



**NORTHERN IRELAND HEALTH AND SOCIAL WELLBEING
SURVEY 2001 USER GUIDE**



Northern Ireland Health and Social Wellbeing Survey
2001 Questionnaire.

GENERAL HEALTH SECTION

- INTRO** That's the end of the household section. The next set of questions relates to general health and well-being and we would like to ask them of each person in the household who is aged 16 or over. (continue),
- CENSUS** Over the last 12 months would you say your health has, on the whole, been ...
1. Good,
 2. Fairly good,
 3. Not good;
- LSTAND** 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?: YESNO
- CENS** Do you have any health problem or disability that substantially limits your ability to carry out day-to-day activities.
Please note: If you are receiving medication or treatment, please consider what it would be like without the medication or treatment?: YESNO
- MATTER** Would you mind telling me what this illness or infirmity is?
- SPECIFY BUT DO NOT PROBE FOR CAUSE
- What long-standing illness
-
-
- ACUTE** Now I'd like you to think about the two weeks ending yesterday. During those two weeks, did you have to cut down on any of the things you usually do (about the house or at work or in your free time) because of some long-standing illness or some other illness or injury?
- Illness in last two weeks YESNO;
- (FOR FEMALES AGED BETWEEN 16 AND 45)
- PREG** We are asking slightly different questions for pregnant women so, may I just check, are you pregnant? YESNO;

LIFETIME INCIDENCE OF COMMON CONDITIONS

BLOOD START OF SECTION ON INCIDENCE OF COMMON CONDITIONS

You have told me about your general health; Now I'd like to ask you about some particular conditions. First, have you ever been told by a doctor or a nurse that you had high blood pressure? YES/NO;

PREGNANT May I just check, were you pregnant when you were told that you had high blood pressure? YES/NO;

HIGHBLOD Have you ever had high blood pressure APART from when you were pregnant? YES/NO;

PILLS Are you currently taking any medicines, tablets or pills for high blood pressure? YES/NO;

STILHIGH Do you still have high blood pressure? YES/NO;

EVERTAKE Have you ever taken medicines, tablets or pills for high blood pressure in the past? YES/NO;

WHYSTOP Why did you stop taking medicines, tablets or pills for high blood pressure?

Doctor advised to stop because of improvement
Just decided to stop
Other

OTHERRSN What other reason(s) do you have for not taking medicines, tablets or pills for high blood pressure?

ANYOTHER Have you had any other kind of treatment or advice because of your high blood pressure? YES/NO;

ADVICE What other treatment or advice have you had? CODE ALL THAT APPLY

IF HAD TREATMENT CODE AS OTHER and SPECIFY DETAILS IN NEXT QUESTION

1. Advice about diet,
2. Advice about exercise,
3. Advice about smoking,
4. Advice about drinking,
5. Other treatment or advice;

OTHERAD What other kind of treatment or advice have you had?

DOCTOLD Have you ever been told by a doctor that you had any of the conditions on this card?

1. ANGINA,
2. HEART ATTACK,
3. HEART MURMUR,
4. OTHER KIND OF HEART TROUBLE,
5. SROKE,
6. DIABETES (DURING PREGNANCY),
7. DIABETES (NOT DURING PREGNANCY),
8. ASTHMA,
9. NONE OF THESE;

OTHTROUB What kind of heart trouble was that?

PASTTROB Have you had that kind of heart trouble during the past 12 months? YESNO;

PASTANG Have you had angina during the past 12 months? YESNO;

PASTATAK Have you had a heart attack during the past 12 months? YESNO;

PASTMURM Have you had a heart murmur during the past 12 months? YESNO;

PASTROKE Have you had a stroke during the past 12 months? YESNO;

PASTASMA Have you had an asthma attack during the past 12 months?

1. Yes,
2. No,
3. No, controlled by medication;

NOTPREG May I just check, have you ever been told by a doctor that you had diabetes apart from when you were pregnant? YESNO;

BACKPAIN Have you ever consulted a doctor about back pain? YESNO;

PASTPAIN Have you had severe back pain during the past 12 months? YESNO;

ALL "Do you suffer from any recurrent or continuous pain, swelling or stiffness in any of your joints, your neck or your back?":YESNO;

WHICH Which joint(s) troubles you?"
: SET [18] OF
(NECK,

LEFT SHOULDER
RIGHT SHOULDER
LEFT ELBOW
RIGHT ELBOW
LEFT WRIST
RIGHT WRIST
LEFT HAND/FINGERS
RIGHT HAND/FINGERS
LEFT HIP
RIGHT HIP
LEFT KNEE
RIGHT KNEE
LEFT ANKLE
RIGHT ANKLE
LEFT FOOT/TOES
RIGHT FOOT/TOES

DOESIT Does it...
LIMIT YOU IN WALKING OR CLIMBING STAIRS
INTERFERE WITH YOUR SLEEPING
MAKE IT DIFFICULT TO GRIP, TURN OR HOLD THINGS
MAKE IT DIFFICULT TO REACH UP FOR THINGS
NONE OF THESE

HEIGHT In relation to your height, would you say that you:"

WEIGH A LITTLE MORE THAN YOU SHOULD
WEIGH A LOT MORE THAN YOU SHOULD
WEIGH A LITTLE LESS THAN YOU SHOULD
WEIGH A LOT LESS THAN YOU SHOULD
WEIGH JUST ABOUT THE RIGHT AMOUNT

PHYSICAL ACTIVITY SECTION

PHYINTRO Now I am going to ask you about the time you spent being physically active during the last 7 days. Please answer each question even if you do not consider yourself to be an active person.

I will be asking you about activities you did at work, to get from place to place, for exercise or sport, or as part of your house or garden chores. :
(CONTINUE);

HARDDAYS During the last 7 days, on how many days did you do activities which took vigorous or hard effort, for at least 10 minutes at a time, like running, aerobics, heavy gardening or anything else that caused large increases in breathing or heart rate? :

0..7;

HARDMIN On each day you did vigorous activity for at least 10 minutes, how much time on average (in minutes) did you spend doing it?

INTERVIEWER - PLEASE RECORD TIME IN MINUTES

10..999;

MODDAYS During the last 7 days, on how many days did you do activities which took moderate effort, for at least 10 minutes at a time, like cycling, vacuuming, gardening or anything else that caused some increase in breathing or heart rate?

Please do not include walking in your answer

0..7;

MODMIN On each day you did moderate activity for at least 10 minutes, how much time on average (in minutes) did you spend doing it?

INTERVIEWER - PLEASE RECORD TIME IN MINUTES

10..999;

WALKDAYS During the last 7 days, on how many days did you walk at a brisk or fast pace, for at least 10 minutes at a time, to get from place to place, for recreation, pleasure or exercise? :

0..7;

WALKMIN On each day when you walked briskly for at least 10 minutes, how much time on average (in minutes) did you spend walking?

INTERVIEWER - PLEASE RECORD TIME IN MINUTES

10..999;

WALKINT I would like you now to think about all of the walking you have done in last 4 weeks, either locally or away from home. Please

include any country walks and any walking in the course of your work or to and from work. :
(CONTINUE);

WALK2MLS During the past 4 weeks, how many times did you do any long walks of 2 miles or more?

These are long continuous walks that would usually take at least 40 minutes. Do not include anything shorter than that. :
0..500;

WALK1TO2 During the past 4 weeks, how many times did you do any walks of between 1 and 2 miles?

That would usually be continuous walking for about 20 to 30 minutes. :
0..500;

STATEM Thinking now about regular physical exercise, by that I mean: taking part in exercise or sports 2-3 times per week for a minimum of 20 minutes at a time, or more general activities like walking, cycling or dancing 4-5 times a week accumulating to at least 30 minutes per day:
CONTINUE.

STATEB With this in mind can you look at this card and tell me which statement best describes how physically active you have been over the last six months?;

1. I am not regularly physically active and do not intend to be so in the next six months.
2. I am not regularly physically active but am thinking about starting to do so in the next six months.
3. I do some physical activity but not enough to meet the description of regular physical activity stated by the interviewer.
4. I am regularly physically active but only began in the last six months.
5. I am regularly physically active and have been doing so for longer than six months.

BARRIE Thinking in terms of things that make it difficult to take regular exercise, can you look at this card and indicate how much you agree that each of the following statements are a barrier to regular exercise: CONTINUE.

BUSYB I am too busy.
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

NTIM I don't have enough time.
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

-
- WORKI** It interferes with work
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree
- LAZI** I am too lazy
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree
- NMOT** I lack in motivation
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree
- INJ** I am injured
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree
- HEAL** Limiting health reasons
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree
- ILL** Due to illness
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree
- TIRE** I am too tired by exercise
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree
- BORE** Exercise is boring
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

INCON It is too inconvenient
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

FACL Lack of facilities
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

WEATH Due to bad weather
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

OBLI Due to family obligations
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

PHYD Due to physical disability
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

TTIRE I am too tired
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

MOTIVE Thinking in terms of things that may motivate you to take regular exercise, can you look at this card and indicate how much you agree that each of the following statements are a motivation for you to be regularly active:
CONTINUE

SHAPE To stay in shape
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

-
-
- HEALT** For good health
1. Strongly agree
 2. Agree
 3. Undecided
 4. Disagree
 5. Strongly disagree
- APPEAR** To improve appearance
1. Strongly agree
 2. Agree
 3. Undecided
 4. Disagree
 5. Strongly disagree
- PSHYC** For a positive psychological effect
1. Strongly agree
 2. Agree
 3. Undecided
 4. Disagree
 5. Strongly disagree
- FUN** For fun and enjoyment
1. Strongly agree
 2. Agree
 3. Undecided
 4. Disagree
 5. Strongly disagree
- WEIGH** To lose weight
1. Strongly agree
 2. Agree
 3. Undecided
 4. Disagree
 5. Strongly disagree
- BETTER** To make me feel better in general
1. Strongly agree
 2. Agree
 3. Undecided
 4. Disagree
 5. Strongly disagree
- PROPER** To maintain proper body weight
1. Strongly agree
 2. Agree
 3. Undecided
 4. Disagree
 5. Strongly disagree
- SELFI** To enhance self image and confidence
1. Strongly agree
 2. Agree
 3. Undecided
 4. Disagree
 5. Strongly disagree

STRESS To reduce stress and relax
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

PRESSU To help cope with life's pressures
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

COMPAN For companionship
1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

LIMDISAB Have you an injury/ disability/ medical condition which limits your physical activity?: YESNO

DISTYPE Please specify the illness/disability/medical condition... :
STRING [60];

SOCIAL ENVIRONMENTAL VARIABLES

Environment Section

Howlong

How long have you lived in this area?

- 1 Less than 12 months ,
- 2 1 year ,
- 3 2 years ,
- 4 3 years ,
- 5 4 years ,
- 6 5-9 years ,
- 7 10-14 years ,
- 8 15-19 years ,
- 9 20 years or more)

Neighbr I would like to ask you a few questions about your neighbourhood. :

Enjoyliv Would you say this neighbourhood is a place you enjoy living in? : YesNo

Feelsafe Would you say this neighbourhood is a place where you personally feel safe? : YesNo

Neighbhd Would you say this neighbourhood is a place where neighbours look after Each other? : YesNo

Facilit Would you say this neighbourhood has good facilities for young children? : YesNo

Transprt Would you say this neighbourhood has good local transport? : YesNo

Leisure Would you say this neighbourhood has good leisure facilities for people like yourself? : YesNo

Neighlth
Thinking about this neighbourhood, which, if any, of the items on this card do you think are a risk to your own health or well-being? :

- 1 The amount of road traffic ,
- 2 Industrial fumes and emissions ,
- 3 Litter and rubbish ,
- 4 The level of crime and vandalism ,
- 5 The level of noise ,
- 6 The amount of abuse or violence ,
- 7 Other risk ,
- 8 None of these)

Neighoth Please specify this 'other' risk? : STRING[50]

Homehlth
Thinking about your own home now, which, if any, of the items on this card do you think are a risk to your own health or well-being? :

- 1 Lack of heating ,
- 2 Dampness/condensation/mould ,
- 3 Cigarette smoke ,
- 4 The general maintenance of your home ,
- 5 Overcrowding ,
- 6 The quality of the drinking water ,
- 7 The level of noise ,
- 8 Other risk ,
- 9 None of these

Homeoth Please specify this 'other' risk? : STRING[50]

Workhlth Thinking about the work you do, which, if any, of the items on this card do you think are a risk to your own health or well-being? :

- 1 The materials you have to handle ,
- 2 The equipment you have to use ,
- 3 Industrial fumes and emissions ,
- 4 Cigarette smoke ,
- 5 The level of noise ,
- 6 Stress ,
- 7 The number of hours you work ,
- 8 Other risk ,
- 9 None of these)

Workoth Please specify this 'other' risk? : STRING[50]

Social Support

Socintro The next few questions are about people you feel close to including relatives, friends and acquaintances. : (CONTINUE)

Che INTERVIEWER CHECK: DO NOT ASK UNLESS UNSURE, DOES RESPONDENT HAVE ANOTHER ADULT RELATIVE LIVING WITH THEM : YesNo

Closerel Do you have any close relatives whom you speak to or see regularly? : YesNo

Closefri Do you have any close friends whom you speak to or see regularly? : YesNo

Helpcomf If you had a serious personal crisis, how many people do you feel you could turn to for help and comfort?

INTERVIEWER NOTE, IF MORE THAN 10 CODE AS 97 : 1..100

Community Involvement

Sawlast

From this card, could you tell me which, if any, of these you have done in the past two weeks? :

- 1 Visited relatives/been visited by relatives ,
- 2 Spoke to relatives on the phone ,
- 3 Visited friends/been visited by friends ,
- 4 Spoke to friends on the phone ,
- 5 Spoke to neighbours ,
- 6 Spoke to a health professional (eg doctor, nurse, midwife, health visitor) ,
- 7 None of these

Donelast

And from this card, could you tell me which,
if any, of these you have done in the past two weeks? :

- 1 Attended an adult education or night school class ,
- 2 Participated in a voluntary group or local community group ,
- 3 Participated in community or religious activities ,
- 4 Went to a leisure centre ,
- 5 Went on social outing ,
- 6 None of these)

Lifeon

For each of the following statements, please indicate how strongly
you agree or disagree. : (CONTINUE)

ilife

I am satisfied with the amount of control I have over
decisions that affect my life. :

- 1 Strongly agree ,
- 2 Agree ,
- 3 Neither agree nor disagree ,
- 4 Disagree ,
- 5 Strongly disagree

Influenc

I can influence decisions that affect my neighbourhood. :

- 1 Strongly agree ,
- 2 Agree ,
- 3 Neither agree nor disagree ,
- 4 Disagree ,
- 5 Strongly disagree

STRESS SECTION

ALST

STRESS SECTION

I'd like to ask you about your life generally in the last
12 months and about anything worrying or disruptive that may have
happened to you.

Thinking of health issues first. Will you please look at this
card and tell me if you have had any of these difficulties in the past
12 months. (NONE OF THESE - CODE 9):

1. Developed or found out that you had a serious illness or disability,
2. An existing health condition got worse,
3. Had a serious accident or injury,
4. Had an operation or spent a period in hospital,
5. Had painful or upsetting treatment for a health condition,
6. A member of your family or a friend had a serious health condition,
7. A family member you were close to died,
8. A close friend or someone who was important to you died,
9. None of these;

WORK1

(ASK OR CODE)

Have you done any paid work in the past 12 months?:YESNO;

JOB

Have any of the things on this card happened to you in the past 12 months?:

1. Changed jobs,
2. Lost your job,
3. Thought that you would soon lose your job,
4. Had to give up work because of illness/disability,
5. Had any other crisis or serious disappointment in your work or career,
6. Retired,
7. None of these;

LOSTJOB

Has your husband/wife or partner lost a job or had a crisis or serious disappointment at work in the past 12 months?: YESNO;

RETIRED

(ASK OR RECORD)

May I just check, has your husband/wife or partner retired or had to give up work because of ill health during the past 12 months?:YESNO;

WORRIED

Have you had any major worries about your housing in the past 12 months?:YESNO;

LEFTHOME

Has any member of your household left home or a new person moved into your household in the past 12 months?

NOTE - INCLUDES BABIES:YESNO;

HAPP

Have any of the things on this card happened to you in the past 12 months?:

1. Divorced or started living apart,
2. Had a serious disagreement with your spouse or partner,
3. Felt betrayed or disappointed by your spouse or partner,
4. Had serious difficulty with any of your children because of their health or behaviour or anything else,
5. Fallen out or had a serious disagreement with a friend or relative or felt betrayed by someone,
6. Lost contact with close family or friends for some other reason,
7. None of these;

HAPP1

Have any of the things on this card happened to you in the past 12 months?:

1. Assaulted or robbed,
2. Had any major financial problems,
3. Had any serious problems with officials or with the law,
4. Had any other serious upsets or disappointments,
5. None of these;

OTHSPEC What serious upsets or disappointments have you had?:

EVTHING Thinking about everything that has happened to you in the past 12 months, could you tell me how much worry or stress you have had over that time; would you say you have had:

1. No worry or stress,
2. Just a little,
3. Quite a lot,
4. A great deal of worry or stress;

EFFECT OF THE TROUBLES

EFFTROU

I'd like to ask you a few questions about the effects the Troubles have had. Things change from time to time but, thinking about the whole period since 1969, how much violence would you say there has been in this area because of the Troubles?

Effect of Troubles in your area:

1. Not very much at all,
2. Just a little,
3. Quite a bit,
4. A lot;

FAMTROU

How much have the Troubles affected your own life and the lives of your immediate family?

Effect of Troubles on your life:

1. Not very much at all,
2. Just a little,
3. Quite a bit,
4. A lot;

FEELNI

Which of the following statements best describes the way you feel about the political situation in Northern Ireland at present?

Way you feel about political situation in NI:

1. It doesn't really worry me,
2. I am a bit worried about it,
3. I worry about it quite a lot,
4. I am very worried about it;

SELF-COMPLETION SECTION

EXPLANATION OF SELF-COMPLETION BY COMPUTER

MOREQUES I'd like to ask you some more questions about your general health but it may be quicker if you fill in the answers yourself on the computer.

SHOW INFORMANT HOW TO ENTER ANSWERS BY USING FOLLOWING EXAMPLES.
IF INFORMANT PREFERS NOT TO USE COMPUTER, SHOW QUESTIONS AND ANSWERS ON CARD AND ASK FOR LETTER INDICATING CHOSEN ANSWER TO EACH QUESTION:
(CONTINUE);

EXAMPL How often have you used a computer?:

1. I use a computer very frequently,
2. I have used a computer, but don't use one very often,
3. I have never used a computer;

MOREQ2 Which of the following types of TV programme or film do you like?

1. Comedy,
2. Soaps,
3. Murder mystery/Thriller,
4. Horror,
5. Science Fiction,
6. Nature,
7. News,
8. Westerns,
9. None of these;

EGEND That's the end of the example questions: (continue);

NOTEMETH ENTER METHOD OF SELF-COMPLETION CHOSEN BY INFORMANT:

1. by computer,
2. Questions and answers shown on card,
3. Ordinary questioning by interviewer (last resort) (STATE REASON);

SELFREF ENTER THE REASON FOR USING ORDINARY QUESTION AND ANSWER METHOD:
STRING [50];

GHQ12 SECTION

QUEST I'd like to know if you have had any medical complaints and how your health has been in general over the past few weeks.

Remember, I want to know about PRESENT and RECENT complaints, NOT those you had in the past. It is important that you try to answer all the questions.:(continue);

CONCENT Q1) Have you recently been able to concentrate on whatever you are doing?:

1. Better than usual,
2. Same as usual,
3. Less than usual,
4. Much less than usual;

SLEEP Q2) Have you recently lost much sleep over worry?:

1. Not at all,
2. No more than usual,
3. Rather more than usual,
4. Much more than usual;

USEFUL Q3) Have you recently felt that you are playing a useful part in things?:

1. More so than usual,
2. Same as usual,
3. Less so than usual,
4. Much less useful;

DECISION Q4) Have you recently felt capable of making decisions about things?:

1. More so than usual,
2. Same as usual,
3. Less so than usual,
4. Much less useful;

STRAIN Q5) Have you recently felt under constant strain?:

1. Not at all,
2. No more than usual,
3. Rather more than usual,
4. Much more than usual;

-
- DIFFCULT** Q6) Have you recently felt you couldn't overcome your difficulties?:
1. Not at all,
 2. No more than usual,
 3. Rather more than usual,
 4. Much more than usual;
- ACTIVITY** Q7) Have you recently been able to enjoy your normal day-to-day activities?:
1. More so than usual,
 2. Same as usual,
 3. Less so than usual,
 4. Much less able;
- PROBLEMS** Q8) Have you recently been able to face up to your problems?:
1. More so than usual,
 2. Same as usual,
 3. Less so than usual,
 4. Much less able;
- DEPRESS** Q9) Have you recently been feeling unhappy and depressed?:
1. Not at all,
 2. No more than usual,
 3. Rather more than usual,
 4. Much more than usual;
- CONFID** Q10) Have you recently been losing confidence in yourself?:
1. Not at all,
 2. No more than usual,
 3. Rather more than usual,
 4. Much more than usual;
- WORTHLES** Q11) Have you recently been thinking of yourself as a worthless person?:
1. Not at all,
 2. No more than usual,
 3. Rather more than usual,
 4. Much more than usual;
- HAPPY** Q12) Have you recently been feeling reasonably happy, all things considered?:
1. More so than usual,
 2. Same as usual,
 3. Less so than usual,
 4. Much less happy;
- TABLETS** Q13) Are you taking any medicine or tablets for your nerves?
:YESNO;
- NERVILL** Q14) Do you think you have a nervous illness?:YESNO;

SOCIAL SUPPORT SCALE

SOC1

Now I'd like to ask you something about your family and friends, including those who live with you as well as those who don't.

The following statements have been made by people about their family and friends; will you please read them and tell me how true they are for you.: (CONTINUE);

- SHAPPY** Q1) There are people among my family or friends who do things to make me happy; Is that...:
1. Not true,
 2. Partly true,
 3. Or certainly true?;
- LOVE** Q2) There are people among my family or friends who make me feel loved; Is that...:
1. Not true,
 2. Partly true,
 3. Or certainly true?;
- RELY** Q3) There are people among my family or friends who can be relied on no matter what happens; Is that...:
1. Not true,
 2. Partly true,
 3. Or certainly true?;
- TAKECARE** Q4) There are people among my family or friends who would see that I was taken care of, if I needed to be; Is that...:
1. Not true,
 2. Partly true,
 3. Or certainly true?;
- ACCEPT** Q5) There are people among my family or friends who accept me just as I am; Is that...:
1. Not true,
 2. Partly true,
 3. Or certainly true?;
- FEELPART** Q6) There are people among my family or friends who make me feel an important part of their lives; Is that...:
1. Not true,
 2. Partly true,
 3. Or certainly true?;

SUPENCOR Q7) There are people among my family or friends who give me support and encouragement; Is that...:

1. Not true,
2. Partly true,
3. Or certainly true?;

SUPENEND This is the end of the self-completion section, DO NOT CONTINUE

Please return the computer to the interviewer - Thank You.
(CONTINUE);

NOTEMETH METHOD OF SELF-COMPLETION:

1. By computer,
2. Questions and answers shown on card,
3. Ordinary questioning by interviewer (last resort)
(STATE REASON));

SELFREF ENTER THE REASON FOR USING ORDINARY QUESTION AND ANSWER METHOD:

SMOKING AND DRINKING SECTION

EVERSMOK "And now some questions on smoking and drinking.
Have you ever smoked a cigarette, a cigar or a pipe?": yesno

SMKATALL "Do you smoke cigarettes at all nowadays?": yesno

EVREG "Have you ever smoked cigarettes regularly?": yesno

SMKWKEND "About how many cigarettes a DAY do you usually smoke at
weekends?":0..100

SMKWKDAY "About how many cigarettes a DAY do you usually smoke on
weekdays?":0..100

EVDRNK "Do you ever drink alcohol nowadays, including drinks you
brew or make at home?":yesno

TOTABS "May I just check, does that mean that 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,
Never)

ALWAYS "Have you always been a non-drinker or did you stop drinking
for some reason?":
("Always a non-drinker",
"Used to drink but stopped");

WYSTP "About how often have you had an alcoholic drink of any kind in the
last 12 months?":
("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 the last 12 months");

DRTYPE "Will you please tell me which of these kinds of drink you have
drunk at all in the last 12 months? I do not need to know about
non-alcoholic or low alcohol drinks.":SET OF
("Shandy (exclude bottles/cans)",
"Beer, lager, stout, cider (INCLUDE BOTTLES/CANS)",
"Spirits or liqueurs, e.g. gin, whisky, rum, brandy,
Vodka, advocaat, cherry brandy",
"Sherry or martini, port, vermouth, cinzano, dubonnet",
"Wine, champagne, baby cham",
"Alcopops, eg hooch, bacardi breezer, smirnoff ice etc",
"Other alcoholic drink");

{----- Question asked depends on answer to DRTYPE AND freq of drinking WYSTP ---}

SHNDY "How many pints of shandy do you drink in a typical week?

Please do not include any shandy that comes in bottles or cans.

RECORD TO THE NEAREST PINT "
: 0..999;

MNYSHNDY "How many pints of shandy do you drink in a typical month?

RECORD TO THE NEAREST PINT"
:0..999;

BEERPINT "How many pints of beer, lager, stout or cider do you drink
in a typical week?

RECORD TO THE NEAREST PINT"
:0..999;

MNYBEER "How many pints of beer, lager, stout or cider do you drink
in a typical month?

RECORD TO THE NEAREST PINT"
:0..999;

SPIRITS "If you drink at home you may not pour out exactly the same amount
but I'd like you to estimate how many single measures of spirits
or liqueur you drink in a typical week?

RECORD TO NEAREST SINGLE MEASURE"
:0..999;

MNYSING "If you drink at home you may not pour out exactly the same amount
but I'd like you to estimate how many single measures of spirits
or liqueur you drink in a typical month?

RECORD TO NEAREST SINGLE MEASURE"
:0..999;

SHERRY1 "I'd like you to estimate how many glasses of sherry, port,
martini or similar drinks you drink in a typical week?

RECORD TO NEAREST SMALL GLASS"
:0..999;

MNYSHERY "I'd like you to estimate how many glasses of sherry, port,
martini or similar drinks you drink in a typical month?

RECORD TO NEAREST SMALL GLASS"
:0..999;

CHAMP "I'd like you to estimate how many glasses of wine, champagne
or babycham you drink in a typical week?
RECORD TO NEAREST STANDARD GLASS"
:0..999;

MNYCHAMP "I'd like you to estimate how many glasses of wine, champagne
or babycham you drink in a typical month?
RECORD TO NEAREST STANDARD GLASS"
:0..999;

POPWEK "I'd like you to estimate how many bottles of alcopops, eg hooch
or bacardi breezer, you drink in a typical week?
RECORD TO NEAREST BOTTLE"
:0..999;

POPMON "I'd like you to estimate how many bottles of alcopops, eg hooch
or bacardi breezer, you drink in a typical month?
RECORD TO NEAREST BOTTLE"
:0..999;

OTHDRINK "Could you tell me if you have had any other alcoholic drinks
during the last 12 months?":
yesno;

DRINK1 "What other type(s) of drink have you had?

ENTER ONE TYPE OF DRINK ONLY":
string [40];

OTDRW1 "How many of this drink would you have in a typical week?"

:0..999;

OTDRM1 "How many of this drink would you have in a typical month?"

:0..999;

othdrk2 "Could you tell me if you have had any other alcoholic drinks
during the last 12 months?":
yesno;

drink2 "ENTER TYPE OF DRINK

ENTER ONE TYPE OF DRINK ONLY":
string [40];

OTDRW2 "How many of this drink would you have in a typical week?"

:0..999;

OTDRM2 "How many of this drink would you have in a typical month?"

:0..999;

PARENTING SECTION

CHKPAREN INTERVIEWER NOTE: THIS SECTION SHOULD ONLY BE ASKED REGARDING CHILDREN AGED UNDER 19. THE QUESTIONS SHOULD NORMALLY ONLY BE ASKED OF ONE ADULT IN THE HOUSEHOLD, EITHER OF THE MOTHER OR FATHER/ OTHER RESPONSIBLE ADULT.

IS RESPONDENT THE BEST PERSON TO ANSWER QUESTIONS ON CHILDREN?:

1. Yes,
2. No - but questions asked,
3. No - questions not asked,
4. No children
5. Questions already asked

CHILDN ASK OR RECORD IF CERTAIN OF ANSWER

May I just check, have you (or your partner) got any children aged under 19 who are either living here with you or living somewhere else?

Any children under 19:

1. Yes, living here,
2. Yes, living elsewhere,
3. Yes, both living here and living elsewhere,
4. No.

FAMINTRO

Families often have problems when bringing up children for which they may seek outside help, for example, from the kinds of people shown on this card

Thinking of your children (and your partner's children) have you (or your partner) asked for outside help to deal with problems any of your children have had in the past 3 years?:YESNO;

PROBTP

What sorts of problem have you asked someone to help you with?
Please choose your answer from this card and choose more than one
answer if there has been more than one kind of problem.

Sort of problem: CODE ALL THAT APPLY

1. Child's health,
2. Child's behaviour at school,
3. Child's progress in school work,
4. Bullying at school,
5. Other problem at school,
6. Child's behaviour at home,
7. A problem with the child's development,
8. A problem connected with relationships in the family,
9. Child doing something against the law or getting in trouble with the police,
10. A problem connected with the Troubles,
11. Someone else harming the child in some way,
12. Some other kind of problem;

WHHPR What was the other problem?:

SEXUAL HEALTH

{-----Explanation of self-completion by computer-----}

SCSTART INTRODUCTION TO THE SELF COMPLETION SECTION ON CONTRACEPTION
AND SEXUAL HEALTH : (CONTINUE)

MOREQUES In recent years there have been many changes in family life and society
such as the decrease in the size of families, and increased concerns
about infertility.

The following questions relate to contraception and sexual health and
I am going to ask you to complete these yourself using the computer.
These questions are used to record changing trends in society, and to
help plan ahead for services relating to family planning and infertility.
: (CONTINUE)

MOREQUE1 INTERVIEWER NOTE: TRY TO ENCOURAGE THEM TO USE THE COMPUTER. USE PAPER
VERSION ONLY AS A LAST RESORT, IF INFORMANT WILL NOT USE COMPUTER.

IF PAPER VERSION IS USED - WHEN THE
RESPONDENT IS FINISHED ASK THEM TO PLACE THE QUESTIONNAIRE IN THE ENVELOPE
PROVIDED AND RETURN IT TO YOU.
(CONTINUE);

NOTEMETH METHOD OF SELF-COMPLETION :
(computer By computer ,
card Paper questionnaire ,
outref Refusal to complete section by any means)

NREF REASON FOR REFUSAL (SPECIFY) : STRING[100]

GIUE NOW GIVE THE COMPUTER (PAPER QUESTIONNAIRE) TO THE RESPONDENT FOR THEM
TO COMPLETE. : (CONTINUE)

Start of Self Completion

GROW When you were growing up in which of the ways listed
below did you learn about sexual matters? :

Moth Mother ,
Fath Father ,
Brot Brother ,
Sist Sister ,
Othr Other relative ,
Sch Lessons at school ,
Fri Friends of about my own age ,
Fir First sexual partner ,
Doc A doctor, nurse or clinic ,

TV Television ,
Rad Radio ,
Boo Books ,
Mag Magazines or newspapers ,
Oth Other ,
Rem Can't remember

GOTH Please specify this other way? : STRING [100]

MOST From which one of those did you learn the most? :

Moth Mother ,
Fath Father ,
Brot Brother ,
Sist Sister ,
Othr Other relative ,
Sch Lessons at school ,
Fri Friends of about my own age ,
Fir First sexual partner ,
Doc A doctor, nurse or clinic ,
TV Television ,
Rad Radio ,
Boo Books ,
Mag Magazines or newspapers ,
Oth Other ,
Rem Can't remember

GOTHM Please specify this other way? : STRING [100]

FIRSEX How old were you when you first had sexual intercourse, or hasn't this happened yet? PLEASE NOTE: IF THIS HASN'T HAPPENED YET TYPE 97 AND THEN PRESS ENTER :
1..100

CONTRO In relation to the first time you had sexual intercourse, did you or your partner use any form of contraception or take any precautions that first time, or not? : Yes OR No

WHCONTR Which of these did you or your partner use? :

Cond Condom (sheath/Durex) ,
Ohtco Other contraception ,
Witd Withdrawal ,
Safe Made sure it was a 'safe' period ,
Nopr No precaution by me, don't know about partner ,
Nopre No precautions by either of us ,
Canr Can't remember

WHICONM Which of the contraceptive methods below have you or a partner ever used? :

Pil The pill ,
Coil The coil/IUD ,
Cond Condom/sheath ,

Capd Cap/diaphragm ,
Foam Foam tablets/jellies/creams/suppositories/pessaries/aerosol foam ,
Spo Sponge ,
Douc Douching, washing ,
Wim I have withdrawn/been careful ,
Steri Partner sterilised ,
Vasec I am sterilised (had vasectomy) ,
Nosex Going without sexual intercourse to avoid pregnancy ,
Othmr Other method of protection ,
Noe None of these

OTHMEV Please specify this other form of contraceptive used? : STRING [100]

WHICONF Which of the contraceptive methods below have you or a partner ever used? :

Pil The pill ,
Coil The coil/IUD ,
Cond Condom/sheath ,
Capd Cap/diaphragm ,
Foam Foam tablets/jellies/creams/suppositories/pessaries/aerosol foam ,
Spo Sponge ,
Douc Douching, washing ,
Part Partner has withdrawn/been careful ,
Womst I am sterilised ,
Wovas Partner is sterilised (had vasectomy) ,
Nosex Going without sexual intercourse to avoid pregnancy ,
Othmr Other method of protection ,
Noe None of these

OTHFEV Please specify this other form of contraceptive used? : STRING [100]

WHISECM Secondly which have you or a partner used in the past year? :

Pil The pill ,
Coil The coil/IUD ,
Cond Condom/sheath ,
Capd Cap/diaphragm ,
Foam Foam tablets/jellies/creams/suppositories/pessaries/aerosol foam ,
Spo Sponge ,
Douc Douching, washing ,
Wim I have withdrawn/been careful ,
Steri Partner sterilised ,
Vasec I am sterilised (had vasectomy) ,
Nosex Going without sexual intercourse to avoid pregnancy ,
Othmr Other method of protection ,
Nopy None of these

OTHMYR Please specify this other form of contraceptive used? : STRING [100]

WHISECF Secondly which have you or a partner used in the past year? :

Pil The pill ,
Coil The coil/IUD ,
Cond Condom/sheath ,
Capd Cap/diaphragm ,

Foam Foam tablets/jellies/creams/suppositories/pessaries/aerosol foam ,
Spo Sponge ,
Douc Douching, washing ,
Part Partner has withdrawn/been careful ,
Womst I am sterilised ,
Wovas Partner is sterilised (had vasectomy) ,
Nosex Going without sexual intercourse to avoid pregnancy ,
Othmr Other method of protection ,
Nopy None of these

OTHFYR Please specify this other form of contraceptive used? : STRING [100]

STD Have you ever attended a sexually transmitted disease (STD) clinic or special (VD) clinic? : Yes OR No

WHENT When was that (the last time if more than once)? :

Year In the last year ,
Five Between 1 and 5 years ago ,
More Longer than 5 years ago

CHANG Have you changed your own sexual lifestyle in any way, or made any decisions about sex, because of concern about catching AIDS or HIV virus? : Yes OR No

WHICHAN In which of these ways have you changed? :

Few Having fewer partners ,
Mor Finding out more about a person before having sex ,
Con Using a condom ,
Nsex Not having sex ,
Onep Sticking to one partner ,
Avoi Avoiding some sexual practices ,
Oth Other changes)

OTHCHAN Please specify this other way you have changed? : STRING [100]

HAVEY Have you ever had a time, lasting six months or longer, when you and your partner were trying to get pregnant but it didn't happen? : Yes OR No

EVSOU Have you (or your partner) ever sought medical or professional help about infertility? : Yes OR No

**NORTHERN IRELAND
HEALTH AND SOCIAL WELLBEING SURVEY 2001**

INTERVIEWER INSTRUCTIONS

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1. BACKGROUND AND AIMS

The Northern Ireland Health and Social WellBeing Survey 2001 is the second such survey commissioned by the Department of Health and Social Services and the Northern Ireland Health Boards. The survey's objective is to monitor trends in the population's health over time. It is very similar to the Health Survey for England which began in 1991 and is repeated every year. The N.I. Health and Social WellBeing was first asked in 1997 and will be repeated every 3 to 4 years.

The Regional Strategy for N.I. Health and Personal Social Services (1991) set out key health targets in a number of areas. The aim in setting these targets is to increase people's life expectancy and to improve the quality of their lives. It was recognised that a health strategy for improving life quality involved a variety of approaches, designed not only to reduce the amount of ill-health (through high quality health services, healthier lifestyles and improved physical and social environments) but also to alleviate the effects of ill health.

Little systematic information has hitherto been available about the state of the population's health, or about the factors that affect it. There are statistics on the number and causes of deaths. Other statistics (such as hospital admissions) are derived from people's contacts with the National Health Service, but these statistics are concerned only with very limited aspects of health. For example, they are likely to record the particular condition treated rather than the overall health of the patient. While information is also available from other sources, such as surveys, it tends to deal with specific problems, not with overall health. Wider-ranging surveys fail to provide measures of change over time.

We therefore do not have a clear picture of the health of the Northern Ireland population as a whole, or of the way it may be changing. It has not been possible to say with any certainty whether people are getting generally healthier or less healthy, or whether their lifestyles are developing in ways that are likely to improve or damage their health.

Good information is vitally needed for formulating health policies aimed not only at curing ill-health but also at preventing it. Prevention is, from every point of view, better than cure. Good information is also essential for monitoring progress towards meeting health improvement targets. Consequently, the Department of Health and Social Services and the Regional Health Boards decided that a major health survey should be carried out in order to monitor the country's state of health so that trends over time could be noted and appropriate policies planned.

The Health and Social WellBeing Survey is that survey. It will play a key role in ensuring that health planning is based on reliable information. As well as monitoring the effectiveness of government policies and the extent to which targets are achieved, the survey will be used to help plan NHS services to meet the health needs of the population.

2. THE SURVEY

The Northern Ireland Health and WellBeing Survey involves interviews with a selected sample of around 5,000 private addresses. The fieldwork period for the survey will run from the 19th of February to the end of June 2001 with allocations being issued on a 4 weekly basis.

The survey is being carried out by the Central Survey Unit on behalf of the Department of Health and Social Services and the Health Boards. The survey focuses on a range of different health issues each time it is carried out, with topics repeated at suitable intervals to monitor changes over time. One of the issues regularly studied by the Survey is cardiovascular disease. Cardiovascular disease (including heart attacks and strokes) is the largest single cause of death in Northern Ireland. Even when it does not kill, it brings ill-health and disability to thousands of people every year.

Cardiovascular disease is thus an issue of great importance. It is also an issue that lends itself to study in a survey because there are a number of measurable indicators of cardiovascular conditions, and specific factors that put people at increased risk. Action can be taken to reduce risk levels.

SUMMARY OF SURVEY PURPOSE

The aim of the survey is to provide a baseline against which future trends in health can be measured. Specific aims include:

- estimating the proportion of adults in Northern Ireland who have particular health conditions
- estimating the prevalence of certain risk factors associated with these conditions, and looking at the extent to which combinations of risk factors are found
- examining the variation in risk factors between population sub-groups.

This will help to:

- inform policy on preventive and curative health
- monitor change overall and among certain groups
- monitor progress towards the health targets set in the "Regional Strategy for NI Health and Personal Social Services, 1992-97".

3. SUMMARY OF THE SURVEY DESIGN

3.1 Survey Design

The Health and WellBeing Survey is a survey of people aged 16 and over living in private residential accommodation in Northern Ireland. All persons aged 16 and over should be interviewed at each address. The sample of approximately 5,000 addresses has been selected from the Valuation and Lands Agency list of addresses.

Fieldwork must be completed within the specified field period. Due to the large allocation and reallocation each month, can I take this opportunity to stress that strict attention must be paid to the dates for returning disks and that this will be monitored within the office. Therefore it is essential that you make initial contact at all addresses early in the field period.

There will be no physical measurements or blood samples in this year's survey.

An advance letter will be sent to each address explaining briefly the survey and its purpose.

3.2 The interviewer visit

The interviewer will attempt to interview each person aged 16 and over in the household. The following topics are covered:

Household section

Individual section

General health

Lifetime incidence of common conditions

Physical activity

Neighbourhood and community involvement

Stress

GHQ12 - (self completion)

Social Support - (self completion)

Smoking and drinking - (self completion for 16 and 17 yr old only)

Parent problems

General background information (eg education and employment)

Contraception and Sexual health - (self completion)

Religion

Ethnicity

3.3 Field Procedures

1. Address Allocation

This is a sample of addresses. Surnames are given simply as an aid to your first contact with the household and as a guide to the correct address. If the people shown on your list have moved, interview whomsoever is living at the address now.

2. Field Period

The survey will run for approximately 41/2 months beginning on 19th February. The allocation will be on a 4 week basis beginning on this date.

3. Disks

3 different colours of disks will be used during Fieldwork:

Red - Daily backup disk;
Yellow- Weekly backup disk.
Green – Allocation disk

4. Backing Up

It is essential that each day's work is backed up onto the red backup disk. Use the procedure described during training. A backup onto the yellow disk should be completed at the end of each week's work and returned to CSU as described below.

5. Return of Work

Work must be returned on a weekly basis on a yellow disk. Each week the relevant yellow disk should be posted before midday on Friday, to arrive with Central Survey Unit no later than the following Monday morning.

For posting, disks should be placed inside a transit box; the box should be placed in an envelope clearly labelled to indicate that it contains computer disks. Do not label or seal boxes.

6. Advance Letters

Advance letters have been sent to all addresses in the sample. You should have several blank copies of the advance letter. These can be given to any household which has not received an advance letter. Please contact headquarters for further supplies.

7. **Problem Solving**

In the event of a problem which cannot be resolved using the instructions provided please contact a Field Trainer. Thereafter, if necessary, contact headquarters.

8. **General Rules**

- (a) Visit **every** address on the list. Addresses should not necessarily be interviewed in numerical order but grouped for economy.
- (b) If you are unable to find the address listed do not substitute another address but refer to Headquarters immediately.
- (c) Always show your Authority Card to the informant.
- (d) Always stress that all information is confidential.
- (e) Give an explanation of the Survey and how the address came to be selected.
- (f) Do not interview on the doorstep.
- (g) Record all answers at the time of conducting the interview.
- (h) Leave a Purpose Leaflet at all addresses visited including refusals. Do not use the Leaflet as a means of introducing the survey - leave it at the end of the interview.
- (i) Complete a calls and outcome record for every address/household on the list. When a final outcome has been reached at an address complete the allocation sheet and return it at the end of the week to CSU.
- (j) Three calls, at varying times of the day, must be made before an address can be classified as a non-contact. Your calls at each address should be spread across the field period and you should make morning, afternoon and evening calls to each address. A household which is going to be away for the duration of the field period and cannot, therefore, be contacted counts as a circumstantial non-contact.
- (k) There are no restrictions on overtime working, bar Sunday.
- (l) Wage claims should be returned weekly in small business reply envelope.
- (m) Notify Headquarters immediately if there is a delay in the fieldwork.
- (n) Study time of 2 hours will be paid for this survey.

9. **Eligibility of Addresses**

(a) We are interested only in private households; thus any address which is not a private residence, whether in whole or in part, should be disregarded:-

BUT NOTE

- (1) A house or flat with a shop is a private residence.
- (2) If the address is a school or business premises (eg offices) there may be a resident caretaker; if so, interview the caretaker's household.
- (3) Interview the owner/proprietor of a guesthouse/private hotel if the owner/proprietor runs it and lives on the premises.

EXCLUDE

- (1) hostels.
- (2) institutions, eg schools, hospitals (but see (2) above).
- (3) business premises (but see (2) above).
- (4) hotels (but see (3) above).
- (5) demolished houses.
- (6) derelict and empty houses.

Return details of all ineligible addresses to Headquarters immediately, fully detailing the reasons for reaching your decision.

Multi-Household Addresses

- (b) If when you have located the address you find that the accommodation has been divided up into separate self-contained units (eg a large house divided into separate self-contained flats), then select a household as follows:-

STEP 1: list all occupied dwelling units at address in flat/room number order,

or

from bottom to top of building, left to right, front to back:

STEP 2: If there are 2-12 units use the selection table below. At the DU row find the number corresponding to the total number of Dwelling Units, circle the number below this. This is the dwelling unit at which the interview is to be completed.

NUMBER OF DWELLING UNITS	1	2	3	4	5	6	7	8	9	10	11	12
SELECT	1	1	2	3	4	4	2	7	6	8	6	6

If there are 13+ dwelling units at the address phone headquarters

10. **Household Definition**

(a) Once you have established an eligible address and made contact it is important to establish the household who live at that address.

A household is defined as a single person or group of people who have the address as their MAIN or only address and who either:-

(1) Share one meal a day. (This does not necessarily imply that they must always sit down to eat together, but can be that the food is bought or provided on a common basis.)

OR

(2) Share living accommodation:

- (i) accommodation may still be regarded as shared where the address does not have an actual living room which is separate from the kitchen (ie where the main living room forms part of the same room as the kitchen);
- (ii) a household can be treated as one if the living room is also used as a bedroom;
- (iii) never regard as one household solely on the basis of a shared kitchen and/or bathroom.

(b) **Multi-households are best defined as a group of people who reside at a dwelling but do not share living accommodation or food/eating arrangements.**

4. The Questionnaire

The questionnaire consists of three sections. These are:

- (1) A Household Section/Schedule
- (2) An Individual Section/Schedule
- (3) A Proxy Section/Schedule

4.1 Household Schedule

Eligibility

The information in the Household Section should be obtained from the Head of Household or his/her spouse.

Eligibility of Individuals

Number in household (NUMPERS):

At the start of the grid, the total number of persons in the household (i.e. total number of adults and children) must be entered. Before completing this please be careful to determine who are eligible members of the household. It is normal for the person being interviewed to include in the household total, people who are ineligible according to NIHSWB Rules, for example adults or children who have been away from the house for 6 months.

The inclusion of ineligible members of the household is a problem that causes difficulty later, not only for analysis but also for interviewers when they try to remove this person from the household grid or complete the questionnaire.

Establishing residence

The first job is to find out who is to be treated as resident at the address for the purposes of the Survey. The majority of individuals will have only one address and will be included without question. Anyone with more than one address should be included at the address they regard as their **main** one. However, the following special rules take priority and should be applied in all cases.

- (1) Adults (i.e. persons aged 16 and over) who live away from home for the purposes of either work or study and come home only for holidays or weekends should NOT be included at their parental address.

Under this rule you should exclude students away at college or boarding school during term-time and those working away from home on a permanent basis - even if they are at home at the time of the interview.

Children working away from home in a **temporary** job (but see (2)) should be included in the parental household, as should children under 16 at boarding/special schools.

- (2) Anyone who has been away from the address **continuously** for 6 months or more should be excluded.

Under this rule, exclude anyone who has been in hospital or prison for 6 months or more, members of the forces on long tours of duty, children who have been in care for an extended period and people who have worked away from home for 6 or more months.

- (3) Include visitors if they have been at the address for **at least 12 months** even if they have a residence elsewhere.

In the case of newcomers, e.g. married children, mother-in-law, etc., if they have moved into the household and regard it as their **main** residence now, then include them.

In all other cases the question of whether or not the address is the main residence should be decided by the respondent.

Include as resident at that address:

- (a) people away on holiday, away on business or in hospital, **unless** they have been living away from the address **continuously** for 6 months or more;
- (b) children aged under 16 **including** those away at boarding or other schools.

Fill in the Relationship to HoH by starting with the Head of Household.

Head of Household (HoH)

The HoH must by definition be a member of the household, and is the person who owns the household accommodation OR is legally responsible for the rent OR has the responsibility for the accommodation.

If none of the above apply (e.g. a separated woman or joint owners) , the HoH is the person whom the adults agree to be the HoH. Generally it is the husband, or the elder of 2 persons of the same sex.

In the case of a single person sharing (e.g. students, unmarried employees, etc.), it is the person who is legally responsible for the accommodation/rent/contract/etc.

Listing Members After entering in the HoH all other persons are entered in descending order of age, so that the next person will usually be the spouse of the HoH (in order of age), followed by any other members.

Details of Household Marital Status - You should ask this question as a running prompt keeping **strictly** to the order indicated.

Note also that the definition of married is what the persons themselves define as married.

If someone says they are married and there is no spouse/partner in the household please check if the partner is away from home working or for some other reason. If they have been away continuously for 6 months or more they are not included as resident at the address. However, we need to know as a check that the Marital Status has not been miscoded.

If someone says they are married and living with husband/wife (rather than separated) although there is no spouse in the household you may record them as married and living with husband/wife, but please add a comment in the questionnaire.

Do not probe 'separated'. Should a respondent query the term, explain that it covers any person whose spouse is living elsewhere because of estrangement (whether the separation is Legal or not)

Cohabiting (Code 3). Code both members of the same sex couple as cohabiting

Relationship Grid

You may want to introduce this section. A possible introduction is: "There are a lot of changes taking place in the make-up of households/families and this section is to help find out what these changes are. I'd like you to tell me the relationship of each member of the household to every other member".

The section must be asked for all households consisting of more than one person. Please ask in every case. You should not make assumptions about any relationships.

The Blaise program works out the ordering of the questions for you. It works down the grid, asking about the relationship of each person in the household to every other household member. It asks about the relationship of person 02 to person 01, person 03 to person 01 and person 02, person 04 to person 01, person 02 and person 03 and so on until you have completed the grid for the entire household. Record the relationship according to the codes on the screen. Treat relatives of cohabiting members of the

household as though the cohabiting couple were married, (unless the couple are a same sex couple) ie. the mother of a partner is coded as mother-in-law. For same sex cohabiting couples the mother of a partner should be coded as 'no relation'. Other relatives include cousins, nieces, nephews, aunts and uncles.

You should probe on this question, but be sensitive. It may be that someone described as a 'son' or 'brother' earlier is actually a stepson or half-brother. Where possible, we want to know the true relationship. If you have doubts about any relationship, use the notepad facility to record as much information as possible to allow the changes to coding later if appropriate.

Half brothers/sisters should be coded with step-brothers/sisters.

A warning will appear if you enter information concerning a relationship which conflicts with information in the Household Box; for example, if a stepchild is older than a step-parent or if a same-sex cohabite is entered. Check the answer with the respondent and, if the information is correct, override the warning, by typing "S".

Family Unit Figures collected by a number of Government departments relate to families rather than to households. Consequently it is necessary to group household members into family units.

A FAMILY UNIT can consist of:

- a single person;
- a married couple on their own;
- a married couple/lone parent and their never-married children, provided these children have no children of their own;
- one parent only, e.g. a divorced daughter without children.

Generally it is the nuclear family.

A brother and sister whose parents are not part of the household would form two separate family units.

The HoHs details should be entered first. All other household members should be entered in order of age, e.g. :

<u>Per No</u>	<u>Relationship to HoH</u>	<u>Age</u>	<u>Computed Family</u>
<u>Unit</u>			
01	HoH	59	1
02	Mother	82	2
03	Wife	57	1
04	Son (unmarried)	30	1

The calculation of family unit is now completed automatically by the computer. It is essential that you check the computation of family units, which is displayed on the screen, before you move on to the next question.

- (a) In general, family units cannot span more than two generations, i.e. grandparents and grandchildren cannot belong to the same family unit. The exception to this is where it is established that the grandparents are responsible for looking after the grandchildren (e.g. while parents are abroad)
- (b) Adopted and step-children have the same family unit number as their adoptive/step-parents. Foster-children should be given a family unit number separate from that of the foster-parents - no matter what age.
- (c) Where 'cohabiting' is spontaneously mentioned write in the relationship to head of household as "cohabitee", "boy -friend", "common-law husband/wife" - where mentioned and treat as one family unit. If in any doubt give FULL details.

4.2 Individual Section

4.2.1 Miscellaneous Section

Purpose of Section

The basic rationale of this section is to obtain up-to-date information on the sizes of the respective communities in Northern Ireland since this impinges on many Government policy areas e.g. health, housing, education and employment. Religious affiliation in Northern Ireland tends to define two groups with distinctly different values and attitudes about many aspects of life, not just political; for example, it has been found in EEC surveys that the two groups differ radically in their views on what causes poverty.

Respondents are asked to indicate their religion.

A question regarding possession of mobile phones is asked of every respondent in order that 'personal' mobile phone usage may be assessed.

Questions regarding Internet access have been placed in both the household and individual sections to get an estimate of the number of people who have Internet access at home or at work.

NB: In the case of an individual accessing the internet using a portable laptop computer (provided by an employer) at home and at work, please code both work and home options and any others that also apply.

4.2.2 Education

Purpose of Section

This section is designed to provide information about the education of the population. Apart from the Department of Education, other departments will use this information as background material. The information on qualifications, in conjunction with data from the income section on earnings is used by the Department of Education as part of their work on the rate of return to the economy of expenditure on higher education.

Notes on further education and qualifications are given below :

Age Left School

Note that this is the age at which the respondent left elementary, secondary or grammar school, **not** a college of further/higher education.

4.2.3 Further Education

Further education includes:

- any course attended at any type of college of further education, university, teacher training establishment, polytechnic etc. (including secretarial courses)
- Open University courses.
- Training given to nurses, physiotherapists, radiographers, and similar paramedical professions.
- Day-release courses.
- Sandwich and block-release courses (Sandwich courses tend to be up to 6 months in college and 6 months at work; block-release courses average 8 weeks or less in college per year).

Further education excludes:

- In-service training courses.
- Leisure classes (if queried these are courses not normally leading to an examination or (qualification)
- Vocational training given by an employer. If in doubt whether to include or not, code as 'Yes' and make a note.
- Studying on one's own without attendance at any college (again with the exception of the Open University)

4.2.4 Qualifications

- (a) If a subject was passed more than once at the same level, count as once only.
- (b) In the case of GCSE count all according to grade (grades A-C and D-G) . Where GCSEs have been obtained but grades cannot be offered, record these as 'Don't know grade' . The first GCSE examinations in Northern Ireland took place in summer 1988 (courses began in Autumn 1987)
- (c) In the case of CSE (where there is no pass or fail), count all according to grade. This examination started in NI in 1973.
- (d) In the case of GCE 'O' Levels, up until 1975 pass grades were 1-6 inclusive, and fail grades were 7, 8 and 9. Since 1975 a five-point grading scale has been operating; grades awarded are now A-E with no pass or fail. In both the former and the more recent system candidates could receive an ungraded result which would not appear on their certificate. This, along with the previous 7, 8 and 9 grades are to be considered as fails. The important point is that we require examinations passed, not

those entered for. The number of Grades 1-6 and Grades A-C should be recorded separately.

(e) If a subject was sat at 'A' Level but only an 'O' Level pass was awarded, count this as an 'O' Level (coded as '1-6' if gained before 1975, and 'A-C' if gained in 1975 or later)

(f) Nursing qualifications: First Aid Certificates (Red Cross, St John's Ambulance) are not accepted and should not be included. Health Visitors', Nursery Nurses' and Dental Nurses/Hygienists' qualifications should be coded 'other', and details given. If in doubt about a nursing qualification, enter as nursing qualifications and give details.

(g) Examinations which may be included ('other') are Leaving Certificate (awarded in Eire), as well as Scottish educational qualifications. Another examination which you may encounter this year is 'Advanced Supplementary'. This examination was introduced in NI last year. An 'Advanced Supplementary' qualification is equivalent to half an 'A' level i.e. the course is to 'A' standard but only covers about half of the material required for 'A' level. As yet 'Advanced Supplementary' courses are not very popular in NI. Only about 30-40 people entered 'Advanced Supplementary' examinations last year. For this reason we are including this qualification in the 'other' category this year. If the exam becomes more popular over the next few years then we will eventually include it in a separate category.

If more than one type of 'other' qualification has been obtained, specify all fully.

4.2.5 Employment

Purpose of Section

This survey is one of the main sources for supplying the Department of Economic Development with information on the size and composition of the workforce and on the extent of unemployment, which is a grave social and economic problem in NI. When linked with other sections these questions help economic planners by, for example, exploring the relationships between peoples' qualifications and the type of employment they follow.

The first question asked on the Employment Section concerns the **perceived** economic activity status of the respondent.

Include as 'paid work last week':

- employment for **any** number of hours, including Saturday jobs and casual work, e.g. baby-sitting, running mail-order clubs, etc.

NB: Some respondents may not consider this to be 'serious' work, so please be prepared to probe those to whom you feel this may be applicable, e.g. housewives with dependent children;

- anyone who was paid a wage or salary by an employer while attending an educational establishment;
- wives working for **any number of hours** in their husbands' businesses (and vice versa) as long as they were **paid**, i.e. received (or will receive) an amount of money in remuneration or a share in the profits;
- wives working **unpaid** in their husbands' businesses (and vice versa) provided they work for **15 hours or more** per week;
- anyone else working in a friend's or relative's business as long as they were paid, i.e. received (or will receive) an amount of money in remuneration or a share in the profits;

NB If the respondent is in full time education, code 'none of these' at the question asking about what you were doing last week (**ANYWORK**) unless attendance at full time education is a condition of employment in which case the classification should be paid employment.

Respondents who indicate that they are on Government-sponsored schemes, e.g. New Deal, Jobskills, etc. should also be coded as 5 ('none of these'). If, however, someone indicates that they were in paid work last week but it becomes apparent later that they had actually been on a Government Training Scheme, you should not recode the first question. The idea behind the first question is to tap **perceived** economic activity.

Individuals may be absent from work last week for a number of reasons. Include any person who was absent from work because of holiday, strike, sickness, maternity leave, lay-off, etc., provided that he/she has a job to return to with the same employer. Do not include those receiving redundancy payments who have no job to return to.

Do not include people who have a job fixed up but who have not yet started work in it; these people should be coded 'waiting to take up a job'.

'Looking for work'

- include anyone who was out of employment but actively seeking work last week, e.g. registered at a Government Job center, Employment Office or Careers Office, or at a private employment agency, or answering advertisements, advertising for jobs, etc.
- include respondents 'on the books' of private employment agencies.
- include those doing voluntary work if they are **also** looking for work.

'Intending to look for work but prevented by temporary sickness, etc.'

- exclude anyone whose temporary sickness or injury has already lasted longer than 28 days (i.e. 4 weeks); these people should be coded as 'None of these'.

‘None of these’

- include anyone who was economically inactive last week, i.e. neither employed nor seeking work.
- include those who worked only for payment in kind, e.g. doing domestic work in exchange for board and lodging but without any cash payment.
- include people who received on-the-job unpaid training, e.g. physiotherapists.
- include persons doing voluntary work for which they receive no payment (other than out-of-pocket expenses) and who are not looking for work.
- include seasonal or casual workers who did not work last week, if none of the codes 3-5 apply.
- include students receiving full time education.

The Question (**SCHEMES**) asks about whether or not over the last 7 days you were on any of a number of schemes. Notes on some of the schemes which may be mentioned are set out below.

Notes on Training Schemes

Job Skills:

Job Skills is an initiative developed to provide an integrated training programme for both young people entering the labour market and unemployed adults.

New Deal

The New Deal for 18-24 year olds was introduced in Northern Ireland on 6th April 1998. Its primary aim is to help the young adult unemployed to find sustained employment through a series of initiatives designed to increase their employability and equip them with the relevant skills for the labour market. The New Deal for 25+ was introduced in Northern Ireland in June 1998.

Worktrak/Action for Community Employment (ACE Schemes)

Worktrak is aimed at the Long-Term Unemployed i.e. those unemployed for at least 12 months. It is intended as a successor to Action for Community Employment (ACE Schemes). Worktrak employment allows the unemployed to earn a wage (in line with the National Minimum Wage Regulations) while improving prospects of finding and securing permanent employment.

Enterprise Ulster

Enterprise Ulster is a statutory corporation established in 1973 for the purpose of creating employment. The corporation is presently concerned with the provision of

employment, training and work-related experience for the long-term unemployed which will enhance their future employment prospects in the open market.

Community Business Ventures

CBVs provide job training and enterprise opportunities to local residents to support the development of community orientated and owned businesses.

Future Managers Training Schemes

A range of programmes are available, aimed at equipping future managers, including students, undergraduates and graduates, with the skills and experience they need to succeed in industry. (Programmes included are Business Education Initiative, Rapid Advancement Programme, Premiere, Industrial Scholarship Scheme and Explorers).

Management Training and Enterprise Schemes

A number of Schemes are available, which provide training for unemployed person who wish to enter or re-enter management or start their own businesses, e.g. the Overseas Marketing Programme, the Enterprise Allowance Scheme and the Management Development Scheme. The Overseas Marketing Programme is provided in conjunction with the Training and Employment Authority in the Republic and supported by the International Fund for Ireland. The Enterprise Allowance Scheme is designed to help unemployed people who wish to start up business. The Management Development Scheme is designed to encourage firms to identify all of their management training needs, prepare a management training plan, and to undertake management and training on a systematic basis, in order to improve managerial competencies and achieve greater competitiveness.

Government Training Centers

Training Centers provide high quality off-the-job industrial skills training for young persons and adults.

Main job

If a person holds more than one job concurrently, then the job to be entered is the 'main job', i.e. the most remunerative one. Unemployed persons who have had a previous job should be asked for details of their last job, even though they may be waiting to take up another job. However, if a respondent is waiting to take up their first-ever job, then note details of the job they are waiting to take up.

Economically inactive

Those who answer 5 ('none of these') at ANYWORK and 2 ('no') at SCHEMES are asked what they were doing last week at the question IACTIV.

'Last week' means the week ending last Sunday.
Please note the following points:

- Going to school or college

During vacations students should still be coded as 'going to school or college'. If their return to college depends on passing exams you should code them as going to school or college on the assumption they will be passed.

Persons who are paid a wage or salary by an employer while attending school or college and where attendance at school/college is a condition of employment are **excluded** - they should have been coded as 'working' at the first question.

- Permanently unable to work

This category can only apply to those under the state retirement age, i.e. to men aged 16-64 and women aged 16-59. Only include persons whose inability to work is due to health problems or disablement. Persons who are permanently unable to work because of domestic responsibilities should be coded as "looking after the home or family".

- Retired - Men 65+, Women 60+

Only include people above the official state retirement age who have retired from their full time occupation and are not seeking further employment of any kind. Thus women who have ceased work at a comparatively early age in order to become 'housewives' should be excluded from this category.

Note that a retired person who was ill or in hospital last week should still be coded as retired.

- Retired - Early Retirement

Only include people **below** the official state retirement age who have taken early retirement from their full time occupation and are not seeking, further employment of any kind.

- Looking after the home or family

This covers anyone who last week was involved mainly in domestic duties, provided this person has not already been coded in an earlier category. There can be more than one person in a household looking after home or family.

Note that a person looking after the home or family who was ill or in hospital last week should still be coded as looking after the home or family.

- Doing something else

Include those for whom the earlier codes are inappropriate, e.g. people aged over 24 who are at industrial rehabilitation centers.

Notes on collecting details of employment - i.e. job title, industry etc.

We need **full and detailed information of both occupation and industry** in order to classify a person's job into the three different coding frames of :

- SEG - Socio-economic Group
- SIC - Industrial Group
- SOC - Occupational Group

Standard industrial classification

Please note that we need job title, a full description of the work done, the main activity, level of skill and level of responsibility. Probe for details, especially in the case of ambiguous job titles such as "engineer" and "clerk" - the latter may range from a lowly counter clerk to the more prestigious Town Clerk. If the person is a member of the Armed or Security Forces, please give their rank.

The Standard Industrial Classification (given below) is used by the coders to group industries. This may be helpful in working out what questions to ask to identify the industry.

SIC (92)

- A Agriculture, Hunting and Forestry
- B Fishing
- C Mining and Quarrying
- D Manufacturing
- F Electricity, Gas and Water Supply
- F Construction
- G Wholesale and Retail Trade; Repair of Motor Vehicles, Motorcycles and Personal and Household Goods
- H Hotels and Restaurants
- I Transport, Storage and Communication
- L Financial Intermediation
- K Real Estate, Renting and Business Activities
- L Public Administration and Defense; Compulsory Social Security

(continued overleaf)

- M Education
- N Health and Social Work
- O Other Community, Social and Personal Service Activities
- P Private Households with Employed Persons
- Q Extra - Territorial Organisations and Bodies
- R Insufficient information to classify.

Self-employed/employee : in general you should accept the respondent's answers, but if there is any doubt you should try to find out how they are described for Income Tax purposes, if applicable; the nature of the National Insurance contribution is a less important indicator.

- note that people working as mail-order agents, pools agents, baby-sitters, child minders, etc., are usually classed as 'self-employed'.
- it is possible to be self-employed but to work under contract to an employer and be treated as an employee for tax purposes; this occurs in the construction industry, for example. Respondents in this situation should be treated as self-employed.
- GPs are self-employed, but hospital doctors are employees.
- All directors, managers and company owners of Limited Companies are employees, not self-employed. Respondents who give their occupations as company owner, director, etc., should therefore be asked whether it is of a Limited Company.

Note re: agency employees: an employee obtaining work through an agency (e.g. secretaries, nurses, etc.) may be either an employee of that agency or an employee of each different company they go to. When probing for occupation and industry establish which is the case, as this will affect answers about length of time with present employer and number of new employee jobs started in the last 12 months. If the person is an employee of the agency, the agency will normally pay part or all of the employee's National Insurance contribution.

The distinction between manager, foreman/supervisor and other employee is an important one, and you should try to distinguish if possible.

'Managers' are generally responsible for long-term planning and have overall control over the workplace, often through the medium of foremen and supervisors.

'Foremen' and 'Supervisors' have day-to-day control of a group of workers whom they supervise directly, sometimes doing some of the work themselves.

Ask or record the answer as appropriate, remembering that job titles can be a useful indication of the level of responsibility but that they can also be misleading; e.g. a 'playground supervisor' supervises children, not employees, and thus should not be coded as a supervisor. Similarly, a stores-manager may be a store-keeper, not an actual manager.

Exclude from the total number of employees:

- any relative who is a member of the respondent's household.
- any partners in a partnership (as they would also be self-employed)

Hours of work

Separate questions are given for employees and those on government schemes and the self-employed.

For **employees and those on government schemes**, please check that they have **not** included any paid or unpaid overtime in their estimate of hours worked.

For the **self-employed**, ask about the total hours they work in their main job. Most self-employed people don't think of themselves as working any overtime, and so for all self-employed we want to record their total hours.

The following points should be noted:

- If a person has started a new job in the reference period, the usual hours should relate to what the person expects them to be in the future.
- In the case of people who are 'permanently on call', make a full note of the circumstances and probe for the total hours usually worked when on call (excluding overtime) and enter this number of hours in the coding column.
- If the hours worked vary or the work is intermittent (e.g. casual workers) try to obtain the weekly average over the past few months
- For teachers you should accept the answer given, which will almost always be in excess of the 'normal' 27 or 28 hours.
- If the respondent has more than one job, this relates to the main job only.

On the question relating to the length of time that a respondent has been in his/her job if the respondent has worked on and off for his/her present employer, ignore all previous spells of employment and code only the length of time in the current spell.

In the question dealing with how long the respondent has been out of work but wanting work we want to know the total amount of time that the respondent has been unemployed and actually looking for work, including any time the respondent was temporarily sick as well as time spent waiting to take up a job.

NB: that the period of 'wanting work' cannot start before the end of the last job, even if it was only a temporary 'fill-in' job. It may, however, start at any time after leaving the previous job - e.g. a person may have been out of work for 10 years but looking for work only in the last 3 months. Similarly, the current period of unemployment must have started since any Government training course e.g. Jobskills, etc., was attended.

4.2.6 INCIDENCE OF COMMON CONDITIONS

Blood

Doctors may use a variety of euphemisms to describe high blood pressure, so code as "higher than normal" anything such as slightly raised, moderately raised, a little high etc.

We are only interested in blood pressure measurements taken by a doctor or nurse. We do not want to know if people had their blood pressure taken by eg a fitness assessor at the sports centre, a machine at the chemist, a physiotherapist, a dietician, or any self-testing. It is only medical testing in which we are interested.

DocTold

At these questions we are trying to find out whether the condition was medically diagnosed. If the respondent had the condition diagnosed when still a small child, then it might be the respondent's parents who were informed of the diagnosis rather than the actual respondent. This should still be coded "Yes".

Pasttrob etc.

Refers to the actual condition or event, not to after effects. Angina and other heart trouble is counted as continuing during the previous 12 months if the person has had the symptoms or if they have continued to have treatment for the condition.

Whystop

If the respondent has stopped taking medication on several occasions, take the last occasion. It is known that many people do not take medicines that are prescribed for them. First, be sure who decided that the respondent should stop (a medical advisor or the respondent) and then code why.

Pastpain

If the respondent questions what is meant by 'severe' back pain, say: "Have you had back pain that you felt was severe during the past 12 months".

All

Here again the informant must decide if a pain, swelling or stiffness is important enough to mention. *Doesit* sorts out those who have the most limiting problems.

4.2.7 GHQ12, SOCIAL SUPPORT, - (Self Completion)

These are 2 standard sets of questions, which have to be asked in this form. They are designed for self-completion.

Why is this module self-completion via the lap-top?

Self-completion via the laptop is a way of getting reliable data from respondents when modules cover sensitive topics. Because no one else can see the answers the respondent gives they can often admit to things that they would not want to say out loud with someone else in the room during the interview. It also avoids any embarrassment they might feel giving an honest answer to a sensitive question.

In most cases offering self-completion on the laptop will be quite straightforward as people are accustomed to using laptops/PCs at work or at home, as well as computerised toys. In the previous Health and Social Wellbeing survey we found that the large majority of persons, including many of the elderly, did not mind using the laptop. Most of the remaining used the question and answer booklets described below.

Practice questions

Once the respondent has agreed to do the self-completion via the laptop, hand the laptop to them and work through the first few practice questions with the respondents to make sure that they understand how to answer the questions, including “press 1 to continue”.

Make sure that you have stuck your red dot onto the ENTER key. These dots are sent with the Field materials and should be stuck on BEFORE you go into the field.

If the respondent is having any difficulty in answering or does not understand a question, just ask him/her to choose the answer that is closest to being true for him/her.

If refuses or unable to use laptop

If the respondent prefers not to use the computer, explain that he/she can use the **question and answer booklet** instead. The booklet is a bit like a show card, except it includes the questions as well as the usual answer categories.

To use the booklet, **simply read out the question number** and ask the respondent to tell you the number next to his/her chosen answer, you then enter the appropriate answer on the computer. The questions are numbered so you can take the respondent through the booklet question by question. If the respondent is using the computer and gets tired of it part-way through, you may switch to using the booklet. **Note, no answers are to be written on the question and answer booklet by the respondent.**

Only as a last resort should you ask the questions out loud, for example, if the respondent cannot see to read them. In such a situation you will be asked to give the reason a self-completion method was not used.

When you are unable to see respondents on their own, e.g. a 16 year old with parents present, try to sit beside or near to the respondent so that the lap-top screen or the cards can only be seen by you and him/her.

4.2.8 Smoking and Drinking

This section is completed by everyone, however due to the potentially sensitive nature of the questions, it is offered as self completion for those respondents aged 16 and 17, to be completed on the computer, or alternatively using the self completion form. Within the drinking section, the following points need to be noted:-

Shndy & Beerpint:

Ensure that the respondent considers pints of these beverages and not bottles.

Spirits:

The problem here arises from the fact that people who drink at home may pour themselves measures of spirits which are larger than those served at a public house. It is important to try to get across the idea of an optical measurement of a spirit.

Popwek:

Alcopops are considered to be drinks like hooch, bacardi breezer, Smirnoff ice etc.

4.2.9 PARENTING

These sections should be asked of the person best able to answer questions about the children in the household, often the children's mother. If that person is not available when you first call and if there is some doubt that you will be able to interview her/him, complete the section with another adult, such as the father, or another responsible adult (at least 20 years old). You should be able to judge if this person could complete the section.

But if you are able to interview the most appropriate person later, complete the section with him/her. If necessary, explain that you are going through the section again because they might be able to answer questions about the children a bit more easily than the first.

4.2.10 CONTRACEPTION AND SEXUAL HEALTH - (Self Completion)

The self completion questionnaire will only be asked of persons aged 16 – 44. Some of the questions are very similar to the Contraception questions asked in the CHS

survey every 2 or 3 years. In addition there are a few question on sexual health and behaviour, which have been asked previously in a GB survey of sexual attitudes and behaviour.

It is being carried out because of concern for important health issues like health and sex education, family planning and infertility and the prevention of sexually transmitted diseases (such as AIDS). The information will also be used to help plan ahead for medical services relating to family planning and infertility and even sex education.

Due to the sensitive nature of the questions asked in this section, self completion is the only approach to be taken. **It is important that you try to encourage the respondent, as far as possible, to use the computer for self completion.**

If they do not wish to use the computer then use the self completion paper questionnaire included in your survey material. The completed paper questionnaire can then be returned to the office with the serial number on the cover page. If the person cannot use the paper version of the questionnaire move on to the final classificatory questions.

The feedback from the pilot survey conducted at the end of last year suggested that respondents were keen to complete this section and generally were only too willing, where possible, to use the lap top as a means of self completion.

PLEASE NOTE THAT SELF COMPLETION, EITHER THROUGH THE COMPUTER OR BY PAPER QUESTIONNAIRE IS THE ONLY APPROACH TO BE TAKEN, THE INTERVIEWER IS NOT TO READ OUT ANY OF THE QUESTIONS IN SEARCH OF AN ANSWER FROM THE RESPONDENT.

Introduction to the section

An introductory paragraph explaining the purpose of these questions is included at the beginning of the section on your computer. You may modify or adapt it, if you wish, to suit whatever you find works best. Obviously we are aware that these are quite sensitive questions. However, as they are self completion you should approach this section, its introduction, and the offering of the self completion just as you did the other self completion sections. Please remember the other self completions also contain sensitive questions and almost all respondents will answer these by self completion. It is also worth noting that we have had little problem asking sensitive questions on contraception in Northern Ireland. Indeed in the CHS many of the respondents were happy to answer the contraception questions on a face to face basis even though they were offered the option for self completion.

Above all it will be your own approach that is important. The CHS and similar GB surveys have clearly shown that respondents tend to follow the style set by the interviewer: if **your** approach is open, confident, relaxed, matter of fact,

unembarrassed and formal but friendly, respondents are likely to react positively in the same way and get on with completing the self completion.

These questions have been included at the end of the questionnaire to avoid a great loss of information if a person does refuse. If a respondent indicates they would prefer that that these questions are not asked of other household members, you should agree with this and indicate that they will not be asked. This should be recorded on the computer.

Why people aged 16-44? Why not older people?

Earlier research in GB and other medically based information indicate that most of the health issues that this section is concerned with affect mainly people in the younger age groups of the population. It is *not* because we assume that there is little sexual activity after this age: we know that is not the case!

TECHNICAL REPORT

1.1 The Sample

The survey is designed to yield a representative sample of all adults aged 16 and over living in Northern Ireland. The sample is drawn from the Valuation and Lands Agency (VLA) list, the most up to date listing of private households, and made available to the Northern Ireland Statistics and Research Agency for research purposes.

The Valuation and Lands Agency provides a good sampling frame of addresses, but contains no information about the number of people living at an address.

Interviewers are instructed to call at each address issued in their assignments. As the first stage of the survey they have to identify the number of households resident at the address and, where necessary, select one using a selection table (Table 1.1).

Table 1.1 Household Selection Table

Number of Households

	1	2	3	4	5	6	7	8	9	10	11	12
Household selected	1	1	2	3	4	4	2	7	6	8	6	6

The interviewers then list all members of the household who are eligible for inclusion in the sample; that is all persons currently aged 16 and over living at the address. At this point the interviewer endeavours to obtain a full interview from each of these eligible individuals. As a last resort the interviewer may take a 'proxy' response from one member of the household on behalf of another.

Respondents used a self-completion form to answer the more sensitive questions about mental health and sexual health. Only respondents aged 16-44 were asked the sexual health questions.

1.2 The Fieldwork

The 5,000 addresses were issued to a panel of around 120 interviewers on a monthly basis between February and July 2001. The response rate (eligible addresses) was 68%. During the fieldwork period the Foot and Mouth Epidemic disrupted the survey. As a result farms were inaccessible to interviewers and were coded as non-contacts, this accounted for 6% of all issued addresses (Table 1.2).

Table 1.2 Response from all households

Addresses issued	5000	
Ineligible	557	
Effective sample	4443	
		Response rate
Complete	3006	68% (one or more persons interviewed)
Refusal	842	19%
Non - contact	286	13%*

Health and Social Wellbeing Survey 2001

*Note: Includes farms = 308 (6% of issued addresses)

In terms of individuals, the 3006 'complete' addresses yielded a sample of 5844 individuals, of which 4690 (80%) completed a full personal interview, 515 (9%) a proxy interview and 639 (11%) were classed as a refusal or non-contact (Table 1.3).

Table 1.3 Individual response in co-operating households

	No of individuals	Response
Total eligible individuals	5844	
Full personal response	4690	80%
Proxy interview	515	9%
Refusal/ non contact	639	11%

Health and Social Wellbeing Survey 2001

1.3 Representativeness of the sample

In any survey there is a possibility of non-response bias. Non-response bias arises if the characteristics of non-respondents differ significantly from those respondents in such a way that they are reflected in the responses given in the survey. Accurate estimated of non-response bias can only be obtained by comparing characteristics of the achieved sample with the distribution of the same characteristics in the population at the time of the sampling. Such comparisons are usually made to the current Census of Population data.

To assess how accurately the Health and Social Wellbeing Survey sample reflects the population of Northern Ireland, the sample has been compared with the projected mid year population estimate for 2001 (Table 1.4).

Table 1.4 Age breakdown of HWB compared to mid year population estimates.

	Age group	%	Mid year population estimate projected for 2001 (%)
Male	16-24	14	18
	25-34	18	21
	35-44	19	19
	45-54	18	16
	55-64	13	13
	65-74	12	9
	75+	6	6
	Base	2,328	631,170
Female	16-24	14	16
	25-34	17	18
	35-44	18	19
	45-54	17	15
	55-64	13	12
	65-74	11	10
	75+	10	10
	Base	2,877	671,415
All	16-24	14	17
	25-34	17	19
	35-44	18	19
	45-54	17	15
	55-64	13	12
	65-74	12	9
	75+	8	8
Base	5,205	1,302,585	

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1.4 Sampling Error

No sample is likely to reflect precisely the characteristics of the population it is drawn from because of both sampling and non-sampling errors. An estimate of the amount of error due to the sampling process can be calculated. For a simple random sample design, in which every member of the sampled population has an equal and independent chance of inclusion in the sample, the sampling error of any percentage, p , can be calculated by the formula:

$$\text{s.e. (p)} = \sqrt{p(100-p)/n}$$

where n is the number of respondents on which the percentage is based. The sample for the NI Health and Social Wellbeing survey is drawn as a random sample, and thus this formula can be used to calculate the sampling error of any percentage estimate from the survey.

A confidence interval for the population percentage can be calculated by the formula

$$95 \text{ per cent confidence interval} = p \pm 1.96 * \text{s.e. (p)}$$

If 100 similar, independent samples were chosen from the same population, 95 of them would be expected to yield an estimate for the percentage, p , within this confidence interval.

The absence of design effects in the survey, and therefore of the need to calculate complex standard errors, means that standard statistical tests of significance (which assume random sampling) can be applied directly to the data.

Useful hints for analysis.

The 2001 survey is the second run of the Health and Social Wellbeing Survey in Northern Ireland. The survey content remains largely the same as the 1997 version, with the exception of the inclusion of a section on sexual health and the exclusion of the SF36 section and the section asked of carers as well as the exclusion of the physical measures aspect of the survey.

The dataset comprises 5205 individual interviews, both complete and proxy responses. 4690 full interviews were achieved along with 515 proxy responses, (partial responses answered by another adult in the household on behalf of the respondent).

The majority of analysis will involve selecting only those people who completed a full interview; this can be done using the variable 'PERSCHK' and selecting only those whose perschk = 1.

Certain filters have been applied throughout the questionnaire development and as a result 'system missing' cells are apparent at certain areas, e.g. when asking about drinking habits, those respondents who do not drink will have a number of blank cells appearing under the questions that ask about the type and quantity of alcohol they drink.

The sexual health section of the survey is asked only of respondents aged 16-44, as a result the base figures for this section are greatly reduced to 2116 individuals.

Many variables have been created from those used in the dataset to enable analysis to be performed on topics of interest. These variables include such things as age bands, above/ below dangerous drinking levels, sedentary levels etc. The criteria set for these variables is based on measurements for the purposes of this survey only; however we are aware of other measurement criteria used elsewhere.

A brief description of the key derived variables is set out below, detailing the criteria to be met in each area.

Mental health and wellbeing:

(i). Possible mental health problem; calculated from the GHQ12 set of questions which are located from variables 'CONCENT' through to 'HAPPY'. These variables are scored and totalled; the total score is recorded in variable GHQ12sco. A total score of 4 or more is coded as a possible existence of a mental health problem. The variable 'GHQ12fin' groups the GHQ12 scores and should be used for analysis on GHQ12.

(ii). Stress; measured by the question which asks about the level of stress the respondent had experienced over the previous 12 months (variable EVTHING).

(iii). Social support; measured by the set of 7 questions relating to social inclusion/exclusion (SHAPPY to SUPENCOR). Each respondent's answers to these questions are then scored and coded into bands. A score of 1-17 in the variable SOSUPPOR is coded as a 'severe lack of social support', 18-20 coded as 'some lack of social support' and 21-29 coded as 'No lack of social support' (SUPPBAND).

Physical Activity:

(i). Sedentary levels; A respondent is classed as sedentary if they have not taken any activity of at least a moderate level, lasting 20 minutes, on one or more occasion in the previous 7 days. These respondents are captured in the variable SEDENT2.

(ii). Recommended physical activity levels; The recommended level of physical activity is at least 30 minutes per day on 5 days a week, covered in the dataset by the variable RECOMM2.

Cigarette smoking and drinking:

(i). Respondents were classed as current smokers, ex-smokers or those who have never smoked in the dataset (SMOKER).

(ii). Respondents were classed as current drinkers, ex-drinkers and those who never drank (DRINKER).

(iii). Sensible weekly drinking limits are set at 21 units of alcohol for men and 14 units for women. Each drink the respondent takes in a week is multiplied by the alcoholic content of that particular drink and totalled to give the average weekly alcohol consumption (ALCWKTOTAL). This total is then placed in a band of either above or below recommended levels (AMTDRANK).

(iv). Dangerous drinking levels were set at 50 units a week for men and 35 for women. This is captured in the dataset by the variable (DANGER).

Weighting

Due to the nature of the sampling involved in the 2001 survey, no weights are required for the purposes of analysis.

Reports produced from the findings of the survey

Primary analysis has been conducted and the findings reported in bulletin format. Six 4 page bulletin reports were produced covering the following topics:-

Top line results
Health and ill-health
Physical activity
Sexual health
Cigarette smoking and drinking
Mental health and wellbeing

These bulleting reports, as well as tabular output to accompany these, are available online at the following website address:-

<http://www.nisra.gov.uk/whatsnew/wellbeing/index.html>

Copies can be requested by e-mail to stuart.bennett@dfpni.gov.uk

Or alternatively by telephone: 02890 348244.