superkings  
521 Style King Size  
553 Supreme King Size  
584 Twenties King Size  
268 United Filter Virginia  
284 VG King Size  
Victoria Wine  
558 100s  
276 King Size  
277 Low Tar  
554 Special Filter  
555 Special Mild  
Virginia Star  
573 King Size  
581 100s  
557 Viva 100s

523 Vogue Super Slims 100s  
Windsor Blue  
558 King Size  
559 Luxury Length  
574 Low Tar  
269 Winston King Size  
337 Woodbine Plain (P)  
560 York Superkings

N1361

## **HEALTH & WELL BEING**

## **Despatch note - Private household sample**

**Interviewer's Name** \_\_\_\_\_

**Area Name** \_\_\_\_\_

Authority No. \_\_\_\_\_

**Area Number** \_\_\_\_\_

Total number in this despatch \_\_\_\_\_

**Number of addresses outstanding** \_\_\_\_\_

Date of despatch \_\_\_\_\_