Health Survey for England

'01

User Guide

A survey carried out on behalf of The Department of Health

Joint Health Surveys Unit
Social & Community Planning Research
Department of Epidemiology and Public Health, University College London

1. Background

The Health Survey for England 2001 (HSE) data files contain data from the eleventh year of a series of surveys designed to monitor trends in the nation's health. The 2001 Health Survey was commissioned by the Department of Health and carried out by the Joint Health Surveys Unit of The *National Centre for Social Research* and the Department of Epidemiology and Public Health at University College, London.

The aims of the Health Survey series are:
- to provide annual data about the nation's health;
- to estimate the proportion of people in England with specified health conditions;
- to estimate the prevalence of certain risk factors associated with these conditions;
- to examine differences between population subgroups;
- to assess the frequency with which combinations of risk factors occur;
- to monitor progress towards selected health targets;
- since 1995, to measure the height of children at different ages, replacing the National Study of Health and Growth.

2. Survey Design

The Health Survey for England 2001 was designed to provide data at both national and regional level about the population living in private households in England. Those living in institutions were not covered. The sample for the 2001 survey included a cross-section of the population living in private households for which over 13,680 addresses were drawn from the Postcode Address File (PAF).

In a change to previous years, all persons in the private household including those under 2 were eligible for inclusion in the survey. At addresses where there were more than two children under 16, two children were selected at random. Information was obtained directly from persons aged 13 and over. Information about children aged 0-12 was obtained from a parent, with the child present.

For all informants, there was a computer-assisted interview by an interviewer with each eligible person (Stage 1), followed by a nurse visit (Stage 2) who undertook a number of measurements and in some cases obtained a blood sample or a saliva sample. Nurses also used computer-assisted interviewing. Blood and saliva samples were sent to a laboratory for analysis.

Interviewing was conducted throughout the year to take account of seasonal differences.

3. Documentation

The documentation has been organised into the following sections
- Interview (contains the CAPI documentation for household and individual questionnaires, nurse visit questionnaires, self-completion booklets and showcards)
- Data (contains the list of variables and list of derived variables)
- Other instructions (contains interviewer, nurse and coding & editing instructions)

4. Using the data

The 2001 data consists of two individual level files and one household level file:

HSE01ai.sav	19,640 records	contains data for all individuals in Household who gave a full interview. It contains information from the household questionnaire, main individual schedule, self-completions and the nurse visit (where one occurred).

HSE01ah.sav	22,321 records	contains data on household, and sex, age and marital status for all individuals in co-operating households.

4.1 Variables on the files

Each of the data files contain questionnaire variables (excluding variables used for administrative purposes) and derived variables. The variables included in the individual file are detailed in the "**List of Variables**" document in the data section of the documentation. This document is the best place to look at in order to plan your analysis. It includes:
- Major categories of variables (eg Accidents, Anthropometric measurements)
- Sub categories of variables (eg Attitudes to cycling, Major accidents within the Accidents category)
- Source of each variable (eg Individual questionnaire, Nurse visit, Derived variable etc.)

Once you have decided which variables to include in your analysis, you can look up details of the question wording using the interview section documentation (all variables on the data file are given by name in the copy of the interview schedules provided), or use the "**Derived Variables Specification**" document in the data section of the documentation for derived variables.

4.2 Weighting variables

Household Data

There is **no** weighted variable for household **adult** data.
For **children** under 16, the weighted variable **Child_Wt** should be used.

4.3 Multicoded questions

Multicoded questions are stored in the archived HSE 2001 data sets in two ways. Multicoded questions, where for example the interviewer (or nurse) is instructed to "CODE ALL THAT APPLY" or where an open ended question has elicited more than one answer, were stored as array variables in the QUANTUM DBMS system which was used to read and edit the data. However, in SPSS (which was used for analysis and archiving the data) multicoded variables must be stored as 'flat' variables, coded either **by mention** or **by category**. Questions coded by mention are stored as categorical variables where the complete value set is repeated in each of the variables. Questions coded by category are stored as indicator variables where each value in the set is stored as its own variable. Both approaches have been used in the 2001 Health Survey.

As an example, question CONSUBX1 on the 2001 adult nurse schedule is a "CODE ALL THAT APPLY" question which asks "Have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes ?". The code frame consists of five values:

       1 -   eaten
       2 -   smoked
       3 -   drunk alcohol
       4 -   done vigorous exercise
       5 -   none of these

If recorded by mention, four variables would record the (up to) four possible responses to the question assigning codes 1-5 in the first variable and codes 1-4 in each of the next three variables. In 2001, the variables CONSUBX11-15 store the answer to this question by category as follows:

CONSUBX11 - coded 1 for those who ate in the last half hour and 0 for those that didn't.
CONSUBX12 - coded 1 for those who smoked in the last half hour and 0 for those that didn't.
CONSUBX13 - coded 1 for those who drank alcohol in the last half hour and 0 for those that didn't.
CONSUBX14 - coded 1 for those who did vigorous exercise in the last half hour and 0 for those that didn't.
CONSUBX15 - coded 1 for those who did none of the above in the last half hour and 0 for everyone else.

Because a respondent could have replied with more than one answer, that respondent could have a value 1 for a number of these variables (however, the nature of the question dictates that having a code 1 at CONSUBX15 precludes having a code 1 at any of the variables CONSUBX11 – CONSUBX14). The missing values are the same across all six variables.

In most instances **by category variables** are denoted by a C after the original variable name, **by mention variables** are denoted by an M. Documentation for the CAPI questionnaires (household and individual) shows only the name of the first variable (which stores the number of mentions).

4.4 Missing values conventions

-1 Not applicable: Used to signify that a particular variable did not apply to a given respondent usually because of internal routing. For example, men in women only questions.

-2 Schedule not applicable: Used mainly for variables on the self-completions when the respondent was not of the given age range, also used for children without legal guardians in the home who could not participate in the nurse schedule.

-6 Schedule not obtained: Used to signify that a particular variable was not answered because the respondent did not complete or agree to a particular schedule (i.e. nurse schedule or self-completions).

-7 Refused/ not obtained: Used only for variables on the nurse schedules, this code indicates that a respondent refused a particular measurement or test or the measurement was attempted but not obtained or not attempted.

-8 Don't know, Can't say.

-9 No answer/ Refused

These conventions have also been applied to most of the derived variables. Those variables created in earlier years of the Health Survey and used again in 2001 do not on the whole conform to this scheme. The derived variable specifications should be consulted for details.

4.5 Valid cases

In the 2001 Health Survey report, as in previous reports, cases were excluded from the analysis of anthropometric and blood pressure measurements if their measurement was invalid. For example, those who had smoked, drunk or eaten within 30 minutes of having their blood pressure taken were excluded from analysis as this can affect blood pressure. The List of Variables document gives details of which variables show only valid codes, and which also include invalid answers.

5. HSE 2001 Report

Further information about the Health Survey for England 2001 is available in:

Bajekal M, Prescott A. *Health Survey for England 2001: Disability*. The Stationery Office, London, 2003.
Malbut K, Falaschetti E. *Health Survey for England 2001: Non-fatal accidents*. The Stationery Office, London, 2003.
Primatesta P, Stamatakis E. *Health Survey for England 2001: Respiratory symptoms, atopic conditions and lung function*. The Stationery Office, London, 2003.
Doyle M, Hosfield N. *Health Survey for England 2001: Fruit and vegetable consumption.* The Stationery Office, London, 2003.
Prior G, Deverill C, Primatesta P, Malbut K. *Health Survey for England 2001: Methodology and documentation*. The Stationery Office, London, 2003.

or on the Department of Health website at **http://www.doh.gov.uk/public/summary1.htm**

APPENDIX A
2001 HEALTH SURVEY FOR ENGLAND – CONTENTS

Topics covered in 2001 Health Survey for England

Household questionnaire

Household size	Tenure and number of bedrooms
Age/sex of household members	Car and telephone ownership
Marital status and living arrangements aged 16+	Household income
Relationship to Household Reference Person	Economic status and occupation of HRP
Smoking in household	Type of dwelling and area
Accident prevention equipment	Household pets
Heating/cooking appliances	Mould and dampness

Individual questionnaire

	Age										
	<2	2-3	4	5-6	7	8-9	10	11-12	13-15	16-64	65+
General health, longstanding illness, limiting LI, acute sickness	●	●	●	●	●	●	●	●	●	●	●
Use of health services (GP visits)	●	●	●	●	●	●	●	●	●	●	●
Use of dental services		●	●	●	●	●	●	●	●	●	●
Use of child health services	●										
Fruit and vegetable consumption				●	●	●	●	●	●	●	●
Disability						●	●	●	●	●	●
Accidents	●	●	●	●	●	●	●	●	●	●	●
Respiratory problems (asthma), including use of services, hayfever and eczema	●	●	●	●	●	●	●	●	●	●	●
Smoking										● a	●
Drinking										● a	●
Reported birth weight	●	●	●	●	●	●	●	●	●		
Economic status/occupation										●	●
Educational attainment										●	●
Ethnic origin	●	●	●	●	●	●	●	●	●	●	●
Height measurement		●	●	●	●	●	●	●	●	●	●
Weight measurement	●	●	●	●	●	●	●	●	●	●	●

a   Administered by self-completion for those aged 16-17 and optionally by self-completion for 18-19

Self completion

	Age										
	<2	2-3	4	5-6	7	8-9	10	11-12	13-15	16-64	65+
GHQ12 (psycho-social health)									●	●	●
Social support										●	●
CAGE										●	●
Drinking/smoking						●	●	●	●		
Incontinence										●	●
Use of contraceptive pill										●	●
Hormone replacement therapy										●	●

Nurse visit

	Age										
	<2	2-3	4	5-6	7	8-9	10	11-12	13-15	16-64	65+
Prescribed drugs	●	●	●	●	●	●	●	●	●	●	●
Vitamin supplements	●	●	●	●	●	●	●	●	●	●	●
Nicotine replacements										●	●
Immunisations	●										
Length measurement	●										
Blood pressure				●	●	●	●	●	●	●	●
Waist & Hip										●	●
Lung function					●	●	●	●	●	●	●
Saliva sample			●	●	●	●	●	●	●	●	●
Demi span											●
Blood sample – analytes											
Haemoglobin								●	●	● [b]	
Ferritin								●	●	● [b]	
IgE, HDM IgE								●	●	●	●

b   Analysed for those aged 16-24 only

P2127   **The Health Survey for England 2001**

Program Documentation

Household Questionnaire

Point
SAMPLE POINT NUMBER.
   Range: 1..997

Address
ADDRESS NUMBER.
   Range: 1..97

Hhold
HOUSEHOLD NUMBER.
   Range: 1..9

AdrField
PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS
TAKEN FROM A.R.F. ADDRESS LABEL. MAKE SURE TO TYPE IT EXACTLY AS IT IS
PRINTED.
   Text: Maximum 10 characters

First
INTERVIEWER FOR INFORMATION…….You are in the Questionnaire for
   Point no: (Point number)
   Address no: (Address number)
   Household no: (Household number)

IntDate
PLEASE ENTER THE DATE OF THIS INTERVIEW. ENTER DAY OF MONTH IN NUMBERS,
NAME OF MONTH IN **WORDS** (FIRST THREE LETTERS), YEAR IN NUMBERS, EG. 2 Jan 98.

WhoHere
INTERVIEWER: COLLECT THE NAMES OF THE PEOPLE IN THIS HOUSEHOLD.
   1 Continue

IF First person in household OR More=Yes THEN
   Name
   What is the name of person number (1-12)?
   ENTER PERSON'S FORENAME

   More
   Is there anyone else in this household?
      1 Yes
      2 No
ENDIF

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

HHSize
Derived household size.
Range: 1..12

SizeConf
So, can I check, altogether there are *((x) number from HHSize)* people in your household?
   1   Yes
   2   No, more than *(x)*
   3   No, less than *(x)*

HOUSEHOLD COMPOSITION GRID FOR ALL HOUSEHOLD MEMBERS (MAXIMUM 12)

Person
Person number in Household Grid
   Range: 1..12

Name
First name from WhoHere

Sex
INTERVIEWER: CODE *(name of respondent's)* SEX.
   1   Male
   2   Female

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

Enter Day of month in numbers, Name of month in words (first three letters), Year in numbers, Eg. 2 Jan 1972.

AgeOf
Can I check, what was *(name of respondent's)* age last birthday?
   Range: 0..120

IF AgeOf = NONRESPONSE THEN
   AgeEst
   INTERVIEWER CODE: ASK IF NECESSARY *(are you / is he/she)* AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER?
   IF NOT KNOWN, TRY TO GET BEST ESTIMATE.
      1   Under 2 years
      2   2 to 15 years
      3   16 to 64 years
      4   65 and over
ENDIF

IF (AgeOf >=16) OR (AgeEst = 16 years or older) THEN
 Marital
Are you (is he ⁄ she)
ASK OR RECORD. CODE FIRST THAT APPLIES.
    1 ...single, that is never married,
    2 married and living with *(husband/wife)*,
    3 married and separated from *(husband/wife)*,
    4 divorced,
    5 or, widowed?

    IF more than one person aged 16+ in household AND marital status=code 1, 3, 4 or 5 THEN
    COUPLE
    May I just check, are you (is *he/she*) living with anyone in this household as a couple?
    ASK OR RECORD
        1 Yes
        2 No
        3 SPONTANEOUS ONLY - same sex couple
    ENDIF
ENDIF

IF AgeOf = 16 - 17 THEN
 LegPar
Can I check, do either of *(name of respondent's)* parents, or someone who has legal parental
responsibility for *him/her*, live in this household?
    1 Yes
    2 No
ENDIF

IF (AgeOf = 0 - 15) OR (LegPar = Yes) OR (AgeEst =Under 2 years or 2 to 15 years) THEN
 Par1
Which of the people in this household are *(name of respondent's)* parents or have legal parental
responsibility for *him/her* on a permanent basis?
CODE FIRST PERSON AT THIS QUESTION. IF Not a household member ⁄ dead, CODE 97
    Range: 1..12, 97

    IF Par1 =1..12 THEN
    Par2
    Which other person in this household is *(name of respondent's)* parent or have legal parental
    responsibility for *him/her* on a permanent basis?
    CODE SECOND PERSON AT THIS QUESTION. IF no-one else in the household, CODE 97.
        Range: 1..12, 97
    ENDIF
ENDIF

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

IF Person > 1 THEN
R
SHOW CARD A.
What is *(name of respondent's)* relationship to *(name)*? Just tell me the number on this card.
1   husband/wife
2   partner/cohabitee
3   natural son/daughter
4   adopted son/daughter
5   foster child
6   stepson/daughter/child of partner
7   son/daughter-in-law
8   natural parent
9   adoptive parent
10 foster parent
11 stepparent/parent's partner
12 parent-in-law
13 natural brother/sister
14 half-brother/sister
15 step-brother/sister
16 adopted brother/sister
17 foster brother/sister
18 brother/sister-in-law
19 grandchild
20 grandparent
21 other relative
22 other non-relative

END OF HOUSEHOLD COMPOSITION GRID

ASK ALL

HHldr
In whose name is the accommodation owned or rented? Anyone else?
CODE ALL THAT APPLY.
(Codeframe of all household members)
1-12   Person numbers of household members
97   Not a household member

HoHNum
INTERVIEWER: CODE PERSON NUMBER OF HEAD OF HOUSEHOLD, USING STANDARD RULES.
(SEE INSTRUCTIONS OR HELP <F9>, THEN PRESS <Esc>.)
   (List of household members displayed)

HHResp
INTERVIEWER CODE: WHO WAS THE PERSON RESPONSIBLE FOR ANSWERING THE GRIDS IN THIS QUESTIONNAIRE?
(Codeframe of adult household members)
1-12   Person numbers of household members

HQResp
Status of person answering grids.
    1 HoH
    2 Spouse / partner of HoH
    3 Other adult

IF More than one person coded at HHldr THEN
  HiHNum
You have told me that *(name)* and *(name)* jointly own or rent the accommodation. Which of you / who has the highest income (from earnings, benefits, pensions and any other sources)?
ENTER PERSON'S NUMBER – IF TWO PEOPLE HAVE THE SAME INCOME, ENTER 13
(Codeframe of joint householders)
    1-12 Person numbers of household members
    13   Two people have the same income
    97   Don't know

  IF HiHNum=13 THEN
    JntEldA
ENTER PERSON NUMBER OF THE **ELDEST** JOINT HOUSEHOLDER FROM THOSE WITH THE HIGHEST INCOME.
ASK OR RECORD.
(Codeframe of joint householders)
      1-12 Person numbers of household members
  ENDIF

  IF HiHNum=Don't know or Refused
    JntEldB
ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.
ASK OR RECORD.
(Codeframe of joint householders)
      1-12 Person numbers of household members
  ENDIF
ENDIF

HRP
INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:
(Displays name of Household Reference Person)
PRESS <1> AND <Enter> TO CONTINUE.

DVHRPNum
Person number of Household Reference Person

Eligible
INTERVIEWER: FOR YOUR INFORMATION THE PERSONS IN THIS HOUSEHOLD ELIGIBLE FOR INDIVIDUAL INTERVIEW ARE:
(List of eligible respondents)

ASK ALL
Tenure1
SHOW CARD B
Now, I'd like to get some general information about your household. In which of these ways does your household occupy this accommodation? Please give an answer from this card.
1 Own it outright
2 Buying it with the help of a mortgage or loan
3 Pay part rent and part mortgage (shared ownership)
4 Rent it
5 Live here rent free (including rent free in relative's/friend's property; excluding squatting)
6 Squatting

IF Tenure1=Pay part rent/part mortgage OR Rent it OR Live here rent free THEN
JobAccom
Does the accommodation go with the job of anyone in the household?
1 Yes
2 No

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

Furn1
Is the accommodation provided...READ OUT.
1 ...furnished,
2 partly furnished (e.g. curtains and carpets only),
3 or, unfurnished?
ENDIF

ASK ALL
Bedrooms
How many bedrooms does your household have, including bedsitting rooms and spare bedrooms?
EXCLUDE BEDROOMS CONVERTED TO OTHER USES (eg. bathroom). INCLUDE BEDROOMS TEMPORARILY USED FOR OTHER THINGS (eg. study, playroom).
Range: 0..20

Heaters
SHOW CARD C. In your accommodation do you have any of the heating or cooking appliances on this card which you regularly use?
IF HEATING APPLIANCE, REGULAR = USE IN WINTER OR WHEN IT IS COLD.
1 Yes
2 No

IF Heaters = Yes THEN

HeaType
Which of the types of heating or cooking appliances on this card do you use?
PROBE: Any others?
CODE ALL THAT APPLY.

    1 Gas fired boiler for central heating or hot water
    2 Oil fired boiler for central heating or hot water
    3 Coal or coke boiler or stove
    4 Wood burning stove
    5 Gas or calor gas fire in fireplace **with** flue or chimney
    6 Other gas or calor gas fire
    7 Open coal fire
    8 Gas hob or cooking rings
    9 Gas oven
    10 Paraffin heater
Multicoded: up to 10 codes

ENDIF

ASK ALL

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

    1 Yes
    2 No

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

    1 Yes
    2 No

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

    1 Yes
    2 No

IF Petho = Yes THEN

WtPet
What pets do you keep inside your house/flat?
PROBE: Any others? CODE ALL THAT APPLY.

    1 Dog
    2 Cat
    3 Bird
    4 Other furry pets
    5 Other
Multicoded: up to 5 codes

ENDIF

ASK ALL

SmkTecs
Are there any smoke detectors installed in your home? Do not include any that are not currently working.
INTERVIEWER: CODE YES IF AT LEAST ONE THOUGHT TO BE IN WORKING ORDER.

    1 Yes
    2 No

IF at least one household member age => 4 months AND =<4 years THEN
ChldGats
Do you currently use any child safety gates or barriers, for instance at the top of the stairs, at the front or back door, or by the kitchen?
  1 Yes
  2 No

IF ChildGats = Yes THEN
ShpGats
Was this gate or barrier bought from a shop or is it something that has been made specially for your home?
INTERVIEWER: INCLUDE AS 'home made' DIY, MADE BY CARPENTER/BUILDER.
IF BOTH 'Purchased from shop' AND 'Home made', USE CODE 1.
    1 Purchased from shop
    2 Home made
ENDIF
ENDIF

IF at least one household member age => 4 months AND =<3 years THEN
SoCvrs
Do you currently use any socket covers in your home? A socket cover is a fake plastic 'plug' that can be plugged into an empty wall socket.
INTERVIEWER: COUNT EVEN IF ONLY ONE IS USED.
    1 Yes
    2 No
ENDIF

IF at least one household member => 4 months AND =< 6 years THEN
MedCup
SHOW CARD D. Using this list, please tell me all the places where medicines are kept in your household.
INTERVIEWER, PROBE: Can I check, do you or other members of your household keep any medicines anywhere else?
CODE ALL THAT APPLY.
    1 Cupboard, always locked
    2 Cupboard at least 5ft (1.5m) above floor level, not always/never locked
    3 Cupboard less than 5ft (1.5m) above floor level, not always/never locked
    4 Shelf at least 5ft (1.5m) above floor level
    5 Elsewhere (SPECIFY)
Multicoded: up to 5 codes

ENDIF

ASK ALL
PasSm
Does anyone smoke **inside** this (house/flat) on most days?
INTERVIEWER: INCLUDE NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE OR FLAT. EXCLUDE HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE THE HOUSE OR FLAT.
  1 Yes
  2 No

IF PasSm = Yes THEN

NumSm

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

    Range: 1..20

ENDIF

ASK ALL

Car

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

INCLUDE: ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY RESPONDENT OR MEMBERS OF HOUSEHOLD.

    1 Yes

    2 No

IF Car = Yes THEN

NumCars

How many are available?

    1 One

    2 Two

    3 Three or more

ENDIF

IF HQResp = Head of Household OR Spouse/ partner of Head of household

SrcInc

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

PROBE: FOR ALL SOURCES. CODE ALL THAT APPLY

    1 Earnings from employment or self-employment

    2 State retirement pension

    3 Pension from former employer

    4 Child Benefit

    5 Job-Seekers Allowance

    6 Income Support

    7 Working Families' Tax Credit

    8 Housing Benefit

    9 Other state benefits

    10 Interest from savings and investments (eg stocks & shares)

    11 Other kinds of regular allowance from outside your household (eg maintenance, student's grants, rent)

    12 No source of income

JntInc

SHOW CARD F

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

ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.

    Range: 1..31, 96, 97

IF 2 Adults in household who are not spouse/partner, or 3 or more adults in household THEN
    OthInc
    Can I check, does anyone else in the household have an income from any source?
       1 Yes
       2 No

    IF OthInc = Yes THEN
      HHInc
      SHOW CARD F
      Thinking of the income of your household as a whole, which of the groups on this card represents the total income of the whole household before deductions for income tax, National Insurance, etc.
      ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.
         Range: 1..31, 96, 97
    ENDIF
  ENDIF
ENDIF

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED

NHActiv
SHOW CARD G. Which of these descriptions applies to what *you/name* (Household Reference Person) were doing last week, that is in the seven days ending *(date last Sunday)?*
CODE **FIRST** TO APPLY.
   1 Going to school or college full-time (including on vacation)
   2 In paid employment or self-employed (or temporarily away)
   3 On a Government scheme for employment training
   4 Doing unpaid work for a business that you own, or that a relative owns
   5 Waiting to take up paid work already obtained
   6 Looking for paid work or a Government training scheme
   7 Intending to look for work but prevented by temporary sickness or injury (CHECK MAX 28 DAYS)
   8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16- 64 OR WOMEN AGED 16-59)
   9 Retired from paid work
  10 Looking after home or family
  11 Doing something else (SPECIFY)

IF NHActiv=Doing something else THEN
  NHActivO
  OTHER: PLEASE SPECIFY.
  Text: Maximum 60 characters
ENDIF

IF NHActiv=Going to school or college full-time THEN
  HStWork
  Did *you/name* (Household Reference Person) do any paid work in the seven days ending *(date last Sunday)*, either as an employee or self-employed?
    1 Yes
    2 No
ENDIF

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

H4WkLook

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

1 Yes
2 No

ENDIF

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

H2WkStrt

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

1 Yes
2 No

ENDIF

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

HEverJob

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

1 Yes
2 No

ENDIF

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

HOthPaid

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

1 Yes
2 No

IF HothPaid = Yes THEN

HPayLast

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

WRITE IN.

Numeric: 1920..2001 Decimals: 0

IF HPayLast <= 8 years ago THEN
HPayMon
Which month in that year did *you/he/she* leave?

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

   ENDIF
  ENDIF
ENDIF

IF (HEverJob = Yes) OR (NHActiv = In paid employment or self-employment .. Waiting to take up a job already obtained) OR (HstWork = Yes) THEN
HJobTitl
I'd like to ask you some details about *the job you were doing last week/your most recent job/the main job you had/the job you are waiting to take up*. What *is/was/will be* the name or title of the job?
    Text: Maximum 60 characters

HFtPtime
Were/Are/Will you/name (Household Reference Person) *be* working full-time or part-time?
(FULL-TIME = MORE THAN 30 HOURS, PART-TIME = 30 HOURS OR LESS)
    1 Full-time
    2 Part-time

HWtWork
What kind of work *do/did/will you/name* (Household Reference Person) do most of the time?
    Text: Maximum 50 characters

HMatUsed
IF RELEVANT: What materials or machinery *do/did/will you/name* (Household Reference Person) use? IF NONE USED, WRITE IN 'NONE'.
    Text: Maximum 50 characters

HSkilNee
What skills or qualifications *are/were* needed for the job?
    Text: Maximum 120 characters

HEmploye
Were/Are/Will you/name (Household Reference Person) *be*…READ OUT…
    1 an employee
    2 or, self-employed?
IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

IF HEmploye = self employed THEN
HDirctr
Can I just check, in this job *are/were/will you/name* (Household Reference Person) *be* a Director of a limited company?
1 Yes
2 No
ENDIF

IF (HEmploye = Employee) OR (HDirctr = Yes) THEN
HEmpStat
Are/Were/Will you/name (Household Reference Person) *be* a ...READ OUT...
1 manager
2 foreman or supervisor
3 or other employee?

HNEmplee
Including *yourself/name* (Household Reference Person), about how many people *are/were/will be* employed at the place where *you/name usually work(s)/(usually worked/will work)*?
1 1 or 2
2 3-24
3 25-499
4 500+

ELSEIF (HEmploye = SelfEmp) AND (HDirctr = No) THEN
HSNEmple
Do/Did/Will you/name (Household Reference Person) have any employees?
1 1 or 2
2 3-24
3 25-499
4 500+
ENDIF

IF HEmploye = Employee THEN
HInd
What *does/did your/ his/her* employer make or do at the place where *you/name* (Household Reference Person) (*usually work/usually worked/will work*)?
Text: Maximum 100 characters

ELSEIF HEmploye = Self Employed THEN
HSlfWtMa
What *do/did/will you/name* (Household Reference Person) make or do in your business?
Text: Maximum 100 characters
ENDIF
ENDIF

ASK ALL
HRPOcc
INTERVIEWER: DID *(Household Reference Person)* ANSWER THE OCCUPATION QUESTIONS HIM ⁄ HERSELF?
1 Yes
2 No

NofAd	*NofCh*	*NOfInf*
Number of adults	*Number of children*	*Number of infants*
Range: 0..12	*Range: 0..12*	*Range: 0..12*

P2127

The Health Survey for England 2001

Program Documentation

Individual Questionnaire

Introduction

ALL

IIntDate
PLEASE ENTER THE DATE OF THIS INTERVIEW.ENTER DAY OF MONTH IN NUMBERS,
NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, EG. 2 Jan 1998.

PersDisp
INTERVIWER: FOR YOUR INFORMATION…the person(s) allocated to this session are:
(List of allocated respondents)

IF AgeP=2-12 THEN
   AdResp
   WHO IS ANSWERING ON BEHALF OF *(Name of selected child <13)* ?
   (List of adult household members)
ENDIF

General health

ASK ALL
OwnDoB
What is your date of birth?
ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN **WORDS** (FIRST THREE
LETTERS), YEAR IN NUMBERS, E.G. 2 Jan 1972.
IF (*Name)* DOES NOT KNOW HIS/HER DATE OF BIRTH, PLEASE GET AN ESTIMATE.

IF OwnDoB = Response THEN
  OwnAge
  Can I just check, your age is (*computed age*)?
    1 Yes
    2 No
ENDIF

IF OwnDoB = Not known/Refused THEN
  OwnAgeE
  Can you tell me your age last birthday? IF NECESSARY: What do you estimate your age to be?
    Range: 1..120

  IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid >=16) THEN
    AgeAEst
    INTERVIEWER: ESTIMATE NEAREST AGE
      18 (ie between 16-19)
      25 (ie between 20-29)
      35 (ie between 30-39)
      45 (ie between 40-49)
      55 (ie between 50-59)
      65 (ie between 60-69)
      75 (ie between 70-79)
      85 (ie 80+)

  ELSE IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid < 16) THEN
    AgeCEst
    INTERVIEWER: ESTIMATE NEAREST AGE:
      1 1 year
      3 3 years
      5 5 years
      7 7 years
      9 9 years
      11 11 years
      13 13 years
      15 15 years
  ENDIF
ENDIF

ASK ALL
GenHelf
How is your health in general? Would you say it was ...READ OUT...
    1 …very good
    2 good
    3 fair
    4 bad
    5 very bad?

LongIll

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

    1 Yes
    2 No

IF LongIll = Yes THEN
    FOR i = 1 TO 6 DO
        IF (i = 1) OR (More[i - 1] = Yes) THEN
        Records up to six long-standing illnesses
          IllsTxt[i]

What *(else)* is the matter with you?
INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.
IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.
Open Answer: up to 60 characters
Variable names for text are IllsTxt1-IllsTxt6

        IF (i < 6) THEN
          More[i]

(Can I check) do you have any other long-standing illness, disability or infirmity?
        1 Yes
        2 No
        ENDIF
      ENDIF
    ENDDO

    LimitAct

Does this illness or disability *(do any of these illnesses or disabilities)* limit your activities in any way?
    1 Yes
    2 No
ENDIF

ASK ALL
LastFort

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

    1 Yes
    2 No

IF Lastfort = Yes THEN
    DaysCut

How many days was this in all during these 2 weeks, including Saturdays and Sundays?
    Range: 1..14
ENDIF

Use of services

IF Age of Respondent is 16 or over THEN
   NDocTalk
   During the two weeks ending yesterday, apart from any visit to a hospital, did you talk to a doctor for any reason at all, either in person or by telephone? *(Please exclude any consultations made on behalf of children under 16)*
   EXCLUDE CONSULTATIONS MADE ON BEHALF OF PERSONS OUTSIDE THE HOUSEHOLD
   1 Yes
   2 No

IF NDocTalk = Yes THEN
   NChats
   How many times did you talk to a doctor in these two weeks?
      Range: 1..97

Repeat for up to 9 consultations
   IF Nchats:=1..9 THEN
      FOR Indx:=1 TO 9 DO
         IF NChats >=Indx THEN
            Repeat WhsBhlf to Presc for each consultation: QuServs [1-9]
            WhsBhlf
            (Thinking of the last time you talked to a doctor/Thinking now about the consultation before that) On whose behalf was this consultation made?
               1 Respondent
               2 Other member of household aged 16 or over

            IF WhsBhlf=Other THEN
               ForPer
               INTERVIEWER: ENTER PERSON NUMBER OF HOUSEHOLD MEMBER ON WHOSE BEHALF RESPONDENT TALKED TO A DOCTOR.
               (List of adults aged 16+ displayed)
                  Range: 1..12
            ENDIF

            NHS
            (Still thinking of the last time you talked to a doctor) Was this consultation…. READ OUT..
               1 …under the National Health Service
               2 or paid for privately?

            GP
            Was the doctor... READ OUT..
               1 …a GP (i.e. a family doctor),
               2 or a specialist,
               3 or some other kind of doctor?

            DocWher
            Did you talk to the doctor... READ OUT…
               1 …by telephone,
               2 at your home
               3 in the doctor's surgery,
               4 at a health centre,
               5 or elsewhere?

4

Presc
Did the doctor give *or send* you a prescription?
    1 Yes
    2 No
    ENDIF
  ENDO
ENDIF
ENDIF

IF NDocTalk=No OR (NDocTalk=Yes AND (ALL (QuServs[1-9].WhsBhlf<>Self)) THEN
WhenDoc
Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf?
    1 2 weeks ago but less than a month ago
    2 1 month ago but less than 3 months ago
    3 3 months ago but less than 6 months ago
    4 6 months ago but less than a year ago
    5 A year or more ago
    6 Never consulted a doctor
ENDIF

PNur
During the last 2 weeks ending yesterday, did you see a practice nurse at the GP surgery on your own behalf?
    1 Yes
    2 No

IF PNur = Yes THEN
NPNur
How many times did you see a practice nurse at the GP surgery in these 2 weeks?
    Range: 1..97
ENDIF

IF ((NDocTalk = Yes) AND for at least one visit (WhsBhlf=Respondent)) OR WhenDoc = 1-4 (less than a year ago) THEN
Nerves
In the last 12 months have you spoken to a GP or family doctor on your own behalf, either in person or by telephone, about being anxious or depressed, or about a mental, nervous or emotional problem?
    1 Yes
    2 No
ENDIF
ENDIF

IF Age of respondent is < 1 year THEN
HlthVsit
Since *(name of child)* was born, has *he/she* been seen by a health visitor?
    1 Yes
    2 No

DevChk
Has *(name of child)* had a development check up yet?
    1 Yes
    2 No

If DevChk = Yes THEN
   NChk
How many development check ups has *(name of child)* had to date?
     1 One
     2 Two
     3 Three or more
   ENDIF
ENDIF

IF Age of Respondent is 0-15 years THEN
   CDocTalk
And during the two weeks ending yesterday, apart from any visit to a hospital, did you or any other member of the household talk to a doctor on *your/Name of child* behalf for any reason at all?
INCLUDE TELEPHONE CONSULTATIONS
     1 Yes
     2 No

   IF CDocTalk = No THEN
   CWhnDoc
Apart from any visit to a hospital, when was the last time you, or any other person talked to a doctor *your/his/her* behalf?
     1 2 weeks ago but less than a month ago
     2 1 month ago but less than 3 months ago
     3 3 months ago but less than 6 months ago
     4 6 months ago but less than a year ago
     5 A year or more ago
     6 Never consulted a doctor

   ELSE IF CDocTalk = Yes THEN
   CNChats
How many times did you talk to the doctor, or did any other member of the household consult the doctor on *(your/Name of child)'s* behalf in those two weeks?
     Range: 1..97

Repeat for up to 4 consultations
   IF CNChats = 1..4 THEN
     FOR Indx:=1 TO 4 DO
       IF CNChats >= Indx THEN
       Repeat CNHS to CPresc for each consultation: QuServs[1-4]
       CNHS
(Thinking of the last time you talked to the doctor or any other member of the household consulted the doctor on your behalf/Thinking now about the consultation before that) was this consultation…READ OUT…
       1 …under the National Health Service,
       2 or paid for privately?

       CGP
Was the doctor… READ OUT
       1 … a GP (ie a family doctor),
       2 or a specialist,
       3 or some other kind of doctor?

6

CDrWher

Did you (or the other household member) talk to the doctor... READ OUT..

1   ... by telephone,
2   at your home,
3   in the doctor's surgery,
4   at a health centre,
5   or elsewhere?

CPresc

Did the doctor give *or send (you/Name of child)* a prescription?

1   Yes
2   No

    ENDIF
   ENDO
  ENDIF
ENDIF

IF Age of respondent <= 2 years THEN
  CClinic

Have you, or any other person, taken (*Name of child)* to a child health clinic *yet/in the last six months*?

1   Yes
2   No

IF CClinic = Yes THEN
  ClinReg

How many times *in the last six months* have you, or any other person, taken *(Name of child)* to a child health clinic?

Range: 1..97

ELSE IF CClinic = No THEN
  ClinWhen

When, if ever, was the last time you or any other person took *(Name of child)* to a child health clinic?

1   More than 6 months ago but less than 9 months ago
2   9 months ago but less than 12 months ago
3   12 months ago but less than 15 months ago
4   15 months ago but less than 18 months ago
5   18 months ago or more
6   Never taken to child health clinic

  ENDIF
ENDIF

ASK ALL AGED 0-15
CPNur

During the last 2 weeks ending yesterday, did *you/Name of child* see a practice nurse at the GP surgery?

1   Yes
2   No

CNPNur

How many times did *you/Name of child* see a practice nurse at the GP surgery in these 2 weeks?
Range: 1..97

**IF Age of Respondent is >= 4 AND NOT(CWhnDoc = More than 12 months ago/Never)THEN
CNerves**

In the last 12 months have you spoken to a GP or family doctor on your own behalf, or did any other member of the household talk to a doctor on your behalf, either in person or by telephone, about being anxious or depressed, or about a mental, nervous or emotional problem?

1 Yes
2 No

ENDIF
ENDIF

**IF Age of respondent >= 2 THEN
GlWear**

Do you ever wear glasses or contact lenses?

1 Yes
2 No

**IF GlWear = Yes THEN
GlType**

Can I check do you wear … READ OUT…

1 glasses only,
2 contact lenses only,
3 or do you sometimes wear glasses and sometimes wear contact lenses?

ENDIF
ENDIF

Dental health

IF Age of Respondent is >= 16 THEN
Teeth
I would now like to ask a few questions about dental health. Can I just check, have you still got some of your own teeth, or have you lost them all?
   1 Still got some of own teeth
   2 Lost all teeth

IF Teeth = Still got some of own teeth THEN
AdTAche
In the past 6 months have you experienced any toothache or severe discomfort with your teeth?
   1 Yes
   2 No

Dentist
In general, do you go to the dentist for a regular check-up, an occasional check-up, or only when you are having trouble with your teeth?
   1 Regular check-up
   2 Occasional check-up
   3 Only when having trouble
   4 Never go to the dentist
ENDIF
ENDIF

IF Age of Respondent = 2-15 years THEN
ChDent
(I would now like to ask a few questions about dental health.) Have you ever been to a dentist's surgery, excluding school dentists, either for treatment or for some other reason?
   1 Yes
   2 No

IF ChDent = Yes THEN
ChDtWh
Last time you went to the dentist, was it because... READ OUT...CODE FIRST TO APPLY
   1 you were having trouble with your teeth,
   2 you went for a regular check-up,
   3 or you went to get used to going to the dentist?
   4 (Other: None of these reasons)
ENDIF

ChTAche
Have you had toothache within the last four weeks?
   1 Yes
   2 No
ENDIF

Fruit and vegetable consumption

IF Age of respondent >= 5 THEN
    VFInt
I'd like to ask you a few questions about some of the things you ate and drank yesterday. By yesterday I mean 24 hours from midnight to midnight.
    1 Continue

    VegSal
Did you eat any salad yesterday? Don't count potato, pasta or rice salad or salad in a sandwich. INTERVIEWER: SALADS MADE MAINLY FROM BEANS CAN **EITHER** BE INCLUDED HERE **OR** AT THE NEXT QUESTION.
    1 Yes
    2 No

IF VegSal = Yes THEN
    VegSalQ
    How many cereal bowlfuls of salad did you eat yesterday?
    IF ASKED: 'Think about an average-sized cereal bowl'.
        Range: 0.5 - 50.0
ENDIF

    VegPul
Did you eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans. Don't count pulses in foods like Chilli con carne.
    1 Yes
    2 No

IF VegPul = Yes THEN
    VegPulQ
    How many tablespoons of pulses did you eat yesterday?
    IF ASKED: 'Think about a heaped or full tablespoon'.
        Range: 0.5 - 50.0
ENDIF

    VegVeg
Not counting potatoes, did you eat any vegetables yesterday?
Include fresh, raw, tinned and frozen vegetables.
    1 Yes
    2 No

IF VegVeg = Yes THEN
    VegVegQ
    How many tablespoons of vegetables did you eat yesterday?
    IF ASKED: 'Think about a heaped or full tablespoon'.
        Range: 0.5 - 50.0
ENDIF

VegDish

Apart from anything you have already told me about, did / Did you eat any *other* dishes made **mainly** from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry? Don't count vegetable soups or dishes made mainly from potatoes.
   1 Yes
   2 No

IF VegDish = Yes THEN
   VegDishQ
   How many tablespoons of vegetables or pulses did you eat *in these kinds of dishes* yesterday?
   IF ASKED: 'Think about a heaped or full tablespoon'.
        Range: 0.5 - 50.0
ENDIF

VegUsual
Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...
...READ OUT...
   1 less than usual,
   2 more than usual,
   3 or about the same as usual?

FrtDrnk
Not counting cordials, fruit-drinks and squashes, did you drink any fruit juice yesterday?
   1 Yes
   2 No

IF FrtDrnk = Yes THEN
   FrtDrnkQ
   How many small glasses of fruit juice did you drink yesterday?
   IF ASKED: 'A small glass is about a quarter of a pint'.
        Range: 0.5.-.50.0
ENDIF

Frt
Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.
   1 Yes
   2 No

IF Frt = Yes THEN
   FOR idx:= 1 TO 15 DO
      IF (idx = 1) OR (FrtMor[idx-1] = Yes) THEN
         FrtC[idx]
         What kind of fresh fruit did you eat yesterday?
         INTERVIEWER: USE CODING **LIST A** TO CODE THE SIZE OF THIS FRUIT.
         IF MORE THAN ONE KIND OF FRUIT MENTIONED, CODE ONE HERE ONLY
              1 Very large fruit
              2 Large fruit
              3 Medium-sized fruit
              4 Small fruit
              5 Very small fruit
              6 Not on coding list

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    IF FrtC[idx] IN [VLge..VSml] THEN
     IF FrtC[idx] = VLge THEN
      much:= 'many average slices'
     ELSEIF FrtC[idx] IN [Lge..Sml] THEN
      much:= 'much'
     ELSEIF FrtC[idx] = VSml THEN
      much:= 'many average handfuls'
    ENDIF

    FrtQ[idx]
    How *much* of this fruit did you eat yesterday?
     Range: 0.5.-.50.0

    ELSEIF FrtC[idx] = NotLst THEN
     FrtOth[idx]
     What was the name of this fruit?
      Text: Maximum 50 characters

     FrtNotQ[idx]
     How much of this fruit did you eat?
      Text: Maximum 50 characters
    ENDIF

    IF idx < 15 THEN
     FrtMor[idx]
     Did you eat any other fresh fruit yesterday?
      1 Yes
      2 No
    ENDIF
   ENDIF
  ENDDO
 ENDIF

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

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

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

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

IF FrtFroz = Yes THEN

FrtFrozQ

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

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

Range: 0.5.-.50.0

ENDIF

FrtDish

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

1 Yes
2 No

IF FrtDish = Yes THEN

FrtDishQ

How many tablespoons of fruit did you eat *in these kinds of dishes* yesterday?

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

Range: 0.5.-.50.0

ENDIF

FrtUsual

Compared with the amount of fruit and fruit juice you usually eat and drink, would you say that yesterday you ate and drank...

...READ OUT...

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

ENDIF

Disability

IF Age of respondent >= 10 THEN

DisIntA

SHOW CARD H.

Do any of the things on this card apply to you? Please read all the things on the card before telling me.

INTERVIEWER: DO NOT INCLUDE TEMPORARY DISABILITIES, IE PROBLEMS EXPECTED TO LAST LESS THAN ONE YEAR.

    1 Yes
    2 No

IF (DisIntA = Yes) THEN

DisAbA

Which ones apply to you? Just tell me the numbers.

CODE ALL THAT APPLY.

    1 Cannot walk 200 yards or more on own without stopping or discomfort (WITH WALKING AID IF NORMALLY USED)
    2 Cannot walk up and down a flight of 12 stairs without resting
    3 Cannot follow a TV programme at a volume others find acceptable (WITH HEARING AID IF NORMALLY WORN)
    4 Cannot see well enough to recognise a friend across a road (four yards away) (WITH GLASSES OR CONTACT LENSES IF NORMALLY WORN)
    5 Cannot speak without difficulty

ENDIF

IF (Hear IN DisAbA) THEN

NoVol

Can you follow a TV programme with the volume turned up?

WITH HEARING AID IF NORMALLY WORN.

    1 Yes
    2 No

ENDIF

IF Age of respondent >= 10 THEN

HearAid

Can I check, do you wear a hearing aid most of the time?

    1 Yes
    2 No

IF NOT(Hear IN DisAbA) AND (HearAid = Yes) THEN

NoHrAid

Can you hear well enough to follow a TV programme at a volume others find acceptable **without your hearing aid**?

    1 Yes
    2 No

ENDIF

IF (Sight IN DisAbA) THEN

NoArmSee

Can you see well enough to recognise a friend one yard away (at arm's length)?
WITH GLASSES OR CONTACT LENSES IF NORMALLY WORN.

1 Yes
2 No

ENDIF

IF Age of respondent >=10 THEN

Glasses

Can I check, do you wear glasses or contact lenses most of the time?

1 Yes
2 No

IF NOT(Sight IN DisAbA) AND (Glasses=Yes) THEN

NoGlas

Can you see well enough to recognise a friend across the road (four yards away) **without glasses or contact lenses**?

1 Yes
2 No

ENDIF

IF (Walk IN DisAbA) THEN

HowFar

What is the furthest you can walk on your own without stopping or discomfort WITH WALKING AID IF NORMALLY USED ...READ OUT...

1 .... only a few steps
2 or more than a few steps but less than 200 yards?
3 CODE IF APPLIES: Cannot walk at all

ENDIF

IF HowFar <> NoWalk THEN

WlkAid

Can I check, do you use a walking stick or other walking aid most of the time when walking?

1 Yes
2 No

ENDIF

IF NOT(Walk IN DisAbA) AND (WlkAid=Yes) THEN

NoWlkAd

Can you walk 200 yards or more on your own without stopping or discomfort **without the walking stick or aid**?

1 Yes
2 No

ENDIF

IF (Stair IN DisAbA) AND (HowFar <> NoWalk) THEN

TkRest

Can you walk up and down a flight of 12 stairs if you hold on and take rests?

1 Yes
2 No

ENDIF

IF Age of respondent >= 10

DisIntB

SHOW CARD I.

Do any of the things on this card apply to you? Please read all the things on the card before telling me.

INTERVIEWER: DO NOT INCLUDE TEMPORARY DISABILITIES, I.E. PROBLEMS EXPECTED TO LAST LESS THAN ONE YEAR.

    1 Yes
    2 No

IF (DisIntB = Yes) THEN

DisAbB

Which ones apply to you? Just tell me the numbers.

CODE ALL THAT APPLY.

    1 Cannot get in and out of bed on own without difficulty
    2 Cannot get in and out of a chair without difficulty
    3 Cannot bend down and pick up a shoe from the floor when standing
    4 Cannot dress and undress without difficulty
    5 Cannot wash hands and face without difficulty
    6 Cannot feed, including cutting up food without difficulty
    7 Cannot get to and use toilet on own without difficulty
    8 Have problem communicating with other people - that is, have problem understanding them or being understood by them

ENDIF

IF (Bed IN DisAbB) THEN

BedDif

Can you get in and out of bed on your own ...READ OUT...

    1 with some difficulty, or
    2 can you only get in or out of bed with someone to help you?
    3 CODE IF APPLIES: Confined to bed

ENDIF

IF (Chair IN DisAbB)

ChrDif

Can you get in and out of a chair on your own ...READ OUT...

    1 with some difficulty, or
    2 can you only get in or out of a chair with someone to help you?
    3 CODE IF APPLIES: Chair-bound

ENDIF

IF (Dress IN DisAbB) THEN

DrsDif

Can you dress and undress yourself on your own ...READ OUT...

    1 with some difficulty, or
    2 can you only dress and undress with someone to help you?

ENDIF

IF (Wash IN DisAbB) THEN

    WashDif

Can you wash your hands and face on your own ...READ OUT...

    1 with some difficulty, or

    2 can you only wash your hands and face with someone to help you?

ENDIF

IF (Feed IN DisAbB) THEN

    FeedDif

Can you feed yourself, including cutting up food ...READ OUT...

    1 with some difficulty, or

    2 can you only feed yourself with someone to help you?

ENDIF

IF (Toilet IN DisAbB) THEN

    ToiDif

Can you get to and use the toilet on your own ...READ OUT...

    1 with some difficulty, or

    2 can you only get to and use the toilet with someone to help you?

ENDIF

IF (Commun IN DisAbB) THEN

    ComFam

Do you have any problems communicating with **close members of your family**, that is, problems with understanding members of your close family or making them understand you?

    1 Yes

    2 No

    ComSpch

Are your communication problems to do with your speech?

    1 Yes

    2 No

    ComHear

Are your communication problems to do with your hearing?

    1 Yes

    2 No

    ComVis

Are your communication problems to do with your vision?

    1 Yes

    2 No

ENDIF

IF (DisIntA = Yes) OR (DisIntB = Yes) THEN

> **Problem**
>
> You have told me you have a (*Problem/number of problems*).
>
> What health condition has caused (*this /these*) problem (*s*)?
>
> PROBE FOR FULL DETAILS, INCLUDING: 'Was it caused by anything else?'/ 'What does the doctor call this condition?'/ 'What does the doctor say causes this problem?'
>
> > Open answer: up to 150 characters
>
> **IF (DisAbA = Yes) OR (DisAbB = Yes) THEN**
>
> > **TrigAcc**
> >
> > (*Is/Are any of your*) problem(*s*) the result of an accident?
> >
> > > 1 Yes
> > >
> > > 2 No
> >
> > **IF (TrigAcc = No) OR (NumProb > 1) THEN**
> >
> > > **TrigIll**
> > >
> > > (*Is/Are any of your*) problem(*s*) the result of an illness or disease?
> > >
> > > > 1 Yes
> > > >
> > > > 2 No
> > >
> > > **IF (TrigIll = Yes) THEN**
> > >
> > > > **ProbChk**
> > > >
> > > > INTERVIEWER CHECK: Have you recorded name of disease or illness at 'Problem'?
> > > >
> > > > > 1 Yes
> > > > >
> > > > > 2 No
> > > >
> > > > **IF (ProbChk <>Yes) THEN**
> > > >
> > > > > **ProbChkO**
> > > > >
> > > > > INTERVIEWER: RECORD FULL DETAILS OF DISEASE OR ILLNESS.
> > > > >
> > > > > > Open answer: up to 150 characters
> > > > >
> > > > > **ENDIF**
> > > >
> > > > **ENDIF**
> > >
> > > **ENDIF**
> >
> > **ENDIF**
>
> **ENDIF**

ENDIF

Accidents

ASK ALL
PreAcc
Now I would like to ask you about accidents that may have happened to you recently. By this I mean accidental events which resulted in injury or physical harm to you.
    1 Continue

DrAcc
In the last 6 months, that is since *(date six months ago)* have you had any kind of accident which caused you to see a doctor or go to hospital?
INTERVIEWER: ALL TYPES OF ACCIDENT, INCLUDING CUTS, BURNS, ACCIDENTAL EXPOSURE TO DANGEROUS SUBSTANCES, ACCIDENTS OUTSIDE U.K., RESULTING IN SEEING A DOCTOR OR GOING TO HOSPITAL. TELEPHONE CONSULTATIONS ONLY DO NOT COUNT.
    1 Yes
    2 No

IF DrAcc = Yes THEN
    NDrAcc
    How many accidents did you have in the last six months where you saw a doctor or went to hospital?
        Range: 1..15
ENDIF

IF DrAcc = Yes THEN
Repeat DrMth for up to 10 accidents
    FOR i:= 1 TO 10 DO
        IF (i <= NDrAcc) THEN
            DrMth[i]
            (Thinking of the accident that happened most recently, in/In) which month did that accident happen?
                1 January
                2 February
                3 March
                4 April
                5 May
                6 June
                7 July
                8 August
                9 September
              10 October
              11 November
              12 December
        ENDIF
    ENDDO
ENDIF

IF DrAcc = Yes THEN

DrWyrB

SHOW CARD J

Now can we talk about the accident *(that happened to you most recently).* Where did the accident happen? CODE ONE ONLY:

1 On a pavement or a pedestrian area
2 On a road
3 In a home or garden (either your own or someone else's)
4 In a place used for sports, play or recreation (including sports facility at a school or college)
5 In some other part of a school or college
6 In an office, factory, shop, pub, restaurant or other public building
7 Other (SPECIFY)

IF DrWyr = Other THEN

DrWyrO

PLEASE SPECIFY.
    Text: Maximum 60 characters
ENDIF

DrFal

Thinking about how the accident happened, (can I check,) did you fall, slip or trip?
1 Yes
2 No

DrCar

(Can I check,) was a moving motor vehicle involved in any way?
1 Yes
2 No

DrBik

(Can I check,) was a bicycle or some other type of moving non-motor vehicle involved?
1 Yes
2 No

DrTul

(Can I check,) was the injury you suffered caused by a tool, implement or piece of electrical or mechanical equipment? OTHER THAN A MOVING VEHICLE.
1 Yes
2 No

IF age <= 8 THEN

DrToy

(Can I check) Was a toy or plaything involved in the accident?
1 Yes
2 No
ENDIF

IF age >= 2 THEN

DrSpt

(Can I check,) when the accident happened, were you playing a sport or taking exercise?
1 Yes
2 No
ENDIF

IF age 2-12 AND (DrSpt = No) THEN
   DrPly
   (Can I check,) was *(name of child)* playing in some other way when the accident happened?
       1   Yes
       2   No
ENDIF

IF age <2 THEN
   DrPlyg
   (Can I check) was *(name of child)* playing when the accident happened?
   1   Yes
   2   No
ENDIF

DrInj
SHOW CARD K. (Can I check,) which of the types of injury described on this card did you suffer? CODE ALL THAT APPLY
   1   Broken bones
   2   Dislocated joints
   3   Losing consciousness
   4   Straining or twisting a part of the body
   5   Cutting, piercing or grazing a part of the body
   6   Bruising, pinching or crushing a part of the body
   7   Swelling or tenderness in some part of the body
   8   Getting something stuck in the eye, throat, ear or other part of the body
   9   Burning or scalding
   10 Poisoning
   11 Other injury to internal parts of the body
   12 Animal or insect bite or sting
   13 Other (SPECIFY)

IF DrInj=Other THEN
   DrInjO
   PLEASE SPECIFY
       Text: Maximum 60 characters
ENDIF

DrBdy
SHOW CARD L. (Can I check,) which parts of your body were affected by the injury you suffered in this accident (could you show me where)? CODE ALL THAT APPLY.
   1   Eyes
   2   Face or teeth
   3   Other part of head
   4   Neck
   5   Back
   6   Shoulder, arm, wrist or hand
   7   Hip, leg, ankle or foot
   8   Chest, ribs or lungs
   9   Abdomen or genitals
   10 Other internal organs

IF DrInj=Broken bones THEN
DrBone
SHOW CARD M. Can I check, which bones did you break? Please call out the names from this card. PROBE: Any others?
>   1 Collar/Clavicle
>   2 Shoulder/Scapula
>   3 Upper arm/Humerus
>   4 Lower arm/Radius and Ulna
>   5 Hand and/or wrist
>   6 Knee/Patella
>   7 Ankle and/or foot
>   8 Lower leg/Tibia and fibula
>   9 Upper leg/Femur
>   10 Hip joint/Neck of femur
>   11 Hip bones/Pelvis/Ileum
>   12 Back bones
>   13 Other (e.g Ribs, Skull)

ENDIF

DrAid
SHOW CARD N
(Can I check,) from which of the people on this card did you get help or advice about the injury you suffered? CODE ALL THAT APPLY.
>   1 Hospital
>   2 GP/Family Doctor
>   3 Nurse at GP surgery
>   4 Nurse at your place of work or school
>   5 Doctor at your place of work or school
>   6 Other doctor or nurse
>   7 Ambulance staff
>   8 Volunteer first aider
>   9 Chemist or pharmacist
>   10 Family, friends, colleagues, passers-by
>   11 Looked after self
>   12 Other person(s)

IF Age of respondent >= 4 THEN
DrOff
As a result of the accident did you have to take any time off *(work, school or college / school or college)*?
>   1 Yes
>   2 No

IF DrOff =Yes THEN
DrSOW
Are you still off *(work, school or college / school or college)*?
>   1 Yes
>   2 No

DrTOW

Counting the day of the accident, how much time *(have you so far taken/did you take)* off *(work, school or college/school or college) (up to and including yesterday)*? ...READ OUT... *(Is/Was)* it:-

    1   ...less than one day,
    2   ...one day but less than one week,
    3   ...between one week and one month,
    4   ...or one month or more?

IF DrTOW = One month or more THEN
DrMOW
How many months?
    Range: 1..6
ENDIF
ENDIF
ENDIF

DrNDA

As a result of the accident did you have to give up or change any of your normal daily activities?

    1 Yes
    2 No

IF DrNDA = Yes THEN
DrSNN
Are you back to normal now?
    1 Yes
    2 No

DrTNN

Counting the day of the accident, for how long *(did/have)* you *(have/so far had)* to give up or change any of your normal daily activities *(up to and including yesterday)*? ...READ OUT...

    1   ...less than one day,
    2   ...one day but less than one week,
    3   ...between one week and one month,
    4   ...or one month or more?

IF DrTNN = One month or more THEN
DrMNN
How many months?
    Range: 1..6
ENDIF
ENDIF

IF age of respondent >= 13 THEN
DrJob
At the time of the accident, did you have a paid job?
    1 Yes
    2 No

IF DrJob = Yes THEN
DrWrk
(Can I check,) did the accident happen while you were at work?
    1 Yes
    2 No
ENDIF

ENDIF
ENDIF
IF (DrAcc=No OR DrAcc=1) AND NOT (Broken IN DrInj) THEN
DrBrk
Can I check in the last 6 months, that is since *(date six months ago)* have you broken any bones due to an accident or other incident?
  1 Yes
  2 No

IF DrBrk = Yes THEN
DrWBn
SHOWCARD M
Which bones did you break? Please call all the names from this card.
    1 Collar/Clavicle
    2 Shoulder/Scapula
    3 Upper arm/Humerus
    4 Lower arm/Radius and Ulna
    5 Hand and/or wrist
    6 Knee/Patella
    7 Ankle and/or foot
    8 Lower leg/Tibia and fibula
    9 Upper leg/Femur
    10 Hip joint/Neck of femur
    11 Hip bones/Pelvis/Ileum
    12 Back bones
    13 Other (e.g Ribs, Skull)
ENDIF
ENDIF

IF DrAcc>1 OR (DrAcc=1 AND (Broken IN DrInj)) THEN
DrBrkA
Apart from the accident you have just told me about, in the last 6 months, that is, since *(date 6 months ago)*, have you broken any *(other)* bones due to an accident or other incident?
  1 Yes
  2 No

IF DrBrkA = Yes
DrWBnA
SHOWCARD M
Which bones did you break in that accident or incident? Please call out the names from this card. PROBE: Any others?
    1 Collar/Clavicle
    2 Shoulder/Scapula
    3 Upper arm/Humerus
    4 Lower arm/Radius and Ulna
    5 Hand and/or wrist
    6 Knee/Patella
    7 Ankle and/or foot
    8 Lower leg/Tibia and fibula
    9 Upper leg/Femur
    10 Hip joint/Neck of femur
    11 Hip bones/Pelvis/Ileum
    12 Back bones
    13 Other (e.g Ribs, Skull)

    ENDIF
ENDIF

ASK ALL
Axi
That was about accidents which caused you to see a doctor or go to hospital. Thinking just about the last four weeks, that is since *(date four weeks ago)* have you had any *(other)* accidents which caused you to suffer pain or discomfort for 24 hours or more but about which you did **not** see a doctor or go to a hospital?
    1 Yes
    2 No

IF Axi = Yes THEN
    NAxi
    How many accidents of that kind have you had within the last 4 weeks?
        Range: 1..28

    AxWkA
    (How many of these accidents happened/did that accident happen) in the last week including yesterday? (enter code). IF NONE, RECORD 0.
        Range: 0..7

    IF (NAxi - AxWkA >= 1) THEN
        AxWkB
        (How many of these accidents happened/did that accident happen) between one week and two weeks ago?
        (enter code) IF NONE, RECORD 0.
            Range: 0..7

        IF (NAxi - (AxWkA + AxWkB)) >= 1 THEN
            AxWkC
            (How many of these accidents happened/did that accident happen) between two weeks and three weeks ago?
            (enter code)*.* IF NONE, RECORD 0.
            Range: 0..7

            IF (NAxi - (AxWkA + AxWkB + AxWkC) >= 1) THEN
                AxWkD
                (How many of these accidents happened/did that accident happen) between three weeks and four weeks ago?
                (enter code) IF NONE, RECORD 0.
                    Range: 0..7
            ENDIF
        ENDIF
    ENDIF

AxWyrB

Now can you tell me about your *(accident/the accident that happened most recently)* (which caused you to suffer pain or discomfort for 24 hours or more but about which you did not see a doctor or go to hospital).

SHOW CARD J

Where did the accident happen?

1   On a pavement or a pedestrian area
2   On a road
3   In a home or garden (either your own or someone else's)
4   In a place used for sports, play or recreation (including sports facility at a school or college)
5   In some other part of a school or college
6   In an office, factory, shop, pub, restaurant or other public building
7   In a playgroup or a nursery
8   Other (SPECIFY)

IF AxWyrB = Other THEN
   AxWyrO
   PLEASE SPECIFY.
      Open answer: up to 60 characters
ENDIF

AxFal

Thinking about how the accident happened, (can I check,) did you fall, slip or trip?

1   Yes
2   No

AxCar

(Can I check,) was a moving motor vehicle involved in any way?

1   Yes
2   No

AxBik

(Can I check,) was a bicycle or other type of moving non-motor vehicle involved?

1   Yes
2   No

AxTul

(Can I check,) was the injury you suffered caused by a tool, implement or piece of electrical or mechanical equipment?

OTHER THAN A MOVING VEHICLE.

1   Yes
2   No

IF Age <= 8 THEN
   AxToy
   (Can I check) Was a toy or plaything involved in the accident?
      1   Yes
      2   No
ENDIF

IF Age >=2 THEN
   AxSpt
   (Can I check,) when the accident happened, were you playing a sport or taking exercise?
      1   Yes
      2   No
ENDIF

IF Age 2-12 AND (AxSpt = No) THEN
   AxPly
   (Can I check,) was *(child's name)* playing in some other way when the accident happened?
      1   Yes
      2   No
ENDIF

IF Age <2 THEN
   AxPlyg
   (Can I check) was *(child's name)* playing when the accident happened?
      1   Yes
      2   No
ENDIF

AxInj
SHOW CARD K
(Can I check,) which of the types of injury described on this card did you suffer?
CODE ALL THAT APPLY
      1   Broken bones
      2   Dislocated joints
      3   Losing consciousness
      4   Straining or twisting a part of the body
      5   Cutting, piercing or grazing a part of the body
      6   Bruising, pinching or crushing a part of the body
      7   Swelling or tenderness in some part of the body
      8   Getting something stuck in the eye, throat, ear or other part of the body
      9   Burning or scalding
     10 Poisoning
     11 Other injury to internal parts of the body
     12 Animal or insect bite or sting
     13 Other (SPECIFY)

IF AxInj=Other THEN
   AxInjO
   PLEASE SPECIFY
      Text: Maximum 60 characters
ENDIF

AxBdy
SHOW CARD L
(Can I check,) which parts of your body were affected by the injury you suffered in this accident
(could you show me where)? CODE ALL THAT APPLY.
      1   Eyes
      2   Face or teeth
      3   Other part of head
      4   Neck
      5   Back
      6   Shoulder, arm, wrist or hand
      7   Hip, leg, ankle or foot
      8   Chest, ribs or lungs
      9   Abdomen or genitals
     10 Other internal organs

AxAid

SHOW CARD N

(Can I check,) from which of the people on this card did you get help or advice about the injury you suffered? CODE ALL THAT APPLY.

1   Hospital
2   GP/Family Doctor
3   Nurse at GP surgery
4   Nurse at your place of work or school
5   Doctor at your place of work or school
6   Other doctor or nurse
7   Ambulance staff
8   Volunteer first aider
9   Chemist or pharmacist
10 Family, friends, colleagues, passers-by
11 Looked after self
12 Other person(s)

IF Age of respondent >= 4 THEN

AxOff

As a result of the accident did you have to take any time off *(work, school or college / school or college)*?

1   Yes
2   No

IF AxOff =Yes THEN

AxSOW

Are you still off *(work, school or college / school or college)*?

1   Yes
2   No

AxTOW

Counting the day of the accident, how much time *(have you so far taken/did you take)* off *(work, school or college/school or college) (up to and including yesterday)*? ...READ OUT...
(Is/Was) it:-

1   ...less than one day,
2   ...one day but less than one week,
3   ...between one week and one month,
4   ...or one month or more?

ENDIF

ENDIF

AxNDA

As a result of the accident did you have to give up or change any of your normal daily activities?

1   Yes
2   No

IF AxNDA = Yes THEN

AxSNN

Are you back to normal now?

1   Yes
2   No

AxTNN
Counting the day of the accident, for how long *(did/have)* you *(have/so far had)* to give up or change any of your normal daily activities *(up to and including yesterday)*? ...READ OUT...
1   ...less than one day,
2   ...one day but less than one week,
3   ...between one week and one month,
4   ...or one month or more?

ENDIF

IF age of respondent 13 – 70 THEN
   AxJob
   At the time of the accident, did you have a paid job?
   1   Yes
   2   No

   IF AxJob = Yes THEN
      AxWrk
      (Can I check,) did the accident happen while you were at work?
      1   Yes
      2   No
   ENDIF
ENDIF

IF Naxi>1 THEN
   AxiWyrB
   Now can you tell me about your next most recent accident (which caused you to suffer pain or discomfort for 24 hours or more but about which you did not see a doctor or go to hospital).
   SHOW CARD J
   Where did the accident happen?
   1   On a pavement or a pedestrian area
   2   On a road
   3   In a home or garden (either your own or someone else's)
   4   In a place used for sports, play or recreation (including sports facility at a school or college)
   5   In some other part of a school or college
   6   In an office, factory, shop, pub, restaurant or other public building
   7   In a playgroup or a nursery
   8   Other (SPECIFY)

   IF AxiWyrB = Other THEN
      AxiWyrO
      PLEASE SPECIFY.
         Open answer: up to 60 characters
   ENDIF

   AxiFal
   Thinking about how the accident happened, (can I check,) did you fall, slip or trip?
   1   Yes
   2   No

   AxiCar
   (Can I check,) was a moving motor vehicle involved in any way?
   1   Yes
   2   No

AxiBik
(Can I check,) was a bicycle or other type of moving non-motor vehicle involved?
    1 Yes
    2 No

AxiTul
(Can I check,) was the injury you suffered caused by a tool, implement or piece of electrical or mechanical equipment?
OTHER THAN A MOVING VEHICLE.
    1 Yes
    2 No

IF Age <= 8 THEN
AxiToy
(Can I check) Was a toy or plaything involved in the accident?
    1 Yes
    2 No
ENDIF

IF Age >=2 THEN
AxiSpt
(Can I check,) when the accident happened, were you playing a sport or taking exercise?
    1 Yes
    2 No
ENDIF

IF Age 2-12 AND (AxiSpt = No) THEN
AxiPly
(Can I check,) was *(child's name)* playing in some other way when the accident happened?
    1 Yes
    2 No
ENDIF

IF Age <2 THEN
AxiPlyg
(Can I check) was *(child's name)* playing when the accident happened?
    1 Yes
    2 No
ENDIF

AxiInj
SHOW CARD K
(Can I check,) which of the types of injury described on this card did you suffer?
CODE ALL THAT APPLY
    1 Broken bones
    2 Dislocated joints
    3 Losing consciousness
    4 Straining or twisting a part of the body
    5 Cutting, piercing or grazing a part of the body
    6 Bruising, pinching or crushing a part of the body
    7 Swelling or tenderness in some part of the body
    8 Getting something stuck in the eye, throat, ear or other part of the body
    9 Burning or scalding
    10 Poisoning
    11 Other injury to internal parts of the body
    12 Animal or insect bite or sting
    13 Other (SPECIFY)

IF AxiInj=Other THEN
   AxiInjO
PLEASE SPECIFY
   Text: Maximum 60 characters
ENDIF

AxiBdy
SHOW CARD L
(Can I check,) which parts of your body were affected by the injury you suffered in this accident (could you show me where)? CODE ALL THAT APPLY.
  1 Eyes
  2 Face or teeth
  3 Other part of head
  4 Neck
  5 Back
  6 Shoulder, arm, wrist or hand
  7 Hip, leg, ankle or foot
  8 Chest, ribs or lungs
  9 Abdomen or genitals
 10 Other internal organs

AxiAid
SHOW CARD N
(Can I check,) from which of the people on this card did you get help or advice about the injury you suffered? CODE ALL THAT APPLY.
  1 Hospital
  2 GP/Family Doctor
  3 Nurse at GP surgery
  4 Nurse at your place of work or school
  5 Doctor at your place of work or school
  6 Other doctor or nurse
  7 Ambulance staff
  8 Volunteer first aider
  9 Chemist or pharmacist
 10 Family, friends, colleagues, passers-by
 11 Looked after self
 12 Other person(s)

IF Age of respondent >= 4 THEN
   AxiOff
As a result of the accident did you have to take any time off *(work, school or college / school or college)*?
  1 Yes
  2 No

   IF AxiOff =Yes THEN
     AxiSOW
Are you still off *(work, school or college / school or college)*?
  1 Yes
  2 No

AxiTOW

Counting the day of the accident, how much time *(have you so far taken/did you take)* off *(work, school or college/school or college) (up to and including yesterday)*? ...READ OUT... *(Is/Was)* it:-

    1 ...less than one day,
    2 ...one day but less than one week,
    3 ...between one week and one month,
    4 ...or one month or more?

    ENDIF
ENDIF

AxiNDA

As a result of the accident did you have to give up or change any of your normal daily a activities?

    1 Yes
    2 No

IF AxiNDA = Yes THEN

AxiSNN

Are you back to normal now?

    1 Yes
    2 No

AxiTNN

Counting the day of the accident, for how long *(did/have)* you *(have/so far had)* to give up or change any of your normal daily activities *(up to and including yesterday)*? ...READ OUT...

    1 ...less than one day,
    2 ...one day but less than one week,
    3 ...between one week and one month,
    4 ...or one month or more?

ENDIF

IF age of respondent 13 – 70 THEN

AxiJob

At the time of the accident, did you have a paid job?

    1 Yes
    2 No

IF AxiJob = Yes THEN

AxiWrk

(Can I check,) did the accident happen while you were at work?

    1 Yes
    2 No

    ENDIF
    ENDIF
  ENDIF
ENDIF

Respiratory and atopic conditions

IF Age of respondent <=4 THEN
  Dib
  I am now going to ask you some questions about *(child's name)'s* breathing. Has *he/she* ever had difficulty in breathing such as shortness of breath, noisy breathing, breathing fast?
      1 Yes
      2 No

  IF (Dib = No OR Dib =DK) THEN
    CWheeze
    Has *he/she* ever had wheezing or whistling in the chest at any time, either now or in the past?
        1 Yes
        2 No

    IF CWheeze = Yes THEN
      CBrWhy
      Has *(child's name)* ever been at all breathless when the wheezing or whistling noise was present?
          1 Yes
          2 No
    ENDIF
  ENDIF

ELSE (If age >4)
  EverW
  I am now going to ask you some questions about your breathing. Have you ever had wheezing or whistling in the chest at any time, either now or in the past?
      1 Yes
      2 No
ENDIF

IF (Dib = Yes OR CWheeze = Yes) THEN EverW:= Yes
ELSEIF (Dib = No AND CWheeze = No) THEN EverW:= No
ELSEIF (Dib = DK AND CWheeze = DK) THEN EverW:= DK
ELSEIF (Dib = RF AND CWheeze = RF) THEN EverW:= RF
ENDIF

IF EverW = Yes THEN
  NoCol
  Have you ever had this *wheezing or whistling / difficulty in breathing* when you did not have a cold?
      1 Yes
      2 No

  IF age >=5 THEN
    BrWhy
    Have you ever been at all breathless when the *wheezing or whistling noise / difficulty in breathing* was present?
        1 Yes
        2 No
  ENDIF

TweWz
Have you had *wheezing or whistling in the chest / difficulty in breathing* in the last 12 months?
- 1 Yes
- 2 No

IF (TweWz = Yes) THEN
Attak
How many attacks of *wheezing/whistling / difficulty in breathing* have you had **in the last 12 months**?
IF DON'T KNOW, OBTAIN ESTIMATE. PROMPT IF REQUIRED
- 1 1 to 3
- 2 4 to 12
- 3 more than 12 attacks

SleTw
In the last 12 months, how often on **average** has your sleep been disturbed due to *wheezing/whistling / difficulty in breathing*? Have you ...READ OUT...
IF DK, OBTAIN ESTIMATE.
- 1 ...never woken with *wheezing / difficulty in breathing*,
- 2 woken less than 1 night per week,
- 3 woken one or more nights per week?

IF Age >=2 THEN
Speke
In the last 12 months, has the *wheezing/whistling / difficulty in breathing* ever been severe enough to limit your speech to only one or two words at a time between breaths?
- 1 Yes
- 2 No

ENDIF

NaDLi
In the last 12 months, how much did *wheezing/whistling / difficulty in breathing* interfere with your normal daily activities ...READ OUT...
- 1 ...not at all,
- 2 a little,
- 3 quite a bit,
- 4 or a lot?

IF Age >=16 THEN
FtJob
Can I check, in the last 12 months, have you had a full-time job?
- 1 Yes
- 2 No

IF FtJob = Yes THEN
FtMnt
Over the last 12 months, for how many months did you work full-time?
Range: 1.12

WoAbs

In the last 12 months, how many days has your wheezing/whistling caused you to be absent from work?

PROMPT AS NECESSARY.

   1 none
   2 less than five
   3 5, less than 10
   4 10, less than 15
   5 15, less than 20
   6 20, less than 30
   7 30 or more

    ENDIF

  ENDIF

IF age >=5 AND <=15 THEN

SchAb

In the last 12 months, how many days has your difficulty in breathing caused you to be absent from school?

PROMPT AS NECESSARY.

   1 none
   2 less than five
   3 5, less than 10
   4 10, less than 15
   5 15, less than 20
   6 20, less than 30
   7 30 or more

    ENDIF

  ENDIF

FirAtW

How old were you when you had your first attack of *wheezing/whistling / difficulty in breathing*?

IF LESS THAN ONE YEAR, CODE 0.

   Range: 0..120

RecAtW

When was your most recent attack of *wheezing/whistling / difficulty in breathing*?

PROMPT IF NECESSARY.

   1 Less than 4 weeks ago
   2 More than 4 weeks but within the last 12 months
   3 One to five years ago
   4 More than 5 years ago

ENDIF

ASK ALL

ConDr

Did a doctor ever tell you that you had asthma? EXCLUDE: HOMEOPATHS, ETC.

   1 Yes
   2 No

IF (ConDr = Yes) THEN

Dr12mth

When were you first told by a doctor that you had asthma, was it...READ OUT...

   1 ...in the last 12 months,
   2 ...or over 12 months ago?

F (EverW = No/DK) OR (EverW = Yes) AND (TweWz = No/DK))THEN

FirAtA

How old were you when you had your first attack of asthma?

IF LESS THAN ONE YEAR, CODE 0.

 Range: 0..120

AsTwe

When was your most recent attack of asthma? PROMPT IF NECESSARY.

 1 Less than 4 weeks ago,
 2 More than 4 weeks but within the last 12 months,
 3 One to five years ago,
 4 More than 5 years ago

ENDIF

ENDIF

IF (EverW = Yes OR ConDr = Yes) AND (AsTwe IN [Less4W..OneTo5]) OR (RecAtW IN [Less4W..OneTo5]) THEN

Precp

SHOW CARD O

Do you find that any of the things on this card bring on an attack of *asthma / wheezing/whistling / difficulty in breathing?*

 1 Yes
 2 No

IF (Precp = Yes) THEN

Precp1

Which ones? PROBE

Any other things? CODE ALL THAT APPLY.

 1 Dust
 2 Pets
 3 Feathers
 4 Being excited or upset
 5 Cold air
 6 Chest infections/cold/flu
 7 Cigarette smoke (yours/others)
 8 Pollen
 9 Grass
 10 Traffic fumes
 11 Certain food or drinks
 12 Exercise
 13 Aspirin
 14 Other things

IF (Other IN Precp1) THEN

PrecpO

Which other things?

IF MORE THAN THREE, TAKE THREE MOST COMMON

 Open answer: up to 60 characters

ENDIF

ENDIF

TrtWze
SHOW CARD P
Have you received any treatment or advice for your *asthma/wheezing/whistling* from any of the
people on this card?
  1 Yes
  2 No

IF TrtWze = Yes THEN
  TrtWh
Which ones? PROBE: Any others?
    1   General practitioner (GP)
    2   Nurse at GP surgery/Health centre
    3   Community, School or District Nurse
    4   Hospital casualty/Accident and Emergency department
    5   Consultant/Specialist or other doctor at hospital outpatients
    6   Consultant/Specialist or other doctor elsewhere
    7   Homeopath
    8   Acupuncturist
    9   Other alternative medicine professional

  IF (1-6 IN TrtWh) THEN
    TrTim[1-6]
    Repeat for any of first six categories of medical professional (codes 1-6 at TrtWh)
    How many times were you treated by *(type of medical professional)* for your
    asthma/wheezing/whistling in the last 12 months?
        Range: 0..52
  ENDIF
ENDIF

InPat
In the last twelve months, have you spent a night in hospital because of *asthma /
wheezing/whistling / difficulty in breathing*? INCLUDE: OVERNIGHT ON OBSERVATION
  1 Yes
  2 No

IF (InPat = No/DK) THEN
  EvePt
  Have you **ever** spent a night in hospital because of *asthma/wheezing/whistling*?
  INCLUDE: OVERNIGHT ON OBSERVATION.
    1 Yes
    2 No
ENDIF

TrtWard
In the last 12 months, have you received treatment for your *asthma/wheezing/whistling* on a
hospital ward without staying overnight?
  1 Yes
  2 No

IF (TrtWard = Yes) THEN
  TrTimW
  How many times were you treated on a hospital ward?
      Range: 1.52
ENDIF

ENDIF
IF (EverW = Yes OR ConDr = Yes) AND (AstWe IN [Less4W…OneTo5]) OR RecAtW IN [Less4W…OneTo5]) THEN

RegAp

Are you given regular appointments to be seen by a doctor for your *asthma / wheezing/whistling / difficulty in breathing*?

IF ASKED: REGULAR = A FURTHER APPOINTMENT IS MADE AT EACH VISIT.

  1 Yes
  2 No

IF (RegAp = Yes) THEN

PlApp1

Are you given regular appointments with a hospital doctor?

IF ASKED: REGULAR = A FURTHER APPOINTMENT IS MADE AT EACH VISIT.

  1 Yes
  2 No

PlAppl2

With your GP?

IF ASKED: REGULAR = A FURTHER APPOINTMENT IS MADE AT EACH VISIT

  1 Yes
  2 No

ENDIF

Inhal

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

  1 Yes
  2 No

IF (Inhal = Yes) THEN

InhalA

SHOW CARD Q

In the last 12 months, have you used any of the inhaled medications on this card? Include those taken by inhaler, puffer, nebuliser or other inhaling device.

  1 Yes
  2 No

IF (InhalA = Yes) THEN

InTyp

SHOW CARD Q

In the last 12 months, which of the inhaled medications listed on this card have you used?

PROBE: Any others?

INTERVIEWER: IF IN ANY DOUBT ABOUT THE NAME(S) OF THE MEDICINE(S), PLEASE ASK THE RESPONDENT TO FETCH THEM. CODE ALL THAT APPLY.

1 Ventolin
2 Intal
3 Tilade
4 Bricanyl
5 Serevent
6 Atrovent
7 Becotide
8 Pulmicort
9 Aerolin
10 Oxivent
11 Aerobec
12 Salbutamol
13 Terbutaline
14 Salmeterol
15 Beclometasone
16 Berotec

InTypA

In the last 12 months, have you used any other inhaled medications not listed on this card?

1 Yes
2 No

IF (InTypA = Yes) THEN

InTypO

Which (other) inhaled medications have you used?

RECORD FULL NAME OF INHALED MEDICATION. ASK TO SEE INHALER, PUFFER OR NEBULISER. IF MORE THAN ONE 'OTHER' MEDICATIONS, ENTER ONE HERE ONLY.

Open answer: up to 50 characters

ENDIF

MthDr, DayDr and RegDr asked for all drugs coded in InTyp and InTypO

MthDr

Have you taken *(name of drug)* in the last month?

1 Yes
2 No

IF (MthDr = Yes) THEN

DayDr

Have you taken *(name of drug)* in the past 24 hours?

1 Yes
2 No

RegDr
Do you take *(name of drug)* on a daily basis?
    1 Yes
    2 No
ENDIF
  ENDIF
ENDIF

Medic
Over the last 12 months, have you taken any tablets or syrups prescribed by a doctor to treat your *asthma/wheezing/whistling?*
    1 Yes
    2 No

IF (Medic = Yes) THEN
  MedicA
  SHOW CARD R
  Over the last 12 months, have you taken any of the tablets or syrups listed on this card?
      1 Yes
      2 No

  IF (MedicA = Yes) THEN
  MedTyp
  SHOW CARD R
  In the last 12 months, which of the tablets or syrups on this card have you taken?
  PROBE: Any others?
  INTERVIEWER: IF IN ANY DOUBT ABOUT THE NAME(S) OF THE MEDICINE(S),
  PLEASE ASK THE RESPONDENT TO FETCH THEM. CODE ALL THAT APPLY.
      1 Ventolin
      2 Volmax
      3 Monovent
      4 Bricanyl
      5 Nuelin
      6 Slo-Phyllin
      7 Theo-Dur
      8 Prednisolone
      9 Deltacortril
      10 Salbutamol
      11 Aminophylline

  MedTypA
  In the last 12 months, have you used any other tablets or syrups for your *asthma / wheezing/whistling / difficulty in breathing?*
      1 Yes
      2 No

  IF (MedTypA = Yes) THEN
  MedTypO
  Which (other) tablets or syrups have you used?
  RECORD FULL NAME OF OTHER MEDICINES.
  IF MORE THAN ONE 'OTHER', ENTER ONE HERE ONLY.
      Open answer: up to 50 characters
  ENDIF

MthDr, DayDr and RegDr asked for all drugs coded in MedTyp and MedTypO

MthDr
Have you taken *(name of drug)* in the last month?
>   1   Yes
>   2   No

IF (MthDr = Yes) THEN
DayDr
Have you taken *(name of drug)* in the past 24 hours?
>   1   Yes
>   2   No

RegDr
Do you take *(name of drug)* on a daily basis?
>   1   Yes
>   2   No
ENDIF
ENDIF
ENDIF

IF (AGE <=4) AND (EverW = Yes) AND ConDr <> Yes) THEN
Antib
Over the last 12 months have you been prescribed an antibiotic to treat your *asthma / wheezing/whistling / difficulty in breathing*?
>   1   Yes
>   2   No
ENDIF

IF (AGE >=7) THEN
Preds
Do you usually keep a supply of prednisolone or steroid tablets in case your *asthma / wheezing/whistling / difficulty in breathing* gets worse?
>   1   Yes
>   2   No

MaPla
Have you been given written advice on what to do when your symptoms get worse?
>   1   Yes
>   2   No

PkFlo
Do you have a peak flow meter?
>   1   Yes
>   2   No
ENDIF
ENDIF
ENDIF

IF Age >=2 THEN
Bronc
Did you have a serious chest illness before the age of two years?
>   1   Yes
>   2   No

ENDIF
IF Age <2 THEN
   BrcInf
Has *(child's name)* ever had a serious chest infection?
    1 Yes
    2 No
ENDIF

ASK ALL
Nooze
Have you ever had a problem with sneezing or a runny or blocked nose when you did not have a cold or the flu?
    1 Yes
    2 No

IF Nooze = Yes THEN
   NoFlu
In the last 12 months, have you had a problem with sneezing or a runny or blocked nose when you did not have a cold or the flu?
    1 Yes
    2 No

   IF NoFlu = Yes THEN
      EyeIt
   In the last 12 months, has this problem been accompanied by itchy watery eyes?
       1 Yes
       2 No
   ENDIF
ENDIF

ASK ALL
HayFe
(Can I just check) have you ever had hay fever?
    1 Yes
    2 No

IF HayFe = Yes THEN
   HayDr
Was this confirmed by a doctor?
    1 Yes
    2 No
ENDIF

ASK ALL
SkItc
Have you ever in the past had an itchy skin condition - by itchy we mean a condition which makes you want to scratch or rub the skin a lot?
    1 Yes
    2 No

IF SkItc = Yes THEN
   TwItc
Have you had such an itchy skin condition in the last 12 months?
    1 Yes
    2 No

IF TwItc = Yes THEN

SkAge

How old were you when **this** skin condition began?
IF LESS THAN ONE YEAR, CODE 0.
INTERVIEWER: CODE EARLIEST AGE OF ANY CONDITION WHICH HAS OCCURRED
IN THE LAST 12 MONTHS.
　　Range: 0..120

Krees

Has this skin condition ever affected any of these skin creases...READ OUT...
CODE ALL THAT APPLY.
　　1　the fronts of elbows?
　　2　behind the knees?
　　3　fronts of ankles?
　　4　around the neck?
　　5　around the eyes?
　　6　or on the cheeks?
　　7　(no, none)

DrySK

In the last 12 months, have you suffered from a generally dry skin?
　　1　Yes
　　2　No

SleSk

In the last 12 months, how often on average has your sleep been disturbed due to itching or
scratching?
　　1　Never woken with itching/scratching
　　2　Less than 1 night per week
　　3　One or more nights per week
　ENDIF
ENDIF

ASK ALL
Exxma

(Can I just check) have you ever had eczema?
　　1　Yes
　　2　No

IF Exxma = Yes THEN
ExeDr

Was this confirmed by a doctor?
　　1　Yes
　　2　No
ENDIF

IF Age <5 THEN
HayFam

Does anyone in *(child's name)*'s immediate family suffer from eczema, hayfever or asthma? By
immediate family I mean *his/her* parents and brothers and sisters.
　　1　Yes
　　2　No
ENDIF

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Smoking (Aged 18+)

IF Age of respondent = 18..20 THEN
BookChc
INTERVIEWER CHECK: *(name of respondent)* IS AGED *(age of respondent)*. RESPONDENT TO BE...:
    1 Asked Smoking/Drinking questions
    2 Given PURPLE SELF-COMPLETION BOOKLET FOR YOUNG ADULTS
ENDIF

IF (Age of respondent is 20 years or over) OR (BookChk = Asked) THEN
SmkEvr
May I just check, have you ever smoked a cigarette, a cigar or a pipe?
    1 Yes
    2 No

    IF SmkEvr = Yes THEN
    CigNow
    Do you smoke cigarettes at all nowadays?
        1 Yes
        2 No

        IF CigNow = Yes THEN
        CigWDay
        About how many cigarettes a day do you usually smoke on weekdays?
        INTERVIEWER: IF LESS THAN ONE A DAY, ENTER 0. IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.
            Range: 0..97

        IF CigWDay = 97 THEN
        Estim
        INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS)*. WILL IT BE GIVEN IN GRAMS OR IN OUNCES?
            1 Grams
            2 Ounces

        IF Estim = grams THEN
        Grams
        PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS)* IN GRAMS.
            Range: 1..67

        ELSEIF Estim = ounces THEN
        Ounces
        PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS)* IN OUNCES.FOR FRACTIONS OF OUNCES RECORD:
        1/4 (a quarter) oz as .25
        1/3 (a third) oz as .33
        1/2 (half) oz as .5
        2/3 (two thirds) oz as .66
        3/4 (three quarters) oz as .75
            Range: 0.01..2.40

ENDIF

> *RolDly*
> ***Computed: estimated tobacco consumption in ounces.***
> ***Range: 1..97***

ENDIF

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

CigWEnd
And about how many cigarettes a day do you usually smoke at weekends?
INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF
RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES,
CODE 97.
> Range: 0..97

IF CigWEnd = 97 THEN
> **Estim**
> INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED *(DAILY)*
> CONSUMPTION OF TOBACCO *(AT WEEKENDS).* WILL IT BE GIVEN IN GRAMS
> OR IN OUNCES?
> > 1   Grams
> > 2   Ounces

> **IF Estim = grams THEN**
> > **Grams**
> > PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(AT
> > WEEKENDS)* IN GRAMS.
> > > Range: 1..67

> **ELSEIF Estim = ounces THEN**
> > **Ounces**
> > PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(AT
> > WEEKENDS)* IN OUNCES.FOR FRACTIONS OF OUNCES RECORD:
> > 1/4 (a quarter) oz as .25
> > 1/3 (a third) oz as .33
> > 1/2 (half) oz as .5
> > 2/3 (two thirds) oz as .66
> > 3/4 (three quarters) oz as .75
> > > Range: 0.01..2.40
> **ENDIF**

> *RolWknd*
> ***Computed: estimated tobacco consumption in ounces.***
> ***Range: 1..997***

ENDIF

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

CigTyp
Do you mainly smoke ...READ OUT…
1   ... filter-tipped cigarettes
2   plain or untipped cigarettes,
3   or hand-rolled cigarettes?

IF CigTyp = filter-tipped cigarettes OR plain or untipped cigarettes THEN
CigBrd
Which brand of cigarette do you usually smoke?
ASSIGN 3-DIGIT CODE FROM CIGARETTE BRANDS CODING LIST. IF NOT ON LIST, CODE AS 9997.
Range: 1..9997

IF CigBrd=9997 THEN
BrandTxt
INTERVIEWER: PLEASE ASK TO SEE PACKET AND WRITE IN FULL DETAILS OF BRAND OF CIGARETTE RESPONDENT SMOKES; INCLUDE BRAND NAME AND TYPE. IF NO PACKET AVAILABLE ASK RESPONDENT TO RECALL.
String (max. 100 characters).

CigTar
INTERVIEWER: CODE TAR LEVEL (not nicotine content) OF USUAL BRAND OF CIGARETTES, IN MG. THIS IS USUALLY PRINTED ON THE SIDE OF THE PACKET. IF NO PACKET AVAILABLE, ASK RESPONDENT TO ESTIMATE.
Range: 0..25

IF CigTar = RESPONSE THEN
TarEst
INTERVIEWER CODE:
1   Tar level obtained by looking at packet
2   Respondent estimated tar level
ENDIF
ENDIF
ENDIF

SmNoDay
How easy or difficult would you find it to go without smoking for a whole day? Would you find it …. READ OUT …
1   … very easy,
2   … fairly easy,
3   … fairly difficult,
4   … or, very difficult?

GiveUp
Would you like to give up smoking altogether?
1   Yes
2   No

FirstCig
How soon after waking do you **usually** smoke your first cigarette of the day? PROMPT AS NECESSARY.
1   Less than 5 minutes
2   5-14 minutes
3   15-29 minutes
4   30 minutes but less than 1 hour
5   1 hour but less than 2 hours
6   2 hours or more

ELSE IF CigNow<>Yes *(Smokes but doesn't smoke cigarettes nowadays)*

CigEvr
Have you ever smoked cigarettes?
1   Yes
2   No

IF CigEvr = Yes THEN

CigReg
Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally?
1   Smoked cigarettes regularly, at least 1 per day
2   Smoked them only occasionally
3   SPONTANEOUS: Never really smoked cigarettes, just tried them once or twice

IF CigReg = Smoked cigarettes regularly THEN

NumSmok
About how many cigarettes did you smoke in a day?
INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.
IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES,
CODE 97
   Range: : 0..97

IF NumSmok = 97 THEN

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

IF Estim = grams THEN

Grams
PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS/AT WEEKENDS)* IN GRAMS.
   Range: 1..67

ELSEIF Estim = ounces THEN

> **Ounces**
> PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS/AT WEEKENDS)* IN OUNCES.FOR FRACTIONS OF OUNCES RECORD:
> 1/4 (a quarter) oz as .25
> 1/3 (a third) oz as .33
> 1/2 (half) oz as .5
> 2/3 (two thirds) oz as .66
> 3/4 (three quarters) oz as .75": 0.01..2.40
>
> **ENDIF**
>
> *RolNum*
> *Computed: estimated tobacco consumption in ounces.*
> *Range: 1..97*
>
> **ENDIF**
> **ENDIF**
> **ENDIF**

ENDIF

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

IF CigNow=Yes OR CigReg=Smoked cigarettes regularly THEN
StartSmk
How old were you when you started to smoke cigarettes regularly?
INTERVIEWER: IF 'Never smoked regularly' CODE 97.
> Range: 1..97
ENDIF

IF CigReg=Regularly or Occasionally THEN
EndSmoke
How long ago did you stop smoking cigarettes?
INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR AGO, CODE 0.
> Range: 0..97

IF EndSmoke=0 THEN
LongEnd
How many months ago was that?
> 1 Less than 6 months ago
> 2 Six months, but less than one year
ENDIF

IF EndSmoke<2 THEN
Nicot
Did you use any nicotine products, such as nicotine patches, chewing gum, lozenges or other similar products at all to help you give up?
INTERVIEWER: IF RESPONDENT HAS GIVEN UP MORE THAN ONCE, ASK ABOUT MOST RECENT OCCASION.
> 1 Yes
> 2 No
ENDIF

SmokYrs
And for approximately how many years did you smoke cigarettes regularly?
INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR, CODE 0.
    Range: 0..97
ENDIF

IF (Sex = Female) AND (Age of respondent is 18 to 49 years) THEN
    IF (EndSmoke <> EMPTY) AND (EndSmoke < 2) THEN
    IsPreg
Can I check, are you pregnant now?
    1 Yes
    2 No

    IF IsPreg = Yes THEN
    SmokePrg
Have you smoked at all since you've known you've been pregnant? IF YES, PROBE:
All the time or just some of the time?
    1 Yes, all the time
    2 Yes, some of the time
    3 No, not at all

    IF SmokePrg = Yes, some of the time OR No, not at all THEN
    StopPreg
Did you stop smoking specifically because of your pregnancy, or for some other
reason?
    1 Because of pregnancy
    2 For some other reason
    ENDIF
    ENDIF
ENDIF

IF (IsPreg = No) OR (IsPreg = NONRESPONSE) OR (CigNow = Yes) THEN
PregRec
Can I check, have you been pregnant in the last twelve months?
    1 Currently pregnant
    2 Was pregnant in last twelve months but not now
    3 Not pregnant in last twelve months

    IF PregRec = Was pregnant in last twelve months but not now THEN
    PregSmok
Did you smoke at all during pregnancy? (I.E. DURING TIME WHEN KNEW SHE
WAS PREGNANT) IF YES, PROBE: All the time or just some of the time?
    1 Yes, all the time
    2 Yes, some of the time
    3 No, not at all

    IF PregSmok =Yes, some of the time OR No, not at all THEN
    PregStop
Did you stop smoking specifically because of your pregnancy, or for some other
reason?
    1 Because of pregnancy
    2 For some other reason
    ENDIF
    ENDIF

        ENDIF
    ENDIF

    CigarNow
Do you smoke cigars at all nowadays?
      1 Yes
      2 No

    IF CigarNow = Yes THEN
      CigarReg
Do you smoke cigars regularly, that is at least one cigar a month, or do you smoke them only occasionally?
      1 Smoke at least one cigar a month
      2 Smoke them only occasionally
    ENDIF

    IF Sex = Male THEN
      PipeNowA
Do you smoke a pipe at all nowadays?
      1 Yes
      2 No
    ENDIF
  ENDIF
ENDIF

IF (Age of respondent is 20 years or over) OR (BookChk = Asked) THEN
  SmkDad
Did your father ever smoke regularly when you were a child?
      1 Yes
      2 No

  SmkMum
Did your mother ever smoke regularly when you were a child?
      1 Yes
      2 No
ENDIF

FOLLOWING SECTION ASKED OF ALL RESPONDENTS:

IF Respondent is 13 years or over THEN
  ExpSm
Now, in most weeks, how many hours a week are you exposed to other people's tobacco smoke?
    Range: 0..97

ELSEIF Age of respondent is 0 to 12 years THEN
  ChExpSm
Is *(Name of child)* looked after for more than two hours per week by anyone who smokes while looking after *him/her*?
      1 Yes
      2 No
ENDIF

Drinking (Aged 18+)

IF (Age of respondent is 20 years or over) OR (BookChk = Asked) THEN
Drink
I am now going to ask you a few questions about what you drink - that is if you drink. Do you ever drink alcohol nowadays including drinks you brew or make at home?
   1 Yes
   2 No

  IF Drink = No THEN
  DrinkAny
  Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?
     1 Very occasionally
     2 Never
  ENDIF
ENDIF

IF (Drink = Yes) OR (DrinkAny = Very occasionally) THEN
Intro
INTERVIEWER - READ OUT: I'd like to ask you whether you have drunk different types of alcoholic drink in the last 12 months. I do not need to know about non-alcoholic or low alcohol drinks.

NBeer
SHOW CARD S
I'd like to ask you first about **normal strength** beer or cider which has less than 6% alcohol. How often have you had a drink of **normal strength** BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) during the last 12 months? (NORMAL = less than 6% Alcohol by volume) INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS STRONG OR NORMAL, INCLUDE HERE AS NORMAL.
   1 Almost every day
   2 Five or six days a week
   3 Three or four days a week
   4 Once or twice a week
   5 Once or twice a month
   6 Once every couple of months
   7 Once or twice a year
   8 Not at all in the last 12 months

  IF NBeer = [Almost every day…..Once or twice a year] THEN
  NBeerM
  How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day?
  INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE
     1 Half pints
     2 Small cans
     3 Large cans
     4 Bottles

IF NBeerM = Half pints THEN
   NBeerQHP
   ASK OR CODE: How many half pints of NORMAL STRENGTH BEER, LAGER, STOUT
   CIDER or SHANDY *(excluding cans and bottles of shandy)* have you usually drunk on any
   one day?
      Range: 1..97
ENDIF

IF NBeerM = Small cans THEN
   NBeerQ2
   ASK OR CODE: How many small cans of NORMAL STRENGTH BEER, LAGER, STOUT
   or CIDER have you usually drunk on any one day?
      Range: 1..97
ENDIF

IF NBeerM = Large cans THEN
   NBeerQ3
   ASK OR CODE: How many large cans of NORMAL STRENGTH BEER, LAGER, STOUT
   or CIDER have you usually drunk on any one day?
      Range: 1..97
ENDIF

IF NBeerM = Bottles THEN
   NBeerqbt
   ASK OR CODE: How many bottles cans of NORMAL STRENGTH BEER, LAGER, STOUT
   or CIDER have you usually drunk on any one day?
      Range: 1..97

   NBottle
   ASK OR CODE: What make of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER
   do you usually drink from bottles? INTERVIEWER: IF RESPONDENT DOES NOT
   KNOW WHAT MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF NORMAL
   STRENGTH BEER, LAGER, STOUT OR CIDER, PROBE: What make have you drunk
   most frequently or most recently?
      Text: Maximum 21 characters

   NCodeEq
   Computed: Pint equivalent of bottles.
   ENDIF
ENDIF

SBeer
SHOW CARD S
Now I'd like to ask you about **strong** beer or cider which has 6% or more alcohol (eg Tennants
Extra, Special Brew, Diamond White). How often have you had a drink of **strong** BEER,
LAGER, STOUT or CIDER during the last 12 months? (STRONG=6% and over Alcohol by
volume) INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC
DRUNK IS STRONG OR NORMAL, INCLUDE AS NORMAL STRENGTH AT NBeer ABOVE.
   1   Almost every day
   2   Five or six days a week
   3   Three or four days a week
   4   Once or twice a week
   5   Once or twice a month
   6   Once every couple of months
   7   Once or twice a year
   8   Not at all in the last 12 months

IF SBeer = [Almost every day...Once or twice a year] THEN
SBeerM
How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE
    1 Half pints
    2 Small cans
    3 Large cans
    4 Bottles

IF SBeerM = Half pints THEN
SBerQHP
ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT or CIDER *(excluding cans and bottles of shandy)* have you usually drunk on any one day?
    Range   1..97
ENDIF

IF SbeerM = Small cans THEN
SBeerQ2
ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?
    Range: 1..97
ENDIF

IF SBeerM = Large cans THEN
SBeerQ3
ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?
    Range: 1..97
ENDIF

IF SBeerM = Bottles THEN
SBerQBt
ASK OR CODE: How many bottles of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?
    Range: 1..97

SBottle
ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER do you usually drink from bottles? INTERVIEWER: IF RESPONDENT DOES KNOW MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF STRONG BEER, LAGER, STOUT OR CIDER, PROBE: What make have you drunk most frequently or most recently?
    Text: Maximum 21 characters

SCodeEq
Computed: Pint equivalent of bottles.
ENDIF
ENDIF

Spirits
SHOW CARD S
How often have you had a drink of spirits or liqueurs, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?
1   Almost every day
2   Five or six days a week
3   Three or four days a week
4   Once or twice a week
5   Once or twice a month
6   Once every couple of months
7   Once or twice a year
8   Not at all in the last 12 months

IF (Spirits = [Almost every day…Once or twice a year] THEN
SpiritsQ
How much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) have you usually drunk on any one day? CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES.
Range: 1..97
ENDIF

Sherry
SHOW CARD S
How often have you had a drink of sherry or martini including port, vermouth, Cinzano and Dubonnet, during the last 12 months?
1   Almost every day
2   Five or six days a week
3   Three or four days a week
4   Once or twice a week
5   Once or twice a month
6   Once every couple of months
7   Once or twice a year
8   Not at all in the last 12 months

IF Sherry = [Almost every day…Once or twice a year] THEN
SherryQ
How much sherry or martini, including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day? CODE THE NUMBER OF GLASSES.
Range: 1..97
ENDIF

Wine
SHOW CARD S
How often have you had a drink of wine, including Babycham and champagne, during the last 12 months?
1   Almost every day
2   Five or six days a week
3   Three or four days a week
4   Once or twice a week
5   Once or twice a month
6   Once every couple of months
7   Once or twice a year
8   Not at all in the last 12 months

IF Wine = [Almost every day…Once or twice a year] THEN
  WineQ
  How much wine, including Babycham and champagne, have you usually drunk on any one day. CODE THE NUMBER OF GLASSES.1 BOTTLE = 6 GLASSES, 1 LITRE = 8 GLASSES
      Range: 1..97
ENDIF

Pops
SHOW CARD S
How often have you had a drink of alcoholic soft drink ('alcopop'), such as Hooch, Two Dogs or Alcola, in the last 12 months?
  1   Almost every day
  2   Five or six days a week
  3   Three or four days a week
  4   Once or twice a week
  5   Once or twice a month
  6   Once every couple of months
  7   Once or twice a year
  8   Not at all in the last 12 months

IF Pops = [Almost every day…Once or twice a year] THEN
  PopsM
  How much alcoholic soft drink ('alcopop') have you usually drunk on any one day?
  INTERVIEWER CODE THE MEASURE(S) THAT YOU ARE GOING TO USE.
      1   Small cans
      2   Bottles

  IF PopsM = Small cans THEN
    PopsQ
    ASK OR CODE: How many small cans of alcoholic soft drink ('alcopop') have you usually drunk on any one day?
        Range: 1..97
  ENDIF

  IF PopsM = Bottles THEN
    PopsQ
    ASK OR CODE: How many bottles of alcoholic soft drink ('alcopop') have you usually drunk on any one day?
        Range: 1..97
  ENDIF
ENDIF

AlcotA
Have you drunk any other types of alcoholic drink in the last 12 months?
  1 Yes
  2 No

IF AlcotA = Yes THEN
  OthDrnkA
  What other type of alcoholic drink have you drunk in the last 12 months? CODE FIRST MENTIONED ONLY.
      Text: Maximum 30 characters

FreqA

SHOW CARD S

How often have you had a drink of *(name of 'other' alcoholic drink)* in the last 12 months?

1   Almost every day
2   Five or six days a week
3   Three or four days a week
4   Once or twice a week
5   Once or twice a month
6   Once every couple of months
7   Once or twice a year
8   Not at all in the last 12 months

IF FreqA = [Almost every day…Once or twice a year] THEN

OthQMA

How much *(name of 'other' alcoholic drink)* have you usually drunk on any one day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

1   Half pints
2   Singles
3   Glasses
4   Bottles
5   Other

IF OthQMA=Other THEN

OthQOA

WHAT OTHER MEASURE?

Text: Maximum 12 characters

ENDIF

OthQA

ASK OR CODE: How many *(half pints/singles/glasses/bottles)* of *(name of 'other' alcoholic drink)* have you usually drunk on any one day?

Range: 0..97

ENDIF

Note: All drinks recorded under OthDrnkA backcoded into NBeer-NWine

AlcotB

Have you drunk any other types of alcoholic drink in the last 12 months?

1   Yes
2   No

IF AlcotB = Yes THEN

OthDrnkB

What other type of alcoholic drink have you drunk in the last 12 months? CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

FreqB

SHOW CARD S

How often have you had a drink of *(name of 'other' alcoholic drink)* in the last 12 months?

1   Almost every day
2   Five or six days a week
3   Three or four days a week
4   Once or twice a week
5   Once or twice a month
6   Once every couple of months
7   Once or twice a year
8   Not at all in the last 12 months

IF FreqB = [Almost every day…Once or twice a year] THEN

OthQMB

How much *(name of 'other' alcoholic drink)* have you usually drunk on any one day?
INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Bottles
- 5 Other

IF OthQMB=Other THEN

OthQOB

WHAT OTHER MEASURE?
- Text: Maximum 12 characters

ENDIF

OthQB

ASK OR CODE: How many *(half pints/singles/glasses/bottles)* of *(name of 'other' alcoholic drink)* have you usually drunk on any one day?
- Range: 0..97

ENDIF

Note: All drinks recorded under OthDrnkB backcoded into NBeer-NWine

AlcotC

Have you drunk any other types of alcoholic drink in the last 12 months?
- 1 Yes
- 2 No

IF AlcotC = Yes THEN

OthDrnkC

What other type of alcoholic drink have you drunk in the last 12 months? CODE FIRST
MENTIONED ONLY.
- Text: Maximum 30 characters

FreqC

SHOW CARD S
How often have you had a drink of *(name of 'other' alcoholic drink)* in the last 12 months?
- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

IF FreqC = [Almost every day…Once or twice a year] THEN

OthQMC

How much *(name of 'other' alcoholic drink)* have you usually drunk on any one day?
INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Bottles
- 5 Other

IF OthQMC=Other THEN
   OthQOC
   WHAT OTHER MEASURE?
      Text: Maximum 12 characters
ENDIF

   OthQC
   ASK OR CODE: How many *(half pints/singles/glasses/bottles)* of *(name of 'other' alcoholic drink)* have you usually drunk on any one day?
      Range: 0..97
   ENDIF
  ENDIF
 ENDIF
ENDIF

Note: All drinks recorded unter OthDrnkC backcoded into NBeer – NWine

DrinkOft
SHOW CARD S
Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?
  1 Almost every day
  2 Five or six days a week
  3 Three or four days a week
  4 Once or twice a week
  5 Once or twice a month
  6 Once every couple of months
  7 Once or twice a year
  8 Not at all in the last 12 months

IF DrinkOft <> NotYr THEN
 DrinkL7
 You have told me what you have drunk over the last 12 months, but we know that what people drink can vary a lot from week to week, so I'd like to ask you a few questions about last week. Did you have an alcoholic drink in the seven days ending yesterday?
  1 Yes
  2 No

IF DrinkL7 =Yes THEN
 DrnkDay
 On how many days out of the last seven did you have an alcoholic drink?
   Range: 1..7

IF DrnkDay = 2 to 7 days THEN
 DrnkSame
 Did you drink more on one of the days *(some days than others)*, or did you drink about the same on both *(each of those)* days?
  1 Drank more on one/some day(s) than other(s)
  2 Same each day
ENDIF

WhichDay

Which day *(last week)* did you *(last have an alcoholic drink/have the most to drink)*?
 1   Sunday
 2   Monday
 3   Tuesday
 4   Wednesday
 5   Thursday
 6   Friday
 7   Saturday

DrnkType

SHOW CARD T
Thinking about last *(answer to WhichDay)*, what types of drink did you have that day?
CODE ALL THAT APPLY
 1   Normal strength beer/lager/cider/shandy
 2   Strong beer/lager/cider
 3   Spirits or liqueurs
 4   Sherry or martini
 5   Wine
 6   Alcoholic lemonades/colas
 7   Other alcoholic drinks
 8   Low alcohol drinks only

IF DrnkType = Normal strength beer/lager/cider/shandy THEN
NBrL7

Still thinking about last *(answer to WhichDay)*, how much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
 1   Half pints
 2   Small cans
 3   Large cans
 4   Bottles

IF NBRL7=Half pints THEN
NBerQHP7

ASK OR CODE: How many half pints of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY *(excluduing cans and bottles of shandy)* did you drink that day?
 Range: 1..97
ENDIF

IF NBrL7Q = Small cans THEN
NBrL7Q2

ASK OR CODE: How many small cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?
 Range: 1..97
ENDIF

IF NBrL7=Large cans THEN
NBrL7Q3

ASK OR CODE: How many large cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?
 Range: 1..97
ENDIF

IF NBrL7=Bottles THEN
NBerQbt7
ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?
    Range: 1..97

NBotL7
ASK OR CODE: What make of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.
    Text: Maximum 21 characters
ENDIF
ENDIF

IF DrnkType = Strong beer/lager/cider THEN
SBrL7
Still thinking about last *(answer to WhichDay)*, how much STRONG BEER, LAGER, STOUT or CIDER did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
    1 Half pints
    2 Small cans
    3 Large cans
    4 Bottles

IF SBRL7=Half pints THEN
SBerQHP7
ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT or CIDER or SHANDY *(excluding cans and bottles of shandy)* did you drink on that day?
    Range: 1..97
ENDIF

IF SBrL7=Small cans THEN
SBrl7Q2
ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?
    Range: 1..97
ENDIF

IF SBrL7=Large cans THEN
SBrl7Q2
ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?
    Range: 1..97
ENDIF

IF SBrL7=Bottles THEN
SBerQbt7
ASK OR CODE: How many bottles of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?
    Range: 1..97

SBotL7
ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST
    Text: Maximum 21 characters

ENDIF

ENDIF

IF DrnkType = Spirits THEN

SpirL7

Still thinking about last *(answer to WhichDay),* how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day? CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES.

Range: 1..97

ENDIF

IF DrnkType = Sherry THEN

ShryL7

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

Range: 1..97

ENDIF

IF DrnkType = Wine THEN

WineL7

Still thinking about last *(answer to WhichDay)*, how much wine, including Babycham and champagne, did you drink on that day? CODE THE NUMBER OF GLASSES 1 BOTTLE = 6 GLASSES.1 LITRE = 8 GLASSES.

Range: 1..97

ENDIF

IF DrnkType = Alcoholic lemonades/colas THEN

PopsL7

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

1   Small cans
2   Bottles

IF PopsL7 = Small cans THEN

PopsQsm7

ASK OR CODE: How many small cans of ALCOHOLIC SOFT DRINK ('alcopop') did you drink on that day?

Range: 1..97

ENDIF

IF PopsL7=Bottles THEN

PopsQlg7

ASK OR CODE: How many bottles of ALCOHOLIC SOFT DRINK ('alcopop') did you drink on that day?:

Range: 1..97

ENDIF

ENDIF

IF DrnkType=Other THEN

OthL7TA

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

Text: Maximum 30 characters

OthL7QA

How much *(name of 'other' alcoholic drink)* did you drink on that day? WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.
> Text: Maximum 30 characters

OthL7B

Did you drink any other type of alcoholic drink on that day?
> 1 Yes
> 2 No

IF OthL7B=Yes THEN

OthL7TB

Still thinking about last *(answer to WhichDay)*, what other type of alcoholic drink did you drink on that day? CODE FIRST MENTIONED ONLY.
> Text: Maximum 30 characters

OthL7QB

How much *(name of 'other' alcoholic drink)* did you drink on that day?
WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/SINGLES /GLASSES/ BOTTLES.
> Text: Maximum 30 characters

OthL7C

Did you drink any other type of alcoholic drink on that day?
> 1 Yes
> 2 No

IF OthL7C=Yes THEN

OthL7TC

Still thinking about last *(answer to WhichDay)*, what other type of alcoholic drink did you drink on that day?
CODE FIRST MENTIONED ONLY
> Text: Maximum 30 characters

OthL7QC

How much *(name of 'other' alcoholic drink)* did you drink on that day?
WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/ GLASSES/ BOTTLES.
> Text: Maximum 30 characters

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

DrAmount
Compared to five years ago, would you say that on the whole you drink more, about the same or less nowadays?
    1   More nowadays
    2   About the same
    3   Less nowadays
ENDIF

IF DrinkAny = Never THEN
AlwaysTT
Have you always been a non-drinker or did you stop drinking for some reason?
    1   Always a non-drinker
    2   Used to drink but stopped

    IF AlwaysTT = Used to drink but stopped THEN
    ### WhyTT
    Did you stop drinking because of a particular health condition that you had at the time?
    INTERVIEWER: IF RESPONDENT SAYS PREGNANCY, CODE YES
        1   Yes
        2   No
    ENDIF
ENDIF

Classification

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

NActiv
SHOW CARD U.
Which of these descriptions applies to what you were doing last week, that is in the seven days ending *(date last Sunday)*?
CODE FIRST TO APPLY
   1   Going to school or college full-time (including on vacation)
   2   In paid employment or self-employment (or away temporarily)
   3   On a Government scheme for employment training
   4   Doing unpaid work for a business that you own, or that a relative owns
   5   Waiting to take up paid work already obtained
   6   Looking for paid work or a Government training scheme
   7   Intending to look for work but prevented by temporary sickness or injury (CHECK 28 DAYS OR LESS)
   8   Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
   9   Retired from paid work
   10 Looking after the home or family
   11 Doing something else (SPECIFY)

IF NActiv=Doing something else THEN
NActivO
OTHER: PLEASE SPECIFY
   Text: Maximum 60 characters
ENDIF

IF (NActiv=School) THEN
StWork
Did you do any paid work in the seven days ending *(date last Sunday)*, either as an employee or self-employed?
   1   Yes
   2   No
ENDIF

IF ((NActiv=Intending to look for work, Retired from paid work, Looking after the home or family or Doing something else OR StWork=No) AND ((Age = 16 to 64years AND Sex=Male) OR (Age = 16 to 59 years AND Sex=Female))) THEN
4WkLook
Thinking now of the four weeks ending *(date last Sunday)*. Were you looking for any paid work or Government training scheme at any time in those four weeks?
   1   Yes
   2   No
ENDIF

IF NActiv=Looking for paid work/training scheme OR 4WkLook=Yes THEN
2WkStrt
If a job or a place on a Government training scheme had been available in the *(7 days/four weeks)* ending *(date last Sunday)*, would you have been able to start within two weeks?
   1   Yes
   2   No

ENDIF

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

EverJob

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

1 Yes
2 No

ENDIF

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

OthPaid

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

1 Yes
2 No

ENDIF

IF (Everjob=Yes) THEN

PayLast

Which year did you leave your last **paid** job?
WRITE IN.

Range: 1920..2001

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

PayMon

Which month in that year did you leave?

1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December
98 Can't remember

ENDIF

PayAgeI
Computed: Age when last had a paid job.

ENDIF
ENDIF
ENDIF

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

JobTitle

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

　　Text: Maximum 60 characters

FtPTime

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

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

　　1　Full-time
　　2　Part-time

WtWork

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

　　Text: Maximum 50 characters

MatUsed

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

IF NONE USED, WRITE IN `NONE'.

　　Text: Maximum 50 characters

SkilNee

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

　　Text: Maximum 120 characters

Employe

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

　　1　an employee,
　　2　or, self-employed

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

IF Employe = Self-employed THEN

Dirctr

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

　　1　Yes
　　2　No

ENDIF

IF Employe=an employee OR Dirctr=Yes THEN

EmpStat

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

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

NEmplee

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

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

ELSEIF Employe = Self-employed AND Dirctr=No THEN
  SNEmplee
Do *(did/will)* you have any employees?
- 1 None
- 2 1-24
- 3 25-499
- 4 500+

ENDIF

IF Employe=Employee THEN
  Ind
What does *(did)* your employer make or do at the place where you *(usually worked/will work)*?
    Text: Maximum 100 characters

ELSEIF Employe=Self-employed THEN
  SlfWtMad
What *(did/will)* you make or do in your business?
    Text: Maximum 100 characters

ENDIF

OEmpStat
Derived employment status.
  Range: 0..8

SOC, SOCls, SEG, SIC coded during edit stage

ASK ALL
EthnicI
SHOW CARD V
Can I check, to which of the groups on this card do you consider you belong?
 CODE ONE ONLY
- 1 White
- 2 Mixed ethnic group
- 3 Black
- 4 Black British
- 5 Asian
- 6 Asian British
- 7 Any other group

IF EthnicI = White THEN
  EurCult
What is your cultural background? Is it English, Irish, Scottish, Welsh, Other European, or any other cultural background? CODE ALL THAT APPLY.
- 1 English
- 2 Irish
- 3 Scottish
- 4 Welsh
- 5 Other European
- 6 Any other cultural background (specify)

ELSEIF EthnicI = Mixed THEN

MixCult

What is your cultural background? Is it White British and Black Caribbean, White British and Black African, White British and Asian, or any other cultural background?
CODE ALL THAT APPLY
  1 White British and Black Caribbean
  2 White British and Black African
  3 White British and Asian
  4 Any other cultural background (specify)

ELSEIF EthnicI = Black or Black British THEN

BlaCult

What is your cultural background? Is it Caribbean, African, or any other cultural background?
CODE ALL THAT APPLY
  1 Caribbean
  2 African
  3 Any other cultural background (specify)

ELSEIF EthnicI = Asian or Asian British THEN

IndCult

What is your cultural background? Is it African-Indian, Indian, Pakistani, Bangladeshi, or any other cultural background? CODE ALL THAT APPLY.
  1 African-Indian
  2 Indian
  3 Pakistani
  4 Bangladeshi
  5 Any other cultural background (specify)

ELSEIF EthnicI = Other THEN

OthCult

What is your cultural background? Is it Chinese, Japanese, Philippino, Vietnamese, or any other cultural background? CODE ALL THAT APPLY
  1 Chinese
  2 Japanese
  3 Philippino
  4 Vietnamese
  5 Any other cultural background (specify)
ENDIF

IF (EurCult=Other) OR (MixCult=Other) OR (BlaCult=Other) OR (IndCult=Other) OR (OthCult=Other) THEN

CulturO

How would you describe your cultural background? WRITE IN.
    Text: Maximum 60 characters
ENDIF

IF Age of Respondent is 16+ THEN
EducEnd
At what age did you finish your continuous full-time education at school or college?
   1 Not yet finished
   2 Never went to school
   3 14 or under
   4 15
   5 16
   6 17
   7 18
   8 19 or over

Qual
SHOW CARD W.
Do you have any of the qualifications listed on this card? Please look down the whole list before telling me.
   1 Yes
   2 No

IF Qual = Yes THEN
QualA
Which of the qualifications on this card do you have? Just tell me the number written beside each one. RECORD ALL THAT APPLY. PROBE: Any others?
   1 Degree/degree level qualification (including higher degree)
   2 Teaching qualification
   3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
   4 HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
   5 ONC/OND/BEC/TEC/BTEC not higher
   6 City and Guilds Full Technological Certificate
   7 City and Guilds Advanced/Final Level
   8 City and Guilds Craft/Ordinary Level
   9 A-levels/Higher School Certificate
  10 AS level
  11 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
  12 O-level passes taken in 1975 or earlier
  13 O-level passes taken after 1975 GRADES A-C
  14 O-level passes taken after 1975 GRADES D-E
  15 GCSE GRADES A-C
  16 GCSE GRADES D-G
  17 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
  18 CSE GRADES 2-5/SCE Ordinary BANDS D-E
  19 CSE Ungraded
  20 SLC Lower
  21 SUPE Lower or Ordinary
  22 School Certificate or Matric
  23 NVQ Level 5
  24 NVQ Level 4
  25 NVQ Level 3/Advanced level GNVQ
  26 NVQ Level 2/Intermediate level GNVQ
  27 NVQ Level 1/Foundation level GNVQ
  28 Recognised Trade Apprenticeship completed
  29 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)
ENDIF

IF NOT (Degree IN QualA) THEN
   OthQual
Do you have any qualifications not listed on this card?
   1   Yes
   2   No

   IF OthQual = Yes THEN
      QualB
   What qualifications are these?
   RECORD ALL OTHER QUALIFICATIONS IN FULL. PROBE: Any others?
      Text: maximum 60 characters
   ENDIF
 ENDIF
ENDIF

Self-completion placement (Aged 8+)

IF Age of Respondent is 13 years or over THEN
  SCIntro
PREPARE *(GREEN/PINK/BLUE)* SELF-COMPLETION BOOKLET (FOR ADULTS /FOR
YOUNG ADULTS/FOR CHILDREN AGED 13-15) BY ENTERING SERIAL NUMBERS.
CHECK YOU HAVE CORRECT PERSON NUMBER.

ELSEIF Age of respondent is 8 to 12 years THEN
  SCIntCh
Here is a little booklet which I would like to ask *(name of child)* to complete for *(him/herself)*. It
asks children if they have ever tried cigarettes or alcohol, and about cycling. May I explain it to
him/her?
IF ASKED, SHOW YELLOW BOOKLET TO PARENT(S). IF AGREES, PREPARE YELLOW
BOOKLET. SEE CHILD. EXPLAIN HOW TO COMPLETE. REMEMBER TO USE A BLACK
PEN
ENDIF

IF Age of Respondent is 13 years or over THEN
  IF Age of Respondent is under 65 years AND Never drinks OR drinks once a year or less
  THEN
    PagEx
    INTERVIEWER NOTE- This respondent does not drink (or drinks once or twice a year or
    less). Cross out the Drinking Experiences questions before handing over the self-completion
    booklet.
  ENDIF

  SComp2
I would now like you to answer some questions by completing this booklet on your own. The
questions cover *(smoking, (and) drinking (and some about your) general health)*. EXPLAIN HOW TO
COMPLETE BOOKLET. REMEMBER TO USE A **BLACK** PEN.
ENDIF

SCCheck
INTERVIEWER: WAIT UNTIL RESPONDENT(S) HAVE FINISHED AND THEN CHECK EACH
BOOKLET COMPLETED. IF NOT, ASK IF QUESTIONS MISSED IN ERROR. IF IN ERROR, ASK
RESPONDENT TO COMPLETE.

IF Age of respondent is 8 years or over THEN
SComp3
INTERVIEWER CHECK: WAS THE *(GREEN/PINK/BLUE/YELLOW)* BOOKLET *(ADULTS/YOUNG
ADULTS/13-15/8-12)* COMPLETED?
  1 Fully completed
  2 Partially completed
  3 Not completed

  IF SComp3 =Fully completed OR Partially completed THEN
    SC3Acc
    Was it completed without assistance?
      1 Completed independently
      2 *(Assistance from other children)*
      3 Assistance from other household member *(Assistance from adult(s) (not interviewer)*

    4 Assistance from interviewer
    5 Interviewer administered
ENDIF
IF SComp3 = Partially completed OR Not completed THEN
  SComp6
  INTERVIEWER: RECORD WHY BOOKLET NOT COMPLETED / PARTIALLY
  COMPLETED. CODE ALL THAT APPLY:
     1 Child away from home during fieldwork period
     2 Eyesight problems
     3 Language problems
     4 Reading/writing/comprehension problems
     5 Respondent bored/fed up/tired
     6 Questions too sensitive/invasion of privacy
     7 Too long/too busy/taken long enough already
     8 Refused to complete booklet (no other reason given)
     9 Other (SPECIFY)

  IF SComp6=Other THEN
  SComp6O
  PLEASE SPECIFY OTHER REASON.
    Text:Maximum 60 characters
  ENDIF
ENDIF

IF SComp3 = Fully completed OR Partially completed THEN
  SComp5A
  INTERVIEWER: CODE WHO WAS PRESENT IN ROOM WHILE *(name of respondent)*
  COMPLETED SELF-COMPLETION. INCLUDE YOURSELF, ANYONE INTERVIEWED AT
  THE SAME TIME AS RESPONDENT, PARENT ANSWERING ON BEHALF OF 8-12 YEAR
  OLDS OR OTHERS IN THE ROOM.
  CODE ALL THAT APPLY.
     1 Spouse / partner
     2 Parent(s) (incl step-/foster-)
     3 Brother(s)/Sister(s)
     4 Own/Related child(ren) (incl step-/ foster-/ partner's)
     5 Other relative(s)
     6 Unrelated adult(s)
     7 Unrelated child(ren)
     8 Interviewer
     9 No-one else present
  ENDIF
ENDIF

Measurements

ASK ALL

Intro
PREAMBLE: I would now like to measure height and weight. There is interest in how people's weight, given their height, is associated with their health. MAKE OUT YELLOW MRC FOR EACH PERSON.

RespHts
MEASURE HEIGHT AND CODE. INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: Height refused.
  1   Height measured
  2   Height refused
  3   Height attempted, not obtained
  4   Height not attempted

IF RespHts = Height measured THEN
  Height
ENTER HEIGHT.
     Range: 60.0..244.0

  RelHite
INTERVIEWER CODE ONE ONLY
    1   No problems experienced reliable height measurement obtained
    Problems experienced - measurement likely to be:
    2   Reliable
    3   Unreliable

  IF RelHite = Unreliable THEN
  HiNRel
WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?
      1   Hairstyle or wig
      2   Turban or other religious headgear
      3   Respondent stooped
      4   Child respondent refused stretching
      5   Respondent would not stand still
      6   Respondent wore shoes
      7   Other, please specify

    IF HiNRel = Other THEN
      OHiNRel
    PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.
        Text: Maximum 49 characters
    ENDIF
ENDIF

MBookHt
INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD.
HEIGHT: *(x)* cm OR *(x)* feet *(x)* inches.

ELSEIF RespHts = Height refused THEN
   ResNHi
GIVE REASONS FOR REFUSAL.
    1 Cannot see point/Height already known/Doctor has measurement
    2 Too busy/Taken too long already/ No time
    3 Respondent too ill/frail/tired
    4 Considered intrusive information
    5 Respondent too anxious/nervous/ shy/embarrassed
    6 Refused (no other reason given)
    7 Other

ELSEIF RespHts = Height attempted, not obtained OR Height not attempted THEN
   NoHtBC
CODE REASON FOR NOT OBTAINING HEIGHT.CODE ALL THAT APPLY.
    1 Child: away from home during fieldwork period (specify in a Note)
    2 Respondent is unsteady on feet
    3 Respondent cannot stand upright/too stooped
    4 Respondent is chairbound
    5 Child: subject would not stand still
    6 Ill or in pain
    7 Stadiometer faulty or not available
    8 Other - specify

   IF OTHER IN NoHtBC THEN
     NoHitCO
   PLEASE SPECIFY OTHER REASON
       Text: Maximum 60 characters
   ENDIF
ENDIF

IF RespHts = Height refused, Height attempted, not obtained OR Height not attempted THEN
   EHtCh
INTERVIEWER: ASK *(respondent)* FOR AN ESTIMATED HEIGHT. WILL IT BE GIVEN IN METRES OR IN FEET AND INCHES?
IF RESPONDENT DOESN'T KNOW HEIGHT USE <CTRL+K>,
IF RESPONDENT ISN'T WILLING TO GIVE HEIGHT USE <CTRL+R>.
    1 Metres
    2   Feet and inches

   IF EHtCh = Metres
     EHtM
   PLEASE RECORD ESTIMATED HEIGHT IN METRES.
     Range: 0.01..2.44

   ELSEIF EHtCh = Feet and inches
     EHtFt
   PLEASE RECORD ESTIMATED HEIGHT. ENTER FEET.
     Range: 0..7

     EHtIn
   PLEASE RECORD ESTIMATED HEIGHT. ENTER INCHES.
     Range: 0..11
   ENDIF

ENDIF

EstHt
Computed: Final measured or estimated height (cm).
Range: 0..0......999.9

IF (Sex = Female) AND (Age of Respondent is 16 to 49) THEN
  PregNowB
May I check, are you pregnant now?
    1 Yes
    2 No
ENDIF

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

  IF RespWtsMeas=Weight obtained (subject on own) OR Weight obtained (child held by adult) THEN
  IF RespWts = Weight obtained (subject on own) THEN
    XWeight
    RECORD WEIGHT.
      Range: 10.0..130.0

  ELSEIF RespWts = Weight obtained (child held by adult) THEN
    WtAdult
    ENTER WEIGHT OF ADULT ON HIS/HER OWN.
      Range: 15.0..130.0

    WtChAd
    ENTER WEIGHT OF ADULT HOLDING CHILD.
      Range: 15.0..130.0
  ENDIF

  Weight
  Computed: Measured weight, either Weight or WtChAd – WtAdult
    Range: 0.0..140.0

  FloorC
SCALES PLACED ON?
    1 Uneven floor
    2 Carpet
    3 Neither

RelWaitB

INTERVIEWER CODE ONE ONLY.

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

MBookWt

INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD. WEIGHT: (x) kg OR (x) stones (x) pounds. IF WEIGHT LOOKS WRONG, GO BACK TO XWeight' AND REWEIGH.

ENDIF

IF RespWts = Weight refused, Weight attempted, not obtained OR Weight not attempted THEN

    IF RespWts = Weight refused THEN

      ResNWt

    GIVE REASONS FOR REFUSAL.

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

    ELSEIF RespWts = Weight attempted, not obtained OR Weight not attempted THEN

      NoWtBC

    CODE REASON FOR NOT OBTAINING WEIGHT. CODE ALL THAT APPLY.

    1 Child: away from home during fieldwork period (specify in a Note)
    2 Respondent is unsteady on feet
    3 Respondent cannot stand upright
    4 Respondent is chairbound
    5 Confined to bed
    6 Respondent unable to remove shoes
    7 Respondent weighs more than 130 kg
    8 Ill or in pain
    9 Scales not working
    10 Parent unable to hold child
    11 Child asleep
    12 Other - specify

    IF NoWtBC = Other THEN

      NoWatCO

    PLEASE SPECIFY OTHER REASON.
      Text: Maximum 60 characters
    ENDIF
    ENDIF

EWtCh
INTERVIEWER: ASK *(respondent)* FOR AN ESTIMATED WEIGHT. WILL IT BE GIVEN IN
KILOGRAMS OR IN STONES AND POUNDS
    1 Kilograms
    2 Stones and pounds

  ENDIF
ENDIF

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

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

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

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

IF RESPONDENT IS MOTHER OF CHILD IN HOUSEHOLD THEN
  Birth[1]
We are interested in the birthweight of children taking part in this survey. Can you tell me,
what was *(name of child's)* weight at birth?
INTERVIEWER: IS WEIGHT GIVEN IN KILOGRAMS OR IN POUNDS AND OUNCES? :
    1 Kilograms
    2 Pounds and ounces

  IF Birth[1] = Kilograms THEN
    Birthkg[1]
PLEASE RECORD *(name of child's)* BIRTHWEIGHT IN KILOGRAMS.
    Range: 1.00..6.75

  ELSEIF Birth[1] = Pounds and ounces THEN
    BirthL[1]
PLEASE RECORD *(name of child's)* BIRTHWEIGHT. ENTER POUNDS.
    Range: 2..15

    BirthO[1]
PLEASE RECORD *(name of child's)* BIRTHWEIGHT. ENTER OUNCES.
    Range: 0..15
  ENDIF

BirthWt
Computed: Given birthweight (kg)
   Range: 0.00….8.70

IF BirthWt[1] = between 0.1kg and 2.5kg THEN
   Prmature[1]
W as *(name of child)* born prematurely?
   1 Yes
   2 No

   IF Prmature[1] = Yes THEN
     PrWeeks[1]
   How many weeks early was *(name of child)* born?
   ENTER NUMBER OF WEEKS, ROUNDED TO NEAREST WEEK. IF LESS THAN FOUR
   DAYS, ENTER '0'.
      Range: 0..20
   ENDIF
  ENDIF
ENDIF

Birth to PRWeeks repeated for each child of respondent.

Consents

IF Age of respondent < 16 AND No legal parent in household THEN
NurseA
In order for the nurse to take any of your measurements we have to have the permission of your parents or the person who has legal parental responsibility. As there is no-one in your household who I can ask, I won't be making an appointment for you.
    1   Continue

ELSE (All other respondents)
Nurse
There are two parts to this survey. You have just helped us with the first part. We hope you will also help us with the second part, which is a visit by a qualified nurse to collect more medical information and carry out some measurements. I would like to make an appointment for the nurse to come round and explain some more about what is required. May I suggest some dates and times and see when you are free? IF ASKED FOR DETAILS: for example, *to take a length measurement/to check if he/she is taking any medications and take a saliva sample/to take his/her blood pressure and measure his/her lung capacity/to make some general measurements, take your blood pressure, measure your lung capacity and take a small blood sample.*
    1 Agreed nurse could contact
    2 Refused nurse contact

    IF Nurse = Refused nurse contact THEN
    NurseRef
    RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT Q 15 ON A.R.F
        1 Own doctor already has information
        2 Given enough time already to this survey/expecting too much
        3 Too busy, cannot spare the time (if Code 1 does not apply)
        4 Had enough of medical tests/medical profession at present time
        5 Worried about what nurse may find out/'might tempt fate'
        6 Scared/of medical profession/ particular medical procedures (eg blood sample)
        7 Not interested/Can't be bothered/No particular reason
        8 Other reason (specify)

    IF NurseRef=Other reason THEN
    NrsRefO
    PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT Q 15 ON A.R.F.
        Text: Maximum 60 characters
    ENDIF

    ELSEIF Nurse=Agreed nurse contact THEN
    AptRec
    MAKE OUT A **WHITE** RECORD CARD
    ENTER THE NURSE'S NAME, APPOINTMENT DATE AND TIME.
        1 Continue
    ENDIF
  ENDIF
ENDIF

ASK ALL
NHSCR
The National Health Service has a central register which records information on important diseases and causes of death. May we have your permission to pass your name, address, and date of birth to this register?
    1   Permission given
    2   Refused

IF NHSCR = Permission given THEN
   NHSCRSig
   EXPLAIN THE NEED FOR WRITTEN CONSENT: Before I can pass your details on, I have to obtain written consent from you.
   ENTER DETAILS ON **NHS CENTRAL REGISTER CONSENT FORM.**
   ASK RESPONDENT TO SIGN AND DATE FORM.
   CODE WHETHER SIGNED CONSENT OBTAINED.
      1 Yes, signed consent obtained
      2 No, signed consent not obtained
ENDIF

Thank
That is the end of the interview. Thank you for your help. I do however need to collect a little more information for our records.
    1   Continue

TPhone
Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.
INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER ON FRONT OF ARF.
    1   Number given
    2   Number refused
    3   No telephone
    4   Number unknown

ReInter
If at some future date we wanted to talk to you further about your health, may we contact you to see if you are willing to help us again?
    1   Yes
    2   No

IF (RespHts = Yes) OR (RespWts = Yes) THEN
   StadNo
   INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF STADIOMETER USED FOR THIS INTERVIEW
      Range   0….997

   SclNo
   INTERVIEWER- PLEASE RECORD SERIAL NUMBER OF SCALES USED FOR THIS INTERVIEW.
      Range   0….997
ENDIF

Area observations

COMPLETED BY INTERVIEWER OBSERVATION:

AreaType
TYPE OF AREA:
  1 Inner city
  2 Other dense urban/town centre
  3 Suburban residential (city/large town outskirts)
  4 Rural residential/village centre
  5 Rural agricultural with isolated dwellings or small hamlets

BldType
PREDOMINANT RESIDENTIAL BUILDING TYPE:
  1 Terraced houses
  2 Semi-detached houses
  3 Detached houses
  4 Mixed houses
  5 Low rise flats (5 storey blocks or less)
  6 High rise flats (blocks over 5 storeys)
  7 Flats with commercial (flats/maisonettes over parades of shops)
  8 Flats mixed (high and low rise)
  9 Mixed houses and flats

TypDwell
HOUSEHOLD DWELLING TYPE :
  1 Detached whole house or bungalow
  2 Semi-detached whole house or bungalow
  3 Terraced/end of terrace whole house or bungalow
  4 Flat or maisonette in a purpose built block: basement to 3rd floor
  5 Flat or maisonette in a purpose built block: 4th floor or higher
  6 Flat or maisonette in a converted house or some other kind of building
  7 Caravan, mobile home or houseboat
  8 Some other kind of accommodation

IF TypDwell=Other THEN
  TypDwOth
  PLEASE SPECIFY OTHER DWELLING TYPE.
     STRING – 40 characters
ENDIF

EthMix
ETHNIC MIX OF AREA:
  1 Predominantly white
  2 Predominantly black/brown
  3 Mixed

Point   Address   HHLD   CKL   Person no

| | | | | | | | | | | | | |

(1-3)   (4-5)   (6)   (7-8)

First name:

Spare   Card   Spare

| 3 | 1 | 2 |

(9-11)   (12-14)   (15-20)

Survey month:

Health Survey for England: 2001

Booklet for Adults
VERSION 2

In Confidence

How to fill in this questionnaire

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

Example:

Tick one box

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a ...	□ 1	✓ 2	□ 3	□ 4

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

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

Example:

Tick one box

Yes	✓ 1	**Go to Q4**
No	□ 2	**Go to Q5**

DRINKING EXPERIENCES

Please read this carefully:

Please read each statement. Thinking about the **last three months** only, if you have had the experience tick the box next to the word 'Yes'. If you have not had the experience in the last three months, tick the box next to the word 'No'.

Tick one box

Q1 I have felt that I ought to cut down on my drinking

178

Yes ☐ 1

No ☐ 2

Q2 I have felt ashamed or guilty about my drinking

179

Yes ☐ 1

No ☐ 2

Q3 People have annoyed me by criticising my drinking

180

Yes ☐ 1

No ☐ 2

Q4 I have found that my hands were shaking in the morning after drinking the previous night

181

Yes ☐ 1

No ☐ 2

Q5 I have had a drink first thing in the morning to steady my nerves or get rid of a hangover

182

Yes ☐ 1

No ☐ 2

Q6 There have been occasions when I felt that I was unable to stop drinking

183

Yes ☐ 1

No ☐ 2

Q7 I have been drunk at least once a week, on average in the last three months

184

Yes ☐ 1 —— **Go to Q10 on page 2**

No ☐ 2 —— **Go to Q8**

Q8 Drinking has made me slightly (or very) drunk in the last three months

185

Yes ☐ 1 —— **Go to Q9**

No ☐ 2 —— **Go to Q10 on page 2**

Tick one box

186

Once	Twice	Three times	Four or more times

Q9 If yes at Q8, please tick one box to show how many times in the last 3 months

☐ 1   ☐ 2   ☐ 3   ☐ 4

Now go to Q10 on the next page

1

GENERAL HEALTH OVER THE LAST FEW WEEKS

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

HAVE YOU RECENTLY:

Tick one box
211

	Better than usual	Same as usual	Less than usual	Much less than usual
Q10 been able to concentrate on whatever you're doing?	1	2	3	4

Tick one box
212

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q11 lost much sleep over worry?	1	2	3	4

Tick one box
213

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q12 felt you were playing a useful part in things?	1	2	3	4

Tick one box
214

	More so than usual	Same as usual	Less so than usual	Much less capable
Q13 felt capable of making decisions about things?	1	2	3	4

Tick one box
215

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q14 felt constantly under strain?	1	2	3	4

Tick one box
216

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q15 felt you couldn't overcome your difficulties?	1	2	3	4

HAVE YOU RECENTLY:

Q16 been able to enjoy your normal day-to-day activities?

Tick one box
217

More so than usual	Same as usual	Less so than usual	Much less than usual
1	2	3	4

Q17 been able to face up to your problems?

Tick one box
218

More so than usual	Same as usual	Less able than usual	Much less able
1	2	3	4

Q18 been feeling unhappy and depressed?

Tick one box
219

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

Q19 been losing confidence in yourself?

Tick one box
220

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

Q20 been thinking of yourself as a worthless person?

Tick one box
221

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

Q21 been feeling reasonably happy, all things considered?

Tick one box
222

More so than usual	About same as usual	Less so than usual	Much less than usual
1	2	3	4

Go to Q22 on the next page

General Health Questionnaire (GHQ-12)

FAMILY AND FRIENDS

We would now like you to think about your **family and friends**.
By family we mean those who live with you as well as those elsewhere.

Here are some comments people have made about their family and friends.
We would like you to say how far each statement is true for you.

Please answer **ALL** the questions, ticking the box which you think most applies to you.

		Tick one box 223	
	Not true	**Partly true**	**Certainly true**
Q22 There are people I know – amongst my family or friends – who do things to make me happy.	1	2	3

		Tick one box 224	
	Not true	**Partly true**	**Certainly true**
Q23 There are people I know – amongst my family or friends – who make me feel loved.	1	2	3

		Tick one box 225	
	Not true	**Partly true**	**Certainly true**
Q24 There are people I know - amongst my family or friends - who can be relied on no matter what happens.	1	2	3

		Tick one box 226	
	Not true	**Partly true**	**Certainly true**
Q25 There are people I know – amongst my family or friends – who would see that I am taken care of if I needed to be.	1	2	3

		Tick one box 227	
	Not true	**Partly true**	**Certainly true**
Q26 There are people I know - amongst my family or friends - who accept me just as I am.	1	2	3

		Tick one box 228	
	Not true	**Partly true**	**Certainly true**
Q27 There are people I know – amongst my family or friends – who make me feel an important part of their lives.	1	2	3

		Tick one box 229	
	Not true	**Partly true**	**Certainly true**
Q28 There are people I know - amongst my family or friends - who give me support and encouragement.	1	2	3

YOUR LOCAL AREA

The following questions are about the local area in which you live.
We are interested to find out about how life in your local area is related to health.

Q29 How long have you lived in this local area?

Years [Write in] 551-552   **Months** [Write in] 553-554

Q30 Please say whether you agree or disagree with the following statements:

Tick one box
555

Strongly agree	Agree	Disagree	Strongly disagree
□ 1	□ 2	□ 3	□ 4

a This area is a place I enjoy living in.

Tick one box
556

Strongly agree	Agree	Disagree	Strongly disagree
□ 1	□ 2	□ 3	□ 4

b This area is a place where neighbours look after each other.

Tick one box
557

Strongly agree	Agree	Disagree	Strongly disagree
□ 1	□ 2	□ 3	□ 4

c This area has good local transport.

Tick one box
558

Strongly agree	Agree	Disagree	Strongly disagree
□ 1	□ 2	□ 3	□ 4

d This area has good leisure things for people like myself, leisure centres or community centres, for example.

Tick one box
559

Very easy	Fairly easy	Fairly difficult	Very difficult
□ 1	□ 2	□ 3	□ 4

Q31 From here, how easy is it for you to get to a **medium to large supermarket** using your usual type of transport?

Tick one box
560

Very easy	Fairly easy	Fairly difficult	Very difficult
□ 1	□ 2	□ 3	□ 4

Q32 From here, how easy is it for you to get to a **post office** using your usual type of transport?

Tick one box
561

Very big problem	Fairly big problem	Not a very big problem	Not a problem at all
□ 1	□ 2	□ 3	□ 4

Q33 In your local area how much of a problem are teenagers hanging around on the streets?

Tick one box
562

Very big problem	Fairly big problem	Not a very big problem	Not a problem at all
□ 1	□ 2	□ 3	□ 4

Q34 In your local area how much of a problem is vandalism, graffiti or deliberate damage to property?

Go to Q35 on the next page

Q35 Do you regularly join in the activities of any of these organisations?

Political parties | 01

Trade unions (including student unions) | 02

Environmental groups | 03

Parent-teacher association or school association | 04

Tenants' or residents' group or neighbourhood watch | 05

Education, arts, music or singing group (including evening classes) | 06

Religious group or church organisation | 07

Charity, voluntary or community group | 08

Group for elderly or older people (eg lunch club) | 09

Youth group (eg scouts, guides, youth club) | 10

Women's institute or Townwomen's Guild or Women's group | 11

Social club (including working men's club, Rotary club) | 12

Sports club, gym, exercise or dance group | 13

Other group or organisation | 14

OR No I don't regularly join in any of the activities of these organisations | 15

Go to Q36

Q36 Generally speaking, would you say that most people can be trusted or you can't be too careful in dealing with people?

Tick one box
591

Can be trusted	Can't be too careful	Don't know
1	2	8

Q37 Would you say that most of the time people try to be helpful or just look out for themselves?

Tick one box
592

Try to be helpful	Look out for themselves	Don't know
1	2	3

Q38 Do you think most people would take advantage of you if they got the chance or would they try to be fair?

Tick one box
593

Take advantage	Try to be fair	Don't know
1	2	3

7

INCONTINENCE

The following questions are about problems with the **bladder**.

By bladder problems we mean accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or using aids and appliances to manage incontinence or bladder problems.

Q39 Do you suffer from problems with your bladder?

Tick one box
230

Yes ☐ 1 ── **Go to Q40**

No ☐ 2 ── **Go to Q43**

Q40 How often do you have problems with your bladder?

Tick one box
231

At least once a week ☐ 1

Less than once a week ☐ 2 **Go to Q41**

Less than once a month ☐ 3

Q41 Which of the following do you use to help with your problem? Please tick all the boxes that apply to you

Tick all that apply
232-249

I do not use anything ☐ 01

Incontinence pads ☐ 02

Protective bed pads ☐ 03

Sanitary towels/panty liners ☐ 04

Penile sheaths ☐ 05 **Go to Q42**

Intermittent catheters ☐ 06

Indwelling urethral catheters ☐ 07

Suprapubic catheters ☐ 08

Something else (please write in)... ☐ 09

8

Q42 Have you ever talked to or contacted any of the following
about your bladder problem?
Please tick yes or no for each.

	Yes	No
	250	
Continence adviser	1	2
	251	
Health visitor	1	2
	252	
District nurse	1	2
	253	
Other nurse	1	2
	254	
GP (family doctor)	1	2
	255	
Hospital doctor or specialist	1	2
	256	
Physiotherapist	1	2
	257	
Local chemist/pharmacist	1	2
	258	
Other health professional	1	2

Q43 If you are a **woman**, please go to Q44 on the next page.

If you are a **man**, thank you for answering these questions.
Please give the booklet back to the interviewer.

9

WOMEN ONLY PLEASE ANSWER

Q44 Have you ever taken the contraceptive pill or had a contraceptive injection or implant?

Tick one box
268

Yes ☐ 1 ── **Go to Q45**

No ☐ 2 ── **Go to Q48**

Q45 Are your currently taking the contraceptive pill or having a contraceptive injection or implant?

Tick one box
269

Yes ☐ 1 ── **Go to Q46**

No ☐ 2 ── **Go to Q48**

Q46 What is the brand name of your contraceptive?
Please write in the name below.

270-275

☐

Q47 What kind of contraceptive is this?

Tick one box
276-277

Injection ☐ 01

Mini pill (progestogen only) ☐ 02

Combined pill ☐ 03 ── **Go to Q48**

Implant (Norplant) ☐ 04

Not sure ☐ 08

Q48 Are you still having periods (menstruating)?

Tick one box
278

Yes ☐ 1 ── **Go to Q51**

No ☐ 2 ── **Go to Q49**

Q49 Did your periods stop as a result of an operation?

Tick one box
279

Yes ☐ 1 ── **Go to Q50**

No ☐ 2 ── **Go to Q51**

Q50   Have you had any ovaries removed?

Tick one box

280

Yes [1]

No [2]

Go to Q51

Q51   Have you ever been on Hormone Replacement Therapy (HRT)?

Tick one box

281

Yes [1] —— **Go to Q52**

No [2] —— **Go to Q55**

Q52   At what age did you start Hormone Replacement Therapy?

282-283

[   ] years old   **Go to Q53**

Write in age

Q53   Are you still on Hormone Replacement Therapy?

Tick one box

284

Yes [1] —— **Go to Q55**

No [2] —— **Go to Q54**

Q54   At what age did you stop Hormone Replacement Therapy?

285-286

[   ] years old   **Go to Q55**

Write in age

Q55   **Thank you for answering these questions.**
          Please give the booklet back to the interviewer.

| Point | Address | HHLD | CKL | Person no |
| (1-3) | (4-5) | (6) | | (7-8) |

First name:

Spare	Card	Spare
	3	1	1	
(9-11)	(12-14)	(15-20)

Survey month:

Health Survey for England: 2001

Booklet for Young Adults
VERSION 2

In Confidence

How to fill in this questionnaire

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

Example:

Tick **one** box

Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life

Do you feel that you lead a ...   [ ]₁   [✔]₂   [ ]₃   [ ]₄

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

Write in no. | 6 |

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

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

Example:

Tick **one** box

Yes   [✔]₁   **Go to Q4**

No   [ ]₂   **Go to Q5**

SMOKING

Q1   Have you ever smoked a cigarette, a cigar or a pipe?

Tick one box

21

Yes   ☐ 1   **Go to Q2**

No   ☐ 2   **Go to Q8 on page 2**

Q2   Have you ever smoked a cigarette?

Tick one box

22

Yes   ☐ 1   **Go to Q3**

No   ☐ 2   **Go to Q8 on page 2**

Q3   How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

23-24

Write in how old you were then   ☐   **Go to Q4**

Q4   Do you smoke cigarettes at all nowadays?

Tick one box

25

Yes   ☐ 1   **Go to Q6a**

No   ☐ 2   **Go to Q5**

Q5   Did you smoke cigarettes regularly or occasionally?

Tick one box

26

Regularly, that is at least one cigarette a day   ☐ 1

Occasionally   ☐ 2   **Go to Q8 on page 2**

I never really smoked cigarettes, just tried them once or twice   ☐ 3

CURRENT SMOKERS

Q6a   About how many cigarettes a day do you usually smoke on <u>weekdays?</u>

27-28

Write in number smoked a day   ☐   **Go to Q6b**

Q6b   And about how many cigarettes a day do you usually smoke at <u>weekends</u>?

29-30

Write in number smoked a day   ☐   **Go to Q7a on page 2**

Q7a   Do you <u>mainly</u> smoke ...

31

filter-tipped cigarettes,   1

plain or untipped cigarettes,   2

— **Go to Q7b**

or hand-rolled cigarettes?   3 — **Go to Q8**

Q7b   Which brand of cigarette do you <u>usually</u> smoke?

WRITE IN

Brand:
32-35

Type:
(e.g. Superkings)

36-37

Tar level:
(check the side of packet)   mg

EVERYONE PLEASE ANSWER

Q8   Did your father ever smoke regularly when you were a child?

43

Yes   1

No   2   **Go to Q9**

Don't know   8

Q9   Did your mother ever smoke regularly when you were a child?

44

Yes   1

No   2   **Go to Q10**

Don't know   8

DRINKING

Q10 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick one box

45

Yes ☐ 1 — **Go to Q13**

No ☐ 2 — **Go to Q11**

Q11 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

Tick one box

46

Very occasionally ☐ 1 — **Go to Q13**

Never ☐ 2 — **Go to Q12**

Q12 Have you always been a non-drinker or did you stop drinking for some reason?

Tick one box

47

Always a non-drinker ☐ 1

Used to drink but stopped ☐ 2

Go to Q35 on page 12

Q13 How old were you the first time you ever had a proper alcoholic drink?

48-49

Write in how old you were then ☐ **Go to Q14 on page 4**

3

The next few questions are concerned with different types of alcoholic drink.
Please tick the box underneath the answer that best describes how often you usually drank each of them in the **last 12 months**. For the ones you drank, write in how much you usually drank on any one day. **EXCLUDE ANY NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.**

EXAMPLE

A How often have you had this type of drink in the past year?

Tick one box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couples of months	Once or twice in the last 12 months	Never in the last 12 months
☐ 1	☐ 2	☐ 3	✓ 4	☐ 5	☐ 6	☐ 7	☐ 8

Go to QB

How much did you usually drink on any one day? WRITE IN NUMBER

	2	Pints
AND/OR		Large cans or bottles
AND/OR	1	Small Cans or bottles

NOW PLEASE ANSWER Q14-Q21

Q14 **Normal** strength beer, lager, stout, cider or shandy (less than 6% alcohol) - exclude bottles/cans of shandy.

How often have you had this type of drink in the past year?

Tick one box

50

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couples of months	Once or twice in the last 12 months	Never in the last 12 months
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8

Go to Q15

How much did you usually drink on any one day? WRITE IN NUMBER

51-58

		Pints
AND/OR		Large cans or bottles
AND/OR		Small cans or bottles

4

Q15   **<u>Strong</u> beer, lager, stout, cider (6% alcohol or more, such as Tennants Extra, Special Brew, Diamond White)**

How often have you had this type of drink in the past year?

Tick one box
59

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couples of months	Once or twice in the last 12 months	Never in the last 12 months
1	2	3	4	5	6	7	8

Go to Q16

How much did you usually drink on any one day? WRITE IN NUMBER

60-67

	Pints
AND/OR	Large cans or bottles
AND/OR	Small cans or bottles

Q16   **Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails**

How often have you had this type of drink in the past year?

Tick one box
68

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couples of months	Once or twice in the last 12 months	Never in the last 12 months
1	2	3	4	5	6	7	8

Go to Q17

How much did you usually drink on any one day? WRITE IN NUMBER

69-70

Glasses (count doubles as 2 singles)

5

Q17   **Sherry or martini (including port, vermouth, cinzano, dubonnet)**

How often have you had this type of drink in the past year?

Tick one box

71

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couples of months	Once or twice in the last 12 months	Never in the last 12 months
1	2	3	4	5	6	7	8

How much did you usually drink on any one day? WRITE IN NUMBER

72-73

Glasses (count doubles as 2 singles)

Go to Q18

Q18   **Wine (including babycham and champagne)**

How often have you had this type of drink in the past year?

Tick one box

74

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couples of months	Once or twice in the last 12 months	Never in the last 12 months
1	2	3	4	5	6	7	8

How much did you usually drink on any one day? WRITE IN NUMBER

75-76

Glasses

Go to Q19

Q19 **Alcoholic soft drinks or 'alcopops' (such as Hooch, Two Dogs, Alcola)**

How often have you had this type of drink in the past year?

Tick one box
77

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couples of months	Once or twice in the last 12 months	Never in the last 12 months
1	2	3	4	5	6	7	8

Go to Q20

How much did you usually drink on any one day? WRITE IN NUMBER

78-79

Small cans or bottles

Q20 **Have you had any other kinds of <u>alcoholic</u> drink in the last 12 months?**

Tick one box
80

No ☐ 1 **Go to Q22 on page 9**

Yes ☐ 2

WRITE IN NAME OF DRINK

81-82

How often have you had this type of drink in the past year?

Tick one box
83

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couples of months	Once or twice in the last 12 months
1	2	3	4	5	6	7

How much did you usually drink on any one day? WRITE IN NUMBER

84-93

Glasses

AND/OR Pints

AND/OR Large cans or bottles

AND/OR Small Cans or bottles

Go to Q21 on page 8

7

Q21 **Have you had any other kinds of <u>alcoholic</u> drink in the last 12 months?**

94

No ☐ 1 ——— **Go to Q22 on page 9**

Yes ☐ 2

WRITE IN NAME OF DRINK

95-96

How often have you had this type of drink in the past year?

Tick one box

97

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couples of months	Once or twice in the last 12 months
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

How much did you usually drink on any one day? WRITE IN NUMBER

98-107

☐ Glasses

AND/OR ☐ Pints

AND/OR ☐ Large cans or bottles

AND/OR ☐ Small Cans or bottles

Go to Q22 on page 9

8

Q22 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Tick one box
108-109

Almost every day	01	
Five or six days a week	02	
Three or four days a week	03	
Once or twice a week	04	
Once or twice a month	05	**Go to Q23**
Once every couple of months	06	
Once or twice a year	07	
Not all in the last 12 months	08	

Q23 Did you have an alcoholic drink in the seven days ending yesterday?

Tick one box
110

Yes ☐ 1 — **Go to Q24**

No ☐ 2 — **Go to Q26 on page 11**

Q24 On how many days out of the last seven did you have an alcoholic drink?

Tick one box
111

One	1	
Two	2	
Three	3	
Four	4	**Go to Q25 on page 10**
Five	5	
Six	6	
Seven	7	

9

Q25 Please think about <u>the day in the last week on which you drank the most.</u> (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank <u>on that day</u>. For the ones you drank, write in how much you drank <u>on that day</u>. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

TICK <u>ALL</u> DRINKS DRUNK ON THAT DAY		WRITE IN HOW MUCH DRUNK ON THAT DAY				
	112-127	Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles	
<u>Normal</u> strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy**.**	01					128-135
<u>Strong</u> beer, lager, stout or cider (6% alcohol or more,such as Tennants Extra, Special Brew, Diamond White)	02					136-143
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	03					144-145
Sherry or martini (including port, vermouth, cinzano, dubonnet)	04					146-147
Wine (including babycham and champagne)	05					148-149
Alcoholic soft drinks or 'alcopops' (such as Hooch, Two Dogs, Alcola)	06					150-151
Other kinds of alcoholic drink **WRITE IN NAME OF DRINK**						
1.	07					152-161
2.	08					162-171

Spare 172-177

10

DRINKING EXPERIENCES

Please read this carefully:
Please read each statement. Thinking about the **last three months** only, if you have had the experience tick the box next to the word 'Yes'. If you have not had the experience in the last three months, tick the box next to the word 'No'.

Tick one box
178

Q26 I have felt that I ought to cut down on my drinking

Yes ☐ 1

No ☐ 2

Tick one box
179

Q27 I have felt ashamed or guilty about my drinking

Yes ☐ 1

No ☐ 2

Tick one box
180

Q28 People have annoyed me by criticising my drinking

Yes ☐ 1

No ☐ 2

Tick one box
181

Q29 I have found that my hands were shaking in the morning after drinking the previous night

Yes ☐ 1

No ☐ 2

Tick one box
182

Q30 I have had a drink first thing in the morning to steady my nerves or get rid of a hangover

Yes ☐ 1

No ☐ 2

Tick one box
183

Q31 There have been occasions when I felt that I was unable to stop drinking

Yes ☐ 1

No ☐ 2

Tick one box
184

Q32 I have been drunk at least once a week, on average in the last three months

Yes ☐ 1 ── **Go to Q35 on page 12**

No ☐ 2 ── **Go to Q33**

Tick one box
185

Q33 Drinking has made me slightly (or very) drunk in the last three months

Yes ☐ 1 ── **Go to Q34**

No ☐ 2 ── **Go to Q35 on page 12**

Tick one box
186

	Once	Twice	Three times	Four or more times
Q34 If yes at Q33, please tick one box to show how many times in the last 3 months	☐ 1	☐ 2	☐ 3	☐ 4

Now Go To Q35 on page 12

GENERAL HEALTH OVER THE LAST FEW WEEKS

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

HAVE YOU RECENTLY:

Tick **one** box

211

	Better than usual	Same as usual	Less than usual	Much less than usual
Q35 been able to concentrate on whatever you're doing?	1	2	3	4

Tick **one** box

212

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q36 lost much sleep over worry?	1	2	3	4

Tick **one** box

213

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q37 felt you were playing a useful part in things?	1	2	3	4

Tick **one** box

214

	More so than usual	Same as usual	Less so than usual	Much less capable
Q38 felt capable of making decisions about things?	1	2	3	4

Tick **one** box

215

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q39 felt constantly under strain?	1	2	3	4

Tick **one** box

216

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q40 felt you couldn't overcome your difficulties?	1	2	3	4

HAVE YOU RECENTLY:

217

	More so than usual	Same as usual	Less so than usual	Much less than usual

Q41 been able to enjoy your normal day-to-day activities?

☐ 1 ☐ 2 ☐ 3 ☐ 4

218

	More so than usual	Same as usual	Less able than usual	Much less able

Q42 been able to face up to your problems?

☐ 1 ☐ 2 ☐ 3 ☐ 4

219

	Not at all	No more than usual	Rather more than usual	Much more than usual

Q43 been feeling unhappy and depressed?

☐ 1 ☐ 2 ☐ 3 ☐ 4

220

	Not at all	No more than usual	Rather more than usual	Much more than usual

Q44 been losing confidence in yourself?

☐ 1 ☐ 2 ☐ 3 ☐ 4

221

	Not at all	No more than usual	Rather more than usual	Much more than usual

Q45 been thinking of yourself as a worthless person?

☐ 1 ☐ 2 ☐ 3 ☐ 4

222

	More so than usual	About same as usual	Less so than usual	Much less than usual

Q46 been feeling reasonably happy, all things considered?

☐ 1 ☐ 2 ☐ 3 ☐ 4

FAMILY AND FRIENDS

We would now like you to think about your **family and friends**.
By family we mean those who live with you as well as those elsewhere.

Here are some comments people have made about their family and friends.
We would like you to say how far each statement is true for you.

Please answer **ALL** the questions, ticking the box which you think most applies to you.

	Tick one box 223	
Not true	**Partly true**	**Certainly true**

Q47 There are people I know – amongst my family or friends – who do things to make me happy.

1	2	3

	Tick one box 224	
Not true	**Partly true**	**Certainly true**

Q48 There are people I know – amongst my family or friends – who make me feel loved.

1	2	3

	Tick one box 225	
Not true	**Partly true**	**Certainly true**

Q49 There are people I know - amongst my family or friends - who can be relied on no matter what happens.

1	2	3

	Tick one box 226	
Not true	**Partly true**	**Certainly true**

Q50 There are people I know – amongst my family or friends – who would see that I am taken care of if I needed to be.

1	2	3

	Tick one box 227	
Not true	**Partly true**	**Certainly true**

Q51 There are people I know - amongst my family or friends - who accept me just as I am.

1	2	3

	Tick one box 228	
Not true	**Partly true**	**Certainly true**

Q52 There are people I know – amongst my family or friends – who make me feel an important part of their lives.

1	2	3

	Tick one box 229	
Not true	**Partly true**	**Certainly true**

Q53 There are people I know - amongst my family or friends - who give me support and encouragement.

1	2	3

YOUR LOCAL AREA

The following questions are about the local area in which you live.
We are interested to find out about how life in your local area is related to health.

Q54 How long have you lived in this local area?

Years [Write in] 551-552   Months [Write in] 553-554

Q55 Please say whether you agree or disagree with the following statements:

Tick one box
555

	Strongly agree	Agree	Disagree	Strongly disagree
a This area is a place I enjoy living in.	1	2	3	4

Tick one box
556

	Strongly agree	Agree	Disagree	Strongly disagree
b This area is a place where neighbours look after each other.	1	2	3	4

Tick one box
557

	Strongly agree	Agree	Disagree	Strongly disagree
c This area has good local transport.	1	2	3	4

Tick one box
558

	Strongly agree	Agree	Disagree	Strongly disagree
d This area has good leisure things for people like myself, leisure centres or community centres, for example.	1	2	3	4

Tick one box
559

	Very easy	Fairly easy	Fairly difficult	Very difficult
Q56 From here, how easy is it for you to get to a **medium to large supermarket** using your usual type of transport?	1	2	3	4

Tick one box
560

	Very easy	Fairly easy	Fairly difficult	Very difficult
Q57 From here, how easy is it for you to get to a **post office** using your usual type of transport?	1	2	3	4

Tick one box
561

	Very big problem	Fairly big problem	Not a very big problem	Not a problem at all
Q58 In your local area how much of a problem are teenagers hanging around on the streets?	1	2	3	4

Tick one box
562

	Very big problem	Fairly big problem	Not a very big problem	Not a problem at all
Q59 In your local area how much of a problem is vandalism, graffiti or deliberate damage to property?	1	2	3	4

16

Q60 Do you regularly join in the activities of any of these organisations?

Political parties ☐ 01

Trade unions (including student unions) ☐ 02

Environmental groups ☐ 03

Parent-teacher association or school association ☐ 04

Tenants' or residents' group or neighbourhood watch ☐ 05

Education, arts, music or singing group (including evening classes) ☐ 06

Religious group or church organisation ☐ 07

Charity, voluntary or community group ☐ 08

Group for elderly or older people (eg lunch club) ☐ 09

Youth group (eg scouts, guides, youth club) ☐ 10

Women's institute or Townwomen's Guild or Women's group ☐ 11

Social club (including working men's club, Rotary club) ☐ 12

Sports club, gym, exercise or dance group ☐ 13

Other group or organisation ☐ 14

OR No I don't regularly join in any of the activities of these organisations ☐ 15

Go to Q61

Can be trusted	Can't be too careful	Don't know
☐ 1	☐ 2	☐ 8

Q61 Generally speaking, would you say that most people can be trusted or you can't be too careful in dealing with people?

Try to be helpful	Look out for themselves	Don't know
☐ 1	☐ 2	☐ 3

Q62 Would you say that most of the time people try to be helpful or just look out for themselves?

Take advantage	Try to be fair	Don't know
☐ 1	☐ 2	☐ 3

Q63 Do you think most people would take advantage of you if they got the chance or would they try to be fair?

INCONTINENCE

The following questions are about problems with the **bladder**.

By bladder problems we mean accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or using aids and appliances to manage incontinence or bladder problems.

Q64 Do you suffer from problems with your bladder?

Tick one box
230

Yes   ☐ 1 ── **Go to Q65**

No   ☐ 2 ── **Go to Q68**

Q65 How often do you have problems with your bladder?

Tick one box
231

At least once a week   ☐ 1

Less than once a week   ☐ 2 ── **Go to Q66**

Less than once a month   ☐ 3

Q66 Which of the following do you use to help with your problem? Please tick all the boxes that apply to you

Tick all that apply
232-249

I do not use anything   ☐ 01

Incontinence pads   ☐ 02

Protective bed pads   ☐ 03

Sanitary towels/panty liners   ☐ 04

Penile sheaths   ☐ 05 ── **Go to Q67**

Intermittent catheters   ☐ 06

Indwelling urethral catheters   ☐ 07

Suprapubic catheters   ☐ 08

Something else (please write in)...   ☐ 09

19

Q69 Are you currently taking the contraceptive pill or having a
contraceptive injection or implant?

Tick one box

269

Yes ☐ 1 ——**Go to Q70**

No ☐ 2 ——**Go to Q72**

Q70 What is the brand name of your contraceptive?
Please write in the name below.

270-275

Q71 What kind of contraceptive is this?

Tick one box

276-277

Injection ☐ 01

Mini pill (progestogen only) ☐ 02

Combined pill ☐ 03 ——**Go to Q72**

Implant (Norplant) ☐ 04

Not sure ☐ 08

Q72 **Thank you for answering these questions.**
Please give the booklet back to the interviewer.

Health Survey for England: 2001

Booklet for 13-15 year olds

In Confidence

- Here are some questions for you to answer on your own.

- We are interested in your honest answers.

- We will not tell anyone what your answers are.

- Look at the instructions on the next page and read what to do.

- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

How to answer these questions

- Please read each question carefully

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

  Yes   ✔ 1

  No   ☐ 2

- Sometimes you have to write a number in the box, for example

  I was   **10**   years old

  write in

- Next to some of the boxes are arrows and instructions
  They show or tell you which question to answer next.
  If there are no special instructions, just answer the next question.

  No   ☐ 2   **Go to question 4**

  Yes   ✔ 1

  I was **10** years old

  write in

1

Cigarette Smoking

1. Have you ever tried smoking a cigarette, even if it was
only a puff or two?

Tick one box

321

Yes ☐ 1

No ☐ 2

Go to next question

2. Now read all the following sentences very carefully and
tick the box next to the one which best describes you.

Tick one box

322

I have never smoked ☐ 1 — **Go to question 6**

I have only smoked once or twice ☐ 2

I used to smoke sometimes, but I never smoke a
cigarette now ☐ 3

I sometimes smoke, but I don't smoke every week ☐ 4 — **Go to question 3**

I smoke between one and six cigarettes a week ☐ 5

I smoke more than six cigarettes a week ☐ 6

3. How old were you when you tried smoking a cigarette,
even if it was only a puff or two?

323-24

I was ☐ years old   **Go to next question**

write in

4. Did you smoke any cigarettes last week?

Tick one box

325

Yes ☐ 1 — **Go to next question**

No ☐ 2 — **Go to question 6**

5. How many cigarettes did you smoke last week?

326-27

I smoked ☐ cigarettes   **Go to next question**

write in

2

Drinking

6. Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Yes ☐ 1 ── **Go to question 8**

No ☐ 2 ── **Go to next question**

7. Have you ever had alcoholic soft drinks or 'alcopops' (such as Hooch, Two Dogs, Alcola)?

Tick one box
329

Yes ☐ 1 ── **Go to next question**

No ☐ 2 ── **Go to question 17**

8. How old were you the first time you had a proper alcoholic drink or alcoholic soft drink?

330-31

I was ☐ years old   **Go to next question**

write in

9. How often do you usually have an alcoholic drink or alcoholic soft drink?

Tick one box
332

Almost every day ☐ 1

About twice a week ☐ 2

About once a week ☐ 3

About once a fortnight ☐ 4 ── **Go to next question**

About once a month ☐ 5

Only a few times a year ☐ 6

I never drink alcohol now ☐ 7

3

10. When did you **last** have an alcoholic drink or alcoholic soft drink?

333

Today   ☐ 1

Yesterday   ☐ 2   **Go to next question**

Some other time during the last week   ☐ 3

1 week, but less than 2 weeks ago   ☐ 4

2 weeks, but less than 4 weeks ago   ☐ 5   **Go to question 17 on page 7**

1 month, but less than 6 months ago   ☐ 6

6 months ago or more   ☐ 7

11. Which, if any, of the drinks shown below, have you drunk in the last 7 days?
Please (✓) either yes or no for each kind of drink.
For each kind of drink, write in the box how much you drank in the <u>last 7 days</u>.

Beer, lager cider or shandy
(exclude bottles or cans of shandy)

Have you drunk this in <u>the last 7 days</u>?

334

No   ☐ 2 — **Go to question 12**

Yes   ☐ 1

How much did you drink in the <u>last 7 days?</u>
Write in:

335-38

☐ **Pints** (if half a pint, write in ½)

339-40

AND/OR ☐ **Large cans or bottles**

341-42

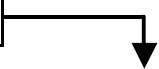AND/OR ☐ **Small cans or bottles**

12. **Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails**

Have you drunk this in <u>the last 7 days</u>?

Tick one box

343

No ☐ 2 ——**Go to question 13**

Yes ☐ 1

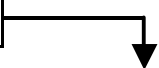**How much did you drink in the <u>last 7 days?</u>**
Write in:

344-45

☐ **Glasses** (count doubles as two glasses)

13. **Sherry or martini (including port, vermouth, cinzano, dubonnet)**

Have you drunk this in <u>the last 7 days</u>?

Tick one box

346

No ☐ 2 ——**Go to question 14**

Yes ☐ 1

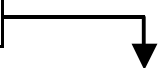**How much did you drink in the <u>last 7 days?</u>**
Write in:

347-48

☐ **Glasses** (count doubles as two glasses)

14. **Wine (including babycham and champagne)**

Have you drunk this in <u>the last 7 days</u>?

Tick one box

349

No ☐ 2 ——**Go to question 15**

Yes ☐ 1

How much did you drink in the <u>last 7 days?</u>
Write in:

350-51

☐ **Glasses**

5

15. **Alcoholic soft drinks or 'alcopops' (such as Hooch, Two Dogs, Alcola)**

Have you drunk this in <u>the last 7 days</u>?

Tick one box

352

No ☐ 2 —— **Go to question 16**

Yes ☐ 1

How much did you drink in the <u>last 7 days?</u>
Write in:

353-54

☐ **Large cans or bottles**

355-56

AND/OR ☐ **Small cans or bottles**

16. **Other kinds of <u>alcoholic</u> drink?**

Have you drunk this in <u>the last 7 days</u>?

Tick one box

357

No ☐ 2 —— **Go to question 17**

Yes ☐ 1 —— **Complete details below**

Write in name of drink

How much did you drink in the <u>last 7 days?</u>
Write in:

	358-67
368	369-78
379	380-89

General health over the last few weeks

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

HAVE YOU RECENTLY:

Tick **one** box
211

	Better than usual	**Same as usual**	**Less than usual**	**Much less than usual**
17. been able to concentrate on whatever you're doing?	☐ 1	☐ 2	☐ 3	☐ 4

Tick **one** box
212

	Not at all	**No more than usual**	**Rather more than usual**	**Much more than usual**
18. lost much sleep over worry?	☐ 1	☐ 2	☐ 3	☐ 4

Tick **one** box
213

	More so than usual	**Same as usual**	**Less useful than usual**	**Much less useful**
19. felt you were playing a useful part in things?	☐ 1	☐ 2	☐ 3	☐ 4

Tick **one** box
214

	More so than usual	**Same as usual**	**Less so than usual**	**Much less capable**
20. felt capable of making decisions about things?	☐ 1	☐ 2	☐ 3	☐ 4

Tick **one** box
215

	Not at all	**No more than usual**	**Rather more than usual**	**Much more than usual**
21. felt constantly under strain?	☐ 1	☐ 2	☐ 3	☐ 4

Tick **one** box
216

	Not at all	**No more than usual**	**Rather more than usual**	**Much more than usual**
22. felt you couldn't overcome your difficulties?	☐ 1	☐ 2	☐ 3	☐ 4

HAVE YOU RECENTLY:

23. been able to enjoy your normal day-to-day activities?

Tick **one** box
217

More so than usual	Same as usual	Less so than usual	Much less than usual
1	2	3	4

24. been able to face up to your problems?

Tick **one** box
218

More so than usual	Same as usual	Less able than usual	Much less able
1	2	3	4

25. been feeling unhappy and depressed?

Tick **one** box
219

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

26. been losing confidence in yourself?

Tick **one** box
220

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

27. been thinking of yourself as a worthless person?

Tick **one** box
221

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

28. been feeling reasonably happy, all things considered?

Tick **one** box
222

More so than usual	About same as usual	Less so than usual	Much less than usual
1	2	3	4

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P2127

Point | Address | HHLD | CKL | Person no
(1-3) | (4-5) | (6) | (7-8)

Spare | Card | Spare
3 | 1 | 5
(9-11) | (12-14) | (15-20)

First name:

Survey month:

Health Survey for England: 2001

Booklet for 8-12 year olds

In Confidence

- Here are some questions for you to answer on your own.

- We are interested in your honest answers.

- We will not tell anyone what your answers are.

- Look at the instructions on the next page and read what to do.

- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

How to answer these questions

- Please read each question carefully

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

  Yes   ✓₁

  No   ☐₂

- Sometimes you have to write a number in the box, for example

  I was **10** years old

  write in

- Next to some of the boxes are arrows and instructions
  They show or tell you which question to answer next.
  If there are no special instructions, just answer the next question.

  No   ☐₂   **Go to question 4**

  Yes   ✓₁

  I was **10** years old

  write in

Cigarette Smoking

1. Have you ever tried smoking a cigarette, even if it was
only a puff or two?

Tick one box

521

No [2] —— **Go to question 2**

Yes [1]

How old were you when you tried
smoking a cigarette, even if it was
only a puff or two?

522-23

I was [   ] years old

write in

2. Now read all the following sentences very carefully and
tick the box next to the one which best describes you.

Tick one box

524

I have never smoked [1]

I have only smoked once or twice [2]

I used to smoke sometimes, but I never smoke a
cigarette now [3]

I sometimes smoke, but I don't smoke every week [4] —— **Go to question 3**

I smoke between one and six cigarettes a week [5]

I smoke more than six cigarettes a week [6]

3. Did you smoke any cigarettes last week?

Tick one box

525

No [2] —— **Go to question 4**

Yes [1]

How many cigarettes did you
smoke last week?

526-27

I smoked [   ] cigarettes

write in

2

Drinking

4. Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick one box

528

Yes ☐ 1 —— **Go to question 6**

No ☐ 2 —— **Go to question 5**

5. Have you ever had alcoholic soft drinks or 'alcopops' (such as Hooch, Two Dogs, Alcola)?

Tick one box

529

Yes ☐ 1 —— **Go to question 6**

No ☐ 2 —— **Go to question 9**

6. How old were you the first time you had a proper alcoholic drink or alcoholic soft drink?

530-531

I was ☐ years old

write in

7. How often do you usually have an alcoholic drink or alcoholic soft drink?

Tick one box

532

Almost every day ☐ 1

About twice a week ☐ 2

About once a week ☐ 3

About once a fortnight ☐ 4 —— **Go to question 8**

About once a month ☐ 5

Only a few times a year ☐ 6

I never drink alcohol now ☐ 7

3

8. When did you **last** have an alcoholic drink or alcoholic soft drink?

Tick one box

533

Today ☐ 1

Yesterday ☐ 2

Some other time during the last week ☐ 3

1 week, but less than 2 weeks ago ☐ 4 ⎤ **Go to question 9**

2 weeks, but less than 4 weeks ago ☐ 5

1 month, but less than 6 months ago ☐ 6

6 months ago or more ☐ 7

4

Cycling

Everyone please answer

9. Do you have a bicycle?

534

Yes ☐ 1

No ☐ 2

Go to question 10

10. Do you wear a bicycle helmet when you ride a bike?

535

I always wear a helmet when I ride a bike ☐ 1

I sometimes wear a helmet when I ride a bike ☐ 2

I never wear a helmet when I ride a bike ☐ 3

I never ride a bike ☐ 4

Go to question 11

11. What do you think about bicycle helmets?
Please tick all the boxes that you agree with

536-42

Wearing a helmet makes me feel safer when I ride a bike ☐ 1

I sometimes forget to put my helmet on ☐ 2

Bicycle helmets cost too much money ☐ 3

Helmets look good ☐ 4

It is difficult to get helmets to fit ☐ 5

Helmets can protect you if you have an accident ☐ 6

Wearing a helmet makes me feel like a proper cyclist ☐ 7

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P2127

The Health Survey for England 2001

Program Documentation

Nurse Schedule

Household grid

PERSON to OC are usually transmitted directly from the interview data to the nurse CAPI program. There is also a facility for nurses to key this information directly from the Nurse Record Form, for example if the nurse visit follows too quickly from the interview to allow the automatic transmission to take place.

Person
Person number of person who was interviewed
   Range 01..12

Name
Name of person who was interviewed

Sex
Sex of person who was interviewed
   1   Male
   2   Female

Age
Age of person who was interviewed
   Range 2..120

OC
Interview outcome of person who was interviewed
   1   Agreed Nurse Visit
   2   Refused Nurse Visit
   3   No outcome yet

AdrField
PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS
TAKEN FROM N.R.F. ADDRESS LABEL.
MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED.:
   Text: Maximum 10 characters

HHDate
NURSE: ENTER THE DATE OF THE ORIGINAL HOUSEHOLD INTERVIEW FROM Q2 ON THE NRF (OR INTERIM APPOINTMENT RECORD).
ENTER DAY OF MONTH IN NUMBER, NAME OF MONTH IN WORDS (FIRST THREE LETTERS) AND YEAR IN NUMBERS, EG 2 JAN 97.

OpenDisp
HERE ARE THE PEOPLE AT THIS HOUSEHOLD WHO HAVE BEEN SEEN BY THE INTERVIEWER (NB. N/Y UNDER Nurse MEANS 'Not yet' or 'Not ever'.)
No Name Sex Age
 PRESS 1 AND <Enter> TO SEE WHICH NURSE SCHEDULE TO SELECT FOR EACH PERSON.

SchDisp
TO INTERVIEW EACH PERSON, PRESS <Ctrl+Enter> AND SELECT THE CORRESPONDING NURSE SCHEDULE AS LISTED BELOW.
No Name Sex Age Nurse Nurse Schedule

PRESS <Ctrl+Enter> TO SELECT A NURSE SCHEDULE FOR THE PERSON YOU WANT TO INTERVIEW, OR TO EXIT.

Introduction

IF OC = 1 THEN
Info
You are in the Nurse Schedule for:
>   Person Number:
>   Name:
>   Age:
>   Sex:

Can you interview this person? TO LEAVE THIS SCHEDULE FOR NOW, PRESS <Ctrl Enter>
>   1   Yes, I will do the interview now
>   2   No, I will not be able to do this interview

ELSEIF OC=2 OR 3 THEN
RefInfo
NURSE: *(Name of respondent)* IS RECORDED AS HAVING REFUSED A NURSE VISIT. HAS *(he/she)* CHANGED *(his/her)* MIND?
NURSE: THERE IS NO INFORMATION YET FROM THE INTERVIEWER WHETHER *(Name of respondent)* HAS AGREED TO A NURSE VISIT. IF YOU ARE SURE THAT *(he/she)* HAS COMPLETED AN INTERVIEW AND HAS AGREED TO SEE YOU, CODE 1 FOR "Yes" HERE. ELSE CODE 2 FOR "No"
>   1   Yes, *(now/this person)* agrees nurse visit
>   2   No, *(still refuses/this person will not have a)* nurse visit
ENDIF

ALL WITH A NURSE VISIT (Info = Yes OR RefInfo = Yes, agrees nurse visit)
NurDate
NURSE: ENTER THE DATE OF THIS INTERVIEW. ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, EG 2Jan72.

NDoB
Can I just check your date of birth?
ENTER RESPONDENT'S DATE OF BIRTH. ENTER DAY OF MONTH IN NUMBERS, NAME OF MONTH IN WORDS (FIRST THREE LETTERS), YEAR IN NUMBERS, EG 2Jan72

ConfAge
Derived: Age of respondent based on Nurse entered date of birth and date at time of household interview.
>   ***Range: 0..120***

DispAge
CHECK WITH RESPONDENT: So you are (computed age) years old?
>   1   Yes
>   2   No

IF (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN
PregNTJ
Can I check, are you pregnant at the moment?
>   1   Yes
>   2   No
ENDIF

Prescribed medicines and drug coding

ALL WITH A NURSE VISIT
MedCNJD
Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor?
    1 Yes
    2 No

IF MedCNJD = Yes THEN
  MedIntro
  Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor?
      1 Continue

  Collect details of up to 22 prescribed medicines

  FOR i:= 1 TO 22 DO
    IF (i = 1) OR (MedBIC[i-1] = Yes) THEN
      MedBI[i]
      NURSE: ENTER NAME OF DRUG NO. *(1,2,3..etc.)*.ASK IF YOU CAN SEE THE CONTAINERS FOR ALL PRESCRIBED MEDICINES CURRENTLY BEING TAKEN.IF ASPIRIN, RECORD DOSAGE AS WELL AS NAME.
        Text: Maximum 30 characters

      MedBIA[i]
      Have you taken/used *(name of medicine)* in the last 7 days?
        1 Yes
        2 No

      MedBIC[i]
      NURSE CHECK: Any more drugs to enter?
        1 Yes
        2 No
    ENDIF
  ENDDO

  DrCod1
  NURSE: To do the drug coding now, press <Ctrl + Enter>, select **DrugCode[schedule no]** with the highlight bar and press <Enter>.
  Else, enter '1' to continue.
      1 Continue
ENDIF

IF MedCNJD = Yes THEN

   Drug coding block

   DIntro
NURSE: PLEASE COMPLETE DRUG CODING FOR
Person *(person no.) (person name)*.
PRESS 1 AND <Enter> TO CONTINUE.
    1 Continue

   Repeat for up to 22 drugs coded

   FOR j:= 1 TO (Number of drugs recorded) DO
     DrC1
   NURSE: ENTER CODE FOR *(name of drug)* ENTER 999999 IF UNABLE TO CODE
     Text: Maximum 6 characters

    IF (Age of Respondent is over 15 years) AND (Drug code begins 02) THEN
     YTake1
   Do you take *(name of drug)* because of a heart problem, high blood pressure or for some
other reason?
     1 Heart problem
     2 High blood pressure
     3 Other reason

    IF YTake1 = Other THEN
     TakeOth1
     NURSE: GIVE FULL DETAILS OF REASON(S) FOR TAKING *(name of drug)*:
      Text: Maximum 255 characters
    ENDIF
   ENDIF
  ENDDO
ENDIF

Vitamin supplements/Nicotine replacements

ALL WITH A NURSE VISIT
Vitamin
At present, are you taking any vitamin or mineral supplements or anything else to supplement your diet or improve your health, other than those prescribed by your doctor?
    1 Yes
    2 No

Smoke
Can I ask, do you smoke cigarettes, cigars or a pipe at all these days?
CODE ALL THAT APPLY.
IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO'.
    1 Yes, cigarettes
    2 Yes, cigars
    3 Yes, pipe
    4 No

IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe) THEN
    LastSmok
    How long is it since you last smoked a *(cigarette, (and/or a) cigar, (and/or a) pipe)*?
        1 Within the last 30 minutes
        2 Within the last 31-60 minutes
        3 Over an hour ago, but within the last 2 hours
        4 Over two hours ago, but within the last 24 hours
        5 More than 24 hours ago
ENDIF

UseGum
We are also interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum or patches. First, in the last seven days have you used any nicotine chewing gum?
    1 Yes
    2 No

IF UseGum=Yes THEN
    GumMG
    What strength is the nicotine chewing gum you are using - is it 2mg or 4mg?
    CODE ONE ONLY. IF BOTH - WHICH MOST RECENTLY? IF CAN'T SAY - ASK TO SEE PACKET
        1 2mg
        2 4mg
        3 Can't say (and no packet available)
ENDIF

UsePat
In the last seven days have you used nicotine patches that you stick on your skin?
    1 Yes
    2 No

IF UsePat=Yes THEN
   NicPats
Can you tell me which brand and strength of nicotine patches you use?
CODE ONE ONLY. DO NOT PROMPT.
IF MORE THAN ONE TYPE - WHICH MOST RECENTLY? IF NOT SURE - ASK TO SEE PACKET
      1 Niconil: 11mg
      2 Niconil: 22mg
      3 Nicorette: 5mg
      4 Nicorette: 10mg
      5 Nicorette: 15mg
      6 Nicotinell TTS: 10 (7mg)
      7 Nicotinell TTS: 20 (14mg)
      8 Nicotinell TTS: 30 (21mg)
      9 Other (SPECIFY AT NEXT QUESTION)
      10 Can't say (and no packet available)

   IF NicPats=Other THEN
      OthNic
      STATE NAME AND STRENGTH OF NICOTINE PATCHES
         Text: Maximum 140 characters
   ENDIF
ENDIF

UseNas
In the last seven days, have you used nicotine nasal spray or a nicotine inhaler?
   1 Yes
   2 No

Blood pressure

IF (PregNTJ = Yes) THEN
  PregMes
RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE. ENTER '1' TO
CONTINUE.
    1 Continue
ENDIF

ALL AGED 16+ (EXCEPT PREGNANT WOMEN)
  BPMod
NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE. ENTER '1' TO CONTINUE:
    1 Continue

  BPIntro
(As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood
pressure readings will tell us a lot about the health of the population.
ENTER '1' TO CONTINUE
    1 Continue

  BPConst
NURSE: Does respondent agree to blood pressure measurement?
    1 Yes, agrees
    2 No, refuses
    3 Unable to measure BP for reason other than refusal

IF BPConst = Yes, agrees THEN
  ConSubX
May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in
the past 30 minutes?
CODE ALL THAT APPLY.
    1 Eaten
    2 Smoked
    3 Drunk alcohol
    4 Done vigorous exercise
    5 (None of these)

  DINNo
RECORD DINAMAP SERIAL NUMBER:
    Range: 001..999

  CufSize
SELECT CUFF AND ATTACH TO THE RESPONDENT'S **RIGHT** ARM.
ASK RESPONDENT TO SIT STILL FOR FIVE MINUTES.
RECORD CUFF SIZE CHOSEN.
    1 Child (12-19 cm)
    2 Small adult (17-25 cm)
    3 Adult (23-33 cm)
    4 Large adult (31-40 cm)
    5 Extra large adult (38-50 cm)

  AirTemp
ENTER AMBIENT AIR TEMPERATURE **IN CELSIUS.**
    Range: 00.0..40.0

Map to Dias repeated for up to 3 blood pressure measurements

FOR I:= 1 TO 3 DO

  Map[i]

TAKE THREE MEASUREMENTS FROM RIGHT ARM. ENTER *(FIRST/SECOND/THIRD)* MAP READING (mmHg). IF READING NOT OBTAINED, ENTER 999.

IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL ENTER "996".

    Range: 001..999

  Pulse[i]

ENTER *(FIRST/SECOND/THIRD)* PULSE READING (bpm).

IF READING NOT OBTAINED, ENTER 999.

    Range: 001..999

  Sys[i]

ENTER *(FIRST/SECOND/THIRD)* SYSTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

    Range: 001..999

  Dias[i]

ENTER *(FIRST/SECOND/THIRD)* DIASTOLIC READING (mmHg).

IF READING NOT OBTAINED, ENTER 999.

    Range: 001..999

ENDDO

IF NO FULL MEASUREMENT OBTAINED THEN

  YNoBP

ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

    1 Blood pressure measurement attempted but not obtained
    2 Blood pressure measurement not attempted
    3 Blood pressure measurement refused

ENDIF

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED THEN

  NAttBP

RECORD WHY *(ONLY TWO READINGS OBTAINED/ONLY ONE READING OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING REFUSED/UNABLE TO TAKE READING)*. CODE ALL THAT APPLY.

    1 Respondent upset/anxious/nervous
    2 Respondent did not understand the procedure
    3 Error 844 reading
    5 Other reason(s) (SPECIFY AT NEXT QUESTION)

ENDIF

IF NattBP = Other THEN

  OthNBP

ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:

    Text: Maximum 140 characters

ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN

  DifBP

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.

    1 No problems taking blood pressure
    2 Reading taken on left arm because right arm not suitable
    3 Respondent was upset/anxious/nervous
    4 Other problems (SPECIFY AT NEXT QUESTION)

ENDIF
IF DifBP=Other THEN
   OthDifBP
NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.
   Text: Maximum 140 characters
ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN
   GPRegB
Are you registered with a GP?
   1 Yes
   2 No

   IF GPRegB = Yes THEN
      GPSend
May we send your blood pressure readings to your GP?
      1 Yes
      2 No

      IF GPSend = No THEN
         GPRefC
SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO
GP. CODE ALL THAT APPLY.
         1   Hardly/Never sees GP
         2   GP knows respondent's BP level
         3   Does not want to bother GP
         4   Other (SPECIFY AT NEXT QUESTION)

         IF GPRefM = Other THEN
            OthRefC
NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL
            Text: Maximum 140 characters
         ENDIF
      ENDIF
   ENDIF

   IF (GPRegB <> Yes) OR (GPSend = No) THEN
      Code022
CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.
ENTER '1' TO CONTINUE
      1 Continue

   ELSEIF GPSend = Yes THEN
      ConsFrm1
   a) COMPLETE 'BLOOD PRESSURE TO GP CONSENT FORM (CHILD UNDER 16:
      FORM BP (C)/ADULT 16+: FORM BP (A))
   b) ASK RESPONDENT TO READ, SIGN AND DATE IT.
   c) CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON
      CONSENT FORM.
   d) CHECK NAME BY WHICH GP KNOWS RESPONDENT.
   e) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.
   ENTER '1' TO CONTINUE.
      1 Continue
   ENDIF

BPOffer

OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.

Pulse	Systolic	Diastolic
i) *(First Pulse reading)*	*(First Systolic reading)*	*(First Diastolic reading)*
ii) *(Second Pulse reading)*	*(Second Systolic reading)*	*(Second Diastolic reading)*
iii) *(Third Pulse reading)*	*(Third Systolic reading)*	*(Third Diastolic reading)*

ENTER ON THEIR **MEASUREMENT RECORD CARD** (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING

IF Systolic reading >179 OR Diastolic reading >114 THEN

TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not. NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.

IF Systolic reading 160-179 OR Diastolic reading 100-114 *(Men aged 16-49 OR Women aged 16+)*

OR IF Systolic reading 170-179 OR Diastolic reading 105-114 *(Men aged 50+)* THEN

TICK THE MODERATELY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading 140-159 OR Diastolic reading 85-99 *(Men aged 16-49 OR Women aged 16+)*

OR IF Systolic reading 160-169 OR Diastolic reading 96-104 *(Men aged 50+)* THEN

TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading <140 AND Diastolic reading <85 *(Men aged 16-49 OR Women aged 16+)*

OR IF Systolic reading <160 AND Diastolic reading <95 *(Men aged 50+)* THEN

TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

ENDIF
  ENDIF
    ENDIF
ENDIF

Waist and hip circumference

IF Respondent aged 16+ THEN
WHMod
NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.
   1 Continue

WHIntro
I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.
   1 Respondent agrees to have waist/hip ratio measured
   2 Respondent refuses to have waist/hip ratio measured
   3 Unable to measure waist/hip ratio for reason other than refusal

IF WHIntro=Agree THEN
Repeat for up to three waist-hip measurements. Third measurement taken only if difference between first two measurements is greater than 3cm.
FOR Loop:= 1 TO 3 DO
IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2].Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3)) THEN
   Waist
   NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM. ENTER *(FIRST/SECOND/THIRD)* WAIST MEASUREMENT IN CENTIMETRES (Remember to include the decimal point).
   IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
      Range: 45.0..1000.0
ENDIF
IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Hip <> 999.9) AND (Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3)) THEN
   Hip
   NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM. ENTER *(FIRST/SECOND/THIRD)* MEASUREMENT OF HIP CIRCUMFERENCE IN CENTIMETRES (Remember to include the decimal point).
   IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
      Range: 75.0..1000.0
ENDIF
ENDDO
IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9) THEN
YNoWH
ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS
   1 Both measurements refused
   2 Attempted but not obtained
   3 Measurement not attempted
ENDIF
ENDIF

IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR Only one waist/hip measurement obtained) THEN
WHPNABM
GIVE REASON(S) *(FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED).*CODE ALL THAT APPLY.
   1 Respondent is chairbound
   2 Respondent is confined to bed
   3 Respondent is too stooped
   4 Respondent did not understand the procedure
   5 Other (SPECIFY AT NEXT QUESTION)

IF WHPNABM = Other THEN
  OthWH
  GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP
  MEASUREMENT:
    Text: Maximum 140 characters
  ENDIF
ENDIF

**IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1
<> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN**
  WJRel
  RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:
    1 No problems experienced, RELIABLE waist measurement
    2 Problems experienced - waist measurement likely to be RELIABLE
    3 Problems experienced - waist measurement likely to be SLIGHTLY UNRELIABLE
    4 Problems experienced - waist measurement likely to be UNRELIABLE

  IF WJRel = Problems experienced THEN
    ProbWJ
    RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR
    DECREASE THE WAIST MEASUREMENT.
      1 Increases measurement
      2 Decreases measurement
  ENDIF
ENDIF

**IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <>
EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN**
  HJRel
  RECORD ANY PROBLEMS WITH HIP MEASUREMENT:
    1 No problems experienced, RELIABLE hip measurement
    2 Problems experienced - hip measurement likely to be RELIABLE
    3 Problems experienced - hip measurement likely to be SLIGHTLY UNRELIABLE
    4 Problems experienced - hip measurement likely to be UNRELIABLE

  IF HJRel = Problems experienced THEN
    ProbHJ
    RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR
    DECREASE THE HIP MEASUREMENT.
      1 Increases measurement
      2 Decreases measurement
  ENDIF
ENDIF

IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN
  WHRes
  OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE
  APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.
    Waist*: (Write in waist measurements 1 and 2)*
    Hip: *(Write in hip measurements 1 and 2)*
  ENTER '1' TO CONTINUE.
  ENDIF
ENDIF

Lung Function

IF Age of Respondent is 7+ THEN
IF NCPregJ = Pregnant THEN
  LFCode1
RESPONDENT IS PREGNANT. NO LUNG FUNCTION TEST TO BE DONE ENTER '1' TO
CONTINUE. CIRCLE CONSENT CODE 04 ON FRONT OF CONSENT BOOKLET.
    1 Continue

ELSEIF NCPregJ = NotPreg THEN
  LFInt
NOW FOLLOWS THE LUNG FUNCTION MODULE. ENTER '1' TO CONTINUE.
    1 Continue

  HaSurg
Can I check, have you had abdominal or chest surgery in the past three weeks?
    1 Yes
    2 No

  IF HaSurg = No THEN
    HaStro
Have you been admitted to hospital for a heart complaint in the past six weeks?
    1 Yes
    2 No

    ChestInf
In the past three weeks, have you had any respiratory infections such as influenza, pneumonia,
bronchitis or a severe cold?
    1 Yes
    2 No

    Inhaler
(Can I just check), have you used an inhaler, puffer or any medication for your breathing in the last 24
hours?
    1 Yes
    2 No

    IF INHALER = Yes THEN
      InHalHrs
How many hours ago did you use it?
INTERVIEWER IF LESS THAN ONE HOUR, CODE 0.
      Range: 0..24
    ENDIF

    IF (HaStro = No) AND (Age of Respondent is >15 years) THEN
      LFIntro1
(As I mentioned earlier) We would like to measure your lung function which will help us
to find out more about the health of the population.
      1 Continue
    ENDIF

IF (HaStro = No) AND (Age of Respondent is 7-15 years) THEN
LFIntro2
(As I mentioned earlier) We would like to measure *your/name of child's* lung function. If you wish, I will write the result of the test on *your/name of child's* Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using age, sex and height. If you would like us to, we will also send *your/name of child's* results to *your/name of child's* GP who is better placed to interpret them.
IF ASKED: There is a wide range that can be considered acceptable. A low result can simply be due to unfitness and does not necessarily indicate any disease. People's results vary from day to day, so a diagnosis cannot be made on the basis of measurements taken on a single occasion.
    1 Continue
ENDIF
ENDIF

IF (HaSurg = Yes) OR (HaStro = Yes) THEN
LFCode2
NO LUNG FUNCTION TEST TO BE DONE. ENTER '1' TO CONTINUE. CIRCLE CONSENT CODE 04 ON FRONT OF CONSENT BOOKLET.
    1 Continue
ENDIF

IF HaSurg = No AND NOT(HaStro = Yes) THEN
LFWill
Would you be willing to have your Lung Function measured?
    1 Yes, agrees
    2 No, refuses
    3 Unable to take lung function measurement for reason other than refusal

IF LFWill = Yes THEN
SpirNo
ENTER THE THREE-DIGIT SPIROMETER SERIAL NUMBER.
    Range: 1..999

LFTemp
NURSE: RECORD THE AMBIENT AIR TEMPERATURE.
ENTER THE TEMPERATURE IN CENTIGRADE TO ONE DECIMAL PLACE.
    Range: 0.0..40.0

LFRec
EXPLAIN THE PROCEDURE AND DEMONSTRATE THE TEST.
RECORD THE RESULTS OF FIVE BLOWS BY THE RESPONDENT IN THE BOXES BELOW.
RECORD EACH BLOW AS IT IS CARRIED OUT.
FOR EACH BLOW, ENTER ALL THREE MEASURES AND CODE WHETHER TECHNIQUE WAS SATIFACTORY.
ENTER '1' TO CONTINUE.
    1 Continue

FOR idx:= 1 TO 5 DO

Records FVC to Technique for five blows

FVC
ENTER FVC READING. IF NO READING OBTAINED ENTER '0'.
  Range: 0.00..9.95

FEV
ENTER FEV READING. IF NO READING OBTAINED ENTER '0'.
  Range: 0.00..9.95

PF
ENTER PF READING. IF NO READING OBTAINED ENTER '0'.
  Range: 0..995

CL
NOW PRESS THE CLEAR BUTTON ON THE SPIROMETER. PRESS ENTER TO CONTINUE.
1 Continue

Technique
WAS THE TECHNIQUE SATISFACTORY?
    1 Yes
    2 No
ENDDO

LFStand
NURSE: MEASUREMENTS TAKEN WHILE RESPONDENT WAS STANDING OR SITTING?
    1 Standing
    2 Sitting
ENDIF

LFResp
NURSE CHECK: CODE ONE ONLY
    1 All 5 technically satisfactory blows obtained
    2 Some blows, but less than 5 technically satisfactory blows obtained
    3 Attempted, but no technically satisfactory blows obtained
    4 All blows refused
    5 None attempted

IF LFResp = Some THEN
ProbLF
NURSE: GIVE REASONS WHY LESS THAN 5 BLOWS OBTAINED. CODE ALL THAT APPLY.
    1 Refused to continue
    2 Breathlessness
    3 Coughing fit
    4 Other (SPECIFY AT NEXT QUESTION)

IF ProbLF = Other THEN
OthProb
NURSE: GIVE DETAILS OF WHY LESS THAN 5 BLOWS OBTAINED.
    Text: Maximum 40 characters
ENDIF
ENDIF

IF (LFWill = No) OR (LFResp = Attempted, not obtained ... None attempted) THEN
NoAttLF
LUNG FUNCTION READING NOT OBTAINED. CIRCLE CONSENT CODE 04 ON FRONT OF CONSENT BOOKLET. GIVE REASON WHY LUNG FUNCTION MEASUREMENTS WERE NOT ATTEMPTED/REFUSED. CODE ONE ONLY.
    1   Temperature of house too cold
    2   Temperature of house too hot
    3   Equipment failure
    4   Breathlessness
    5   Unwell
    6   Other reason why measurements not attempted/refused (SPECIFY AT NEXT QUESTION)

    IF NoAttLF = Other THEN
    OthNoAt
    NURSE: GIVE DETAILS OF WHY LUNG FUNCTION MEASUREMENTS WERE NOT ATTEMPTED/REFUSED.
        Text: Maximum of 40 characters
    ENDIF
ENDIF

IF LFResp = None THEN
LFCode3
NURSE: CIRCLE CONSENT CODE 04 ON FRONT OF CONSENT BOOKLET. ENTER '1' TO CONTINUE.
    1   Continue
ENDIF

NCGPLF
IMPUTED: WHETHER OR NOT SATISFACTORY BLOW.
    1   No technically satisfactory blow
    2   At least one technically satisfactory blow AND GPRegB = 1 (Yes)
    3   At least one technically satisfactory blow AND GPRegB = 2 (No)

IF (BPConst = Refuse) OR (BPConst = Unable) THEN
LFSam
NURSE: IF NOT ALREADY ASKED (Can I just check) are you *(name of child)* registered with a GP?
    1   Respondent registered with GP
    2   Respondent not registered with GP
ENDIF

IF (NCGPLF = OneYes OR LFSam = GP) AND LFWill = Yes THEN
GPSendLF
May we send your *(name of child's)* lung function test results to your *(name of child's)* GP?
    1   Yes
    2   No
ENDIF

IF GPSENDLF = No THEN
LFCode4
NURSE: CIRCLE CONSENT CODE 04 ON FRONT OF CONSENT BOOKLET. ENTER '1' TO CONTINUE.
    1   Continue

GPRLFM
SPECIFY REASON(S) FOR REFUSAL TO ALLOW LF READINGS TO BE SENT TO GP.
CODE ALL THAT APPLY.
    1 Hardly/Never sees GP
    2 GP knows respondent's LF level
    3 Does not want to bother GP
    4 Other (SPECIFY AT NEXT QUESTION)

IF (GPRLFM=Other) THEN
OthRefM
NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL.
    Text: Maximum 40 characters
ENDIF
ENDIF

IF (GPREGB <> Yes OR GPSEND = No) AND (GPSENDLF = No) THEN
LFCode5
NURSE: CIRCLE CONSENT CODE 04 ON FRONT OF CONSENT BOOKLET. ENTER '1'
TO CONTINUE.
    1 Continue
ENDIF

IF (GPSENDLF = Yes) AND (Age of Respondent is over 15 years) THEN
NCIns1
NURSE: COMPLETE LUNG FUNCTION TO GP CONSENT FORM (ADULT 16+) LF(A)
ASK RESPONDENT TO SIGN AND DATE IT. CHECK GP NAME, ADDRESS AND
PHONE NUMBER ARE RECORDED ON FRONT OF CONSENT BOOKLET. CHECK
NAME BY WHICH GP KNOWS RESPONDENT. CIRCLE CONSENT CODE 03 ON
FRONT OF CONSENT BOOKLET.
    1 Continue
ENDIF

IF (GPSENDLF = Yes) AND (Age of Respondent is 7 to 15 years) THEN
NCIns1c
RESULTS CAN BE SENT TO GP.
NURSE: COMPLETE LUNG FUNCTION TO GP CONSENT FORM (AGES 7-15) LF(C).
ASK RESPONDENT'S PARENT TO SIGN AND DATE IT. CHECK GP NAME, ADDRESS
AND PHONE NUMBER ARE RECORDED ON FRONT OF CONSENT BOOKLET.
CHECK NAME BY WHICH GP KNOWS RESPONDENT. CIRCLE CONSENT CODE 03
ON FRONT OF CONSENT BOOKLET.
    1 Continue
ENDIF

IF (LFResp = All..Some) THEN
NCIns2
LUNG FUNCTION MEASURED. OFFER LUNG FUNCTION RESULTS TO
RESPONDENT. ENTER THEIR HIGHEST FVC AND HIGHEST FEV AND HIGHEST PF
READINGS ON MRC. (COMPLETE NEW RECORD CARD IF REQUIRED).
    1 Continue
ENDIF
ENDIF
ENDIF

Saliva sample

IF Respondent aged 7+ THEN

SalInt1

NURSE: NOW FOLLOWS THE SALIVARY SAMPLE.

   1   Continue

SalIntr1

NURSE: IF YOU HAVE NOT ALREADY DONE SO, ASK RESPONDENT FOR A SALIVA SAMPLE.

READ OUT: I would like to take a sample of saliva (spit). This simply involves *dribbling saliva down a straw into a tube / keeping a dental roll in your mouth for a few minutes.* The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking

   1   Respondent agrees to give saliva sample
   2   Respondent refuses to give saliva sample
   3   Unable to obtain saliva sample for reason other than refusal

IF SalIntr1=Agree THEN

SalInst

ASK RESPONDENT TO *DRIBBLE THOUGH STRAW INTO TUBE / INSERT DENTAL ROLL IN MOUTH* AND PROVIDE SALIVA SAMPLE.

   1   Continue

SalObt1

NURSE CHECK

   1   Saliva sample obtained
   2   Saliva sample refused
   3   Saliva sample not attempted
   4   Attempted but not obtained

ENDIF

IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable) THEN

SalNObt

RECORD WHY SALIVA SAMPLE NOT OBTAINED. CODE ALL THAT APPLY.

   3   Respondent not able to produce any saliva
   4   Other (SPECIFY AT NEXT QUESTION)

IF SalNObt = Other THEN

OthNObt

GIVE FULL DETAILS OF REASON(S) WHY SALIVA SAMPLE NOT OBTAINED.

   Text: Maximum 140 characters

ENDIF

ENDIF

Blood sample

ALL aged 11+ (EXCEPT PREGNANT WOMEN)
BlIntro
NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE. ENTER '1' TO CONTINUE.
>   1   Continue

IF Age of respondent is 16 or 17 years THEN
>   **NCGuard**
>   NURSE CHECK
>   1   Respondent lives with parent or person with legal responsibility ("Parent")
>   2   Does NOT live with parent or person with legal responsibility ("Parent")

ENDIF

IF (Age of respondent is 11-15 years) OR (Age of respondent is over 17 years) OR NCGuard = Parent) THEN
>   **ClotB**
>   EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.
>   May I just check, do *you/child's name* have a clotting or bleeding disorder or are *you/child's name* currently on anti-coagulant drugs such as Warfarin?
>   (NB ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE.)
>   1   Yes
>   2   No

>   **IF ClotB = No THEN**
>   >   **Fit**
>   >   May I just check, *have/has you /child's name* ever had a fit (including epileptic fit, convulsion, convulsion associated with high fever)?
>   >   1   Yes
>   >   2   No
>   **ENDIF**
ENDIF

IF (Fit = No) THEN
>   **IF Age of respondent is 11 to 17 years THEN**
>   **EMLA**
>   Explain that there is the option of using EMLA cream, but that a sample can be given without EMLA. Give parent/respondent the EMLA information sheet and allow them time to read it.
>   ENTER '1' TO CONTINUE.
>   >   1   Continue

>   **IF Age of Respondent is 11 to 15 years THEN**
>   >   **CBSConst**
>   >   ASK PARENT/"PARENT": Are you willing for your child to have a blood sample taken?
>   >   1   Yes
>   >   2   No
>   **ENDIF**
>   **ENDIF**
ENDIF

IF (Fit = No) AND (CBSConst <> No) THEN
>   **BSWill**
>   Would you be willing to have a blood sample taken?
>   1   Yes
>   2   No

IF Age of Respondent is 11 to 17 Years AND BSWill = Yes THEN
EMLAUse
Do you want EMLA cream to be used?
1   Yes
2   No

IF EMLAuse = Yes THEN
Allergy
Have you ever had a bad reaction to a local or general anaesthetic bought over the counter at a chemist, or given at the doctor, the dentist or in hospital?
1   Yes
2   No

IF Allergy = Yes THEN
NoEMLA
EMLA CREAM CANNOT BE USED. IS RESPONDENT WILLING TO GIVE BLOOD SAMPLE WITHOUT EMLA CREAM?
Code 1 if yes, willing to give blood sample without EMLA cream.
Code 2 if no, not willing to give blood sample without EMLA.
1   Yes, willing
2   No, no blood sample

ELSEIF Allergy = No THEN
EMLAnow
NURSE CODE: ARE YOU GOING TO APPLY EMLA DURING THE FIRST VISIT, OR RETURN FOR A SECOND VISIT?
1   During the first visit
2   Return for a second visit.

IF EMLANow = Second THEN
Later (a)
NURSE: **BLOOD SAMPLE WITH EMLA CREAM.**
CODE 1 TO CONTINUE WITH REST OF SCHEDULE ON THE FIRST VISIT.
CODE 2 IF THIS IS THE RETURN VISIT.
1   Finish rest of schedule now (ONLY APPLIES TO FIRST VISIT)
2   This is the return visit and ready to take blood sample
ENDIF
ENDIF
ENDIF
ENDIF

IF (BSWill = No OR CBSConst = No) THEN
RefBS
RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.
1   Previous difficulties with venepuncture
2   Dislike/fear of needles
3   Respondent recently had blood test/health check
4   Refused because of current illness
5   Worried about HIV or AIDS
6   Other

IF RefBS = Other THEN
    OthRefBSC
    GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.
        Text: Maximum 135 characters
ENDIF

ELSEIF BSWill = Yes THEN
    IF (Age of Respondent is 11 to 17 years) AND (EMLAUse = No OR EMLANow = Now OR Later = Return OR NoEMLA = Yes) THEN
    BSConsC
    EXPLAIN NEED FOR WRITTEN CONSENT(FROM PARENT/"PARENT"): Before I can take any blood, I have to obtain (*written consent from you/the written consent from both parent and child).*
    ENTER '1' TO CONTINUE.
        1 Continue

        IF NCGuard = Parent THEN
        GuardCon
        CHECK: Is a parent or person with legal responsibility willing to give consent?
            1 Yes
            2 No

        IF GuardCon = No THEN
        Ignore
        RECORD DETAILS OF WHY CONSENT REFUSED
            Text: Maximum 140 characters
        ENDIF
    ENDIF
ENDIF

IF (Age of respondent is >18 OR GuardCon = Yes) AND NoEMLA <> No THEN
    BSCons
    FILL IN (CHILD'S/RESPONDENT'S) NAME AND YOUR NAME AT TOP OF FORM *(BS(C) CHILD AGED 11-17/ BS(A) ADULT AGED 18+)* IN CONSENT BOOKLET.
    TICK THE BOX *(With the use of EMLA/Without the use of EMLA).*
    ASK RESPONDENT/CHILD AND PARENT/"PARENT") TO READ, SIGN AND DATE PART I OF BLOOD SAMPLE CONSENT FORM.
    CIRCLE CONSENT **CODE 05** ON THE FRONT OF THE CONSENT BOOKLET.
    ENTER '1' TO CONTINUE.
        1 Continue

ENDIF

IF (BSWill = Yes) THEN

    IF (B.Press RespBPS = [Tried..Refused]) THEN
    GPSam
    NURSE CHECK:
        1 Respondent registered with GP
        2 Respondent not registered with GP
    ENDIF

IF (B.Press GPRegB = Yes OR GPSam = GP) THEN
  SendSam
May we send the results of your blood sample analysis to your GP?
    1 Yes
    2 No

  IF SendSam = Yes THEN
    BSSign
    OBTAIN *(SIGNATURES OF RESPONDENT AND PARENT/"PARENT" / SIGNATURE)*
    FOR PART II OF BLOOD SAMPLE CONSENT FORM.
    CHECK NAME BY WHICH GP KNOWS RESPONDENT.
    CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON FRONT OF
    CONSENT BOOKLET.
    CIRCLE CONSENT **CODE 07** ON FRONT OF CONSENT BOOKLET.
    ENTER '1' TO CONTINUE.
        1 Continue

  ELSEIF SendSam = No THEN
    SenSam
    Why do you not want *your/child's name's* blood sample results sent to your GP?
        1 Hardly/never sees GP
        2 GP recently took blood sample
        3 Does not want to bother GP
        4 Other

    IF SenSam = Other THEN
      OthSam
      GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO
      GP.
          Text: Maximum 140 characters
    ENDIF
  ENDIF
ENDIF

IF (GPSam = NoGP OR SendSam = No) THEN
  Code08
  CIRCLE CONSENT CODE 08 ON FRONT OF CONSENT BOOKLET.
  ENTER '1' TO CONTINUE
      1 Continue
ENDIF

ConStorB
ASK RESPONDENT: May we have your consent to store any remaining blood for future
analysis?
    1 Yes, Storage consent given
    2 No, Consent refused

IF ConStorB = Yes THEN
  Code09
  OBTAIN *(SIGNATURES OF RESPONDENT AND PARENT/"PARENT" / SIGNATURE)*
  AT PART III OF BLOOD SAMPLE CONSENT FORM.
  CIRCLE CONSENT **CODE 09** ON FRONT OF CONSENT BOOKLET.
      1 Continue

ELSEIF ConStorB = No THEN
   Code10
   CIRCLE CONSENT **CODE 10** ON FRONT OF CONSENT BOOKLET.
   ENTER '1' TO CONTINUE.
      1   Continue
ENDIF

TakeSam
CHECK YOU HAVE ALL APPLICABLE SIGNATURES. TAKE BLOOD SAMPLES:
FILL *(1 Plain (red) tube / 1 Plain (red) tube, 1 EDTA (purple) tube* in this order).
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE RED LABEL USING A
BLUE BIRO. DO ONE LABEL PER TUBE.
Serial number: *(displays serial number)*
Date of birth: *(displays date of birth)*
CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT. STICK THE RED
LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.
ENTER '1' TO CONTINUE.
      1   Continue

SampF1
CODE IF PLAIN RED TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):
      1   Yes
      2   No

SampF2
CODE IF EDTA PURPLE TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):
      1   Yes
      2   No

ENDIF

SampTak
Computed: Blood sample outcome.
      1   Blood sample obtained
      2   No blood sample obtained

IF SampTak = Yes THEN
   SampArm
   RECORD WHICH ARM BLOOD TAKEN FROM
      1   Right
      2   Left
      3   Both

   SamDif
   RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE. CODE ALL THAT APPLY.
      1   No problem
      2   Incomplete sample
      3   Collapsing/poor veins
      4   Second attempt necessary
      5   Some blood obtained, but respondent felt faint/fainted
      6   Unable to use tourniquet
      7   Other (SPECIFY AT NEXT QUESTION)

IF SamDif = Other THEN
  OthBDif
  GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.
    Text: Maximum 140 characters
ENDIF

SnDrSam
Would you like to be sent the results of *your/child's name* blood sample analysis?
    1 Yes
    2 No

IF SnDrSam = Yes THEN
  Code11
  CIRCLE CONSENT **CODE 11** ON FRONT OF CONSENT BOOKLET.
  ENTER '1' TO CONTINUE.
    1 Continue

ELSEIF SnDrSam = No THEN
  Code122
  CIRCLE CONSENT **CODE 12** ON FRONT OF CONSENT BOOKLET.
  ENTER '1' TO CONTINUE.
    1 Continue
ENDIF

ELSEIF SampTak = No THEN
  NoBSM
  CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.
    1 No suitable or no palpable vein/collapsed veins
    2 Respondent was too anxious/nervous
    3 Respondent felt faint/fainted
    4 Other

IF NoBSM = Other THEN
  OthNoBSM
  GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.
    Text: Maximum 140 characters
ENDIF

Code12
CROSS OUT CONSENT **CODES 05, 07, AND 09** IF ALREADY CIRCLED ON FRONT OF
CONSENT BOOKLET.REPLACE WITH CONSENT **CODES 06, 08, 10 AND 12** ON
FRONT OF CONSENT BOOKLET.ENTER '1' TO CONTINUE.
    1 Continue
  ENDIF
  ENDIF
  ENDIF
ENDIF

CARD A

RELATIONSHIP

1　　Husband / Wife

2　　Partner / Cohabitee

3　　Natural son / daughter

4　　Adopted son / daughter

5　　Foster son / daughter

6　　Stepson / Stepdaughter / Child of partner

7　　Son-in-law / Daughter-in-law

8　　Natural parent

9　　Adoptive parent

10　Foster parent

11　Step-parent

12　Parent-in-law

13　Natural brother / Natural sister (ie. both natural parents the same)

14　Half-brother / Half-sister (ie. one natural parent the same)

15　Step-brother / Step-sister (ie. no natural parents the same)

16　Adopted brother / Adopted sister

17　Foster brother / Foster sister

18　Brother-in-law / Sister-in-law

19　Grandchild

20　Grandparent

21　Other relative

22　Other non-relative

CARD B

1   Own it outright

2   Buying it with the help of a mortgage or loan

3   Pay part rent and part mortgage (shared ownership)

4   Rent it

5   Live rent-free (include rent-free in relative's/friend property but not squatting)

6   Squatting

CARD C

1   Gas fired boiler for central heating or hot water

2   Oil fired boiler for central heating or hot water

3   Coal or coke boiler or stove

4   Wood burning stove

5   Gas or calor gas fire in fireplace with flue or chimney

6   Other gas or calor gas fire

7   Open coal fire

8   Gas hob or cooking rings

9   Gas oven

10   Paraffin heating

CARD D

1   Cupboard, always locked

2   Cupboard at least 5ft (1.5m) above floor level, not always/never locked

3   Cupboard less than 5 ft (1.5m) above floor level, not always/never locked

4   Shelf at least 5ft (1.5m) above floor level

5   Elsewhere

CARD E

1   Earnings from employment or self-employment

2   State retirement pension

3   Pension from former employer

4   Child Benefit

5   Job-Seekers Allowance

6   Income Support

7   Working Families' Tax Credit

8   Housing Benefit

9   Other State Benefits

10 Interest from savings and investments (eg. stocks and shares)

11 Other kinds of regular allowance from outside your household (eg. maintenance, student grants, rent)

12 No source of income

CARD F

GROSS INCOME FROM ALL SOURCES
(before any deductions for tax, national insurance, etc.)

WEEKLY	or	MONTHLY	or	ANNUAL

WEEKLY	MONTHLY	ANNUAL
Less than £10 1	Less than £40 1	Less than £520 1
£10 less than £30 2	£40 less than £130 2	£520 less than £1,600 2
£30 less than £50 3	£130 less than £220 3	£1,600 less £2,600 3
£50 less than £70 4	£220 less than £300 4	£2,600 less than £3,600 4
£70 less than £100 5	£300 less than £430 5	£3,600 less than £5,200 5
£100 less than £150 6	£430 less than £650 6	£5,200 less than £7,800 6
£150 less than £200 7	£650 less than £870 7	£7,800 less than £10,400 7
£200 less than £250 8	£870 less than £1,100 8	£10,400 less than £13,000 8
£250 less than £300 9	£1,100 less than £1,300 9	£13,000 less than £15,600 9
£300 less than £350 10	£1,300 less than £1,500 10	£15,600 less than £18,200 10
£350 less than £400 11	£1,500 less than £1,700 11	£18,200 less than £20,800 11
£400 less than £450 12	£1,700 less than £2,000 12	£20,800 less than £23,400 12
£450 less than £500 13	£2,000 less than £2,200 13	£23,400 less than £26,000 13
£500 less than £550 14	£2,200 less than £2,400 14	£26,000 less than £28,600 14
£550 less than £600 15	£2,400 less than £2,600 15	£28,600 less than £31,200 15
£600 less than £650 16	£2,600 less than £2,800 16	£31,200 less than £33,800 16
£650 less than £700 17	£2,800 less than £3,000 17	£33,800 less than £36,400 17
£700 less than £800 18	£3,000 less than £3,500 18	£36,400 less than £41,600 18
£800 less than £900 19	£3,500 less than £3,900 19	£41,600 less than £46,800 19
£900 less than £1,000 20	£3,900 less than £4,300 20	£46,800 less than £52,000 20
£1,000 less than £1,150 21	£4,300 less than £5,000 21	£52,000 less than £60,000 21
£1,150 less than £1,350 22	£5,000 less than £5,800 22	£60,000 less than £70,000 22
£1,350 less than £1,550 23	£5,800 less than £6,700 23	£70,000 less than £80,000 23
£1,550 less than £1,750 24	£6,700 less than £7,500 24	£80,000 less than £90,000 24
£1,750 less than £1,900 25	£7,500 less than £8,300 25	£90,000 less than £100,000 25
£1,900 less than £2,100 26	£8,300 less than £9,200 26	£100,000 less than £110,000 26
£2,100 less than £2,300 27	£9,200 less than £10,000 27	£110,000 less than £120,000 27
£2,300 less than £2,500 28	£10,000 less than £10,800 28	£120,000 less than £130,000 28
£2,500 less than £2,700 29	£10,800 less than £11,700 29	£130.000 less than £140,000 29
£2,700 less than £2,900 30	£11,700 less than £12,500 30	£140,000 less than £150,000 30
£2,900 or more 31	£12,500 or more 31	£150,000 or more 31

CARD G

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

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

3   On a Government scheme for employment training

4   Doing unpaid work for a business that you own, or that a relative owns

5   Waiting to take up paid work already obtained

6   Looking for paid work or a Government training scheme

7   Intending to look for work but prevented by temporary sickness or injury

8   Permanently unable to work because of long-term sickness or disability

9   Retired from paid work

10   Looking after the home or family

11   Doing something else **(PLEASE SAY WHAT)**

CARD H

1 Cannot walk 200 yards or more on own without stopping or discomfort
WITH WALKING AID IF NORMALLY USED

2 Cannot walk up and down a flight of 12 stairs without resting

3 Cannot follow a TV programme at a volume others find acceptable
WITH HEARING AID IF NORMALLY USED

4 Cannot see well enough to recognise a friend across a road
WITH GLASSES OR CONTACT LENSES IF NORMALLY USED

5 Cannot speak without difficulty

CARD I

1   Cannot get in and out of bed on own without difficulty

2   Cannot get in and out of a chair without difficulty

3   Cannot bend down and pick up a shoe from the floor when standing

4   Cannot dress and undress without difficulty

5   Cannot wash hands and face without difficulty

6   Cannot feed, including cutting up food, without difficulty

7   Cannot get to and use toilet on own without difficulty

8   Have problems communicating with other people –
     that is, have problems understanding them or being
     understood by them

CARD J

1   On a pavement or in a pedestrian area

2   On a road

3   In a home or garden (either your own or someone else's)

4   In a place used for sports, play or recreation (including sports facility at a school or college)

5   In some other part of a school or college

6   In an office, factory, shop, pub, restaurant or other public building

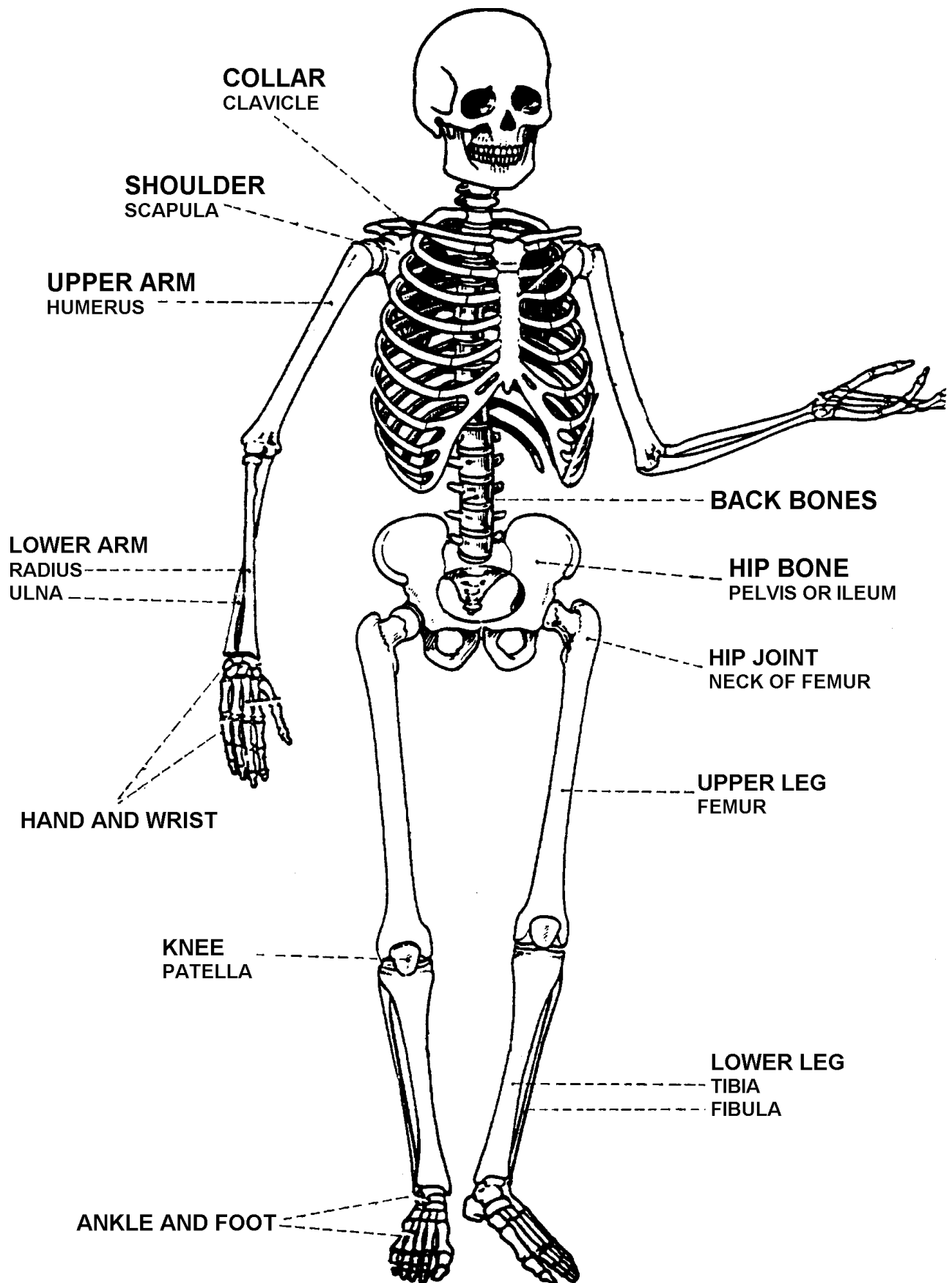7   In a playgroup or nursery

8   Other **(PLEASE SAY WHERE)**

CARD K

1   Broken bones

2   Dislocated joints

3   Losing consciousness

4   Straining or twisting a part of the body

5   Cutting, piercing or grazing a part of the body

6   Bruising, pinching or crushing a part of the body

7   Swelling or tenderness in some part of the body

8   Getting something stuck in the eye, throat, ear or other part of the body

9   Burning or scalding

10 Poisoning

11 Other injury to internal parts of the body

12 Animal or insect bite or sting

13 Other **(PLEASE SAY WHAT)**

CARD L

1 Eyes

2 Face or teeth

3 Other part of the head

4 Neck

5 Back

6 Shoulder, arm, wrist or hand

7 Hip, leg, ankle or foot

8 Chest, ribs or lungs

9 Abdomen or genitals

10 Other internal organs

CARD M

COLLAR
CLAVICLE

SHOULDER
SCAPULA

UPPER ARM
HUMERUS

LOWER ARM
RADIUS
ULNA

HAND AND WRIST

BACK BONES

HIP BONE
PELVIS OR ILEUM

HIP JOINT
NECK OF FEMUR

UPPER LEG
FEMUR

KNEE
PATELLA

LOWER LEG
TIBIA
FIBULA

ANKLE AND FOOT

CARD N

1   Hospital

2   GP/Family Doctor

3   Nurse at GP surgery

4   Nurse at your place of work or school

5   Doctor at your place of work or school

6   Other doctor or nurse

7   Ambulance staff

8   Volunteer first aider

9   Chemist or pharmacist

10   Family, friends, colleagues, passers-by

11   Looked after self

12   Other person/s

CARD O

1 Dust

2 Pets

3 Feathers

4 Being excited or upset

5 Cold air

6 Chest infections, cold, 'flu

7 Cigarette smoke

8 Pollen

9 Grass

10 Traffic fumes

11 Certain food or drinks

12 Exercise

13 Aspirin

14 Other things **(PLEASE SAY WHAT)**

CARD P

1   A general practitioner (GP)

2   Nurse at GP surgery/health centre

3   Community or District Nurse

4   Hospital casualty/Accident and Emergency
     Department

5   Consultant/specialist at hospital outpatients

6   Consultant/specialist elsewhere

7   Homeopath

8   Acupuncturist

9   Other alternative medicine professional

CARD Q

INHALED MEDICATIONS USING
Inhalers, Puffers, Nebulisers, Rotahalers, etc

1   Ventolin

2   Intal

3   Tilade

4   Bricanyl

5   Serevent

6   Atrovent

7   Becotide

8   Pulmicort

9   Aerolin

10   Oxivent

11   Aerobec

12   Salbutamol

13   Terbutaline

14   Salmeterol

15   Beclometasone

16   Berotec

CARD R

TABLETS OR SYRUPS

1   Ventolin

2   Volmax

3   Monovent

4   Bricanyl

5   Nuelin

6   Slo-phyllin

7   Theo-dur

8   Prednisolone

9   Deltacortril

10   Salbutamol

11   Aminophylline

CARD S

1 Almost every day

2 Five or six days a week

3 Three or four days a week

4 Once or twice a week

5 Once or twice a month

6 Once every couple of months

7 Once or twice a year

8 Not at all in the last twelve months

CARD T

1   Normal strength (less than 6 % alcohol) beer, lager, stout, cider, or shandy (excluding cans or bottles of shandy)

2   Strong beer, lager, stout or cider (6% alcohol or more) (eg. Tennants Extra, Special Brew, Diamond White)

3   Spirits or Liqueurs (e.g. Gin, Whiskey, Brandy, Rum, Vodka, Advocaat, Cocktails)

4   Sherry or Martini (including Port, Vermouth, Cinzano and Dubonnet)

5   Wine (including Babycham and Champagne)

6   Alcoholic soft drinks or 'alcopops' (such as Hooch, Two Dogs, Alcola)

7   Other alcoholic drinks

8   Low alcohol drinks only

CARD U

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

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

3   On a Government scheme for employment training

4   Doing unpaid work for a business that you own, or that a relative owns

5   Waiting to take up paid work already obtained

6   Looking for paid work or a Government training scheme

7   Intending to look for work but prevented by temporary sickness or injury

8   Permanently unable to work because of long-term sickness or disability

9   Retired from paid work

10   Looking after the home or family

11   Doing something else **(PLEASE SAY WHAT)**

CARD V

White

Mixed ethnic group

Black

Black British

Asian

Asian British

Any other group

CARD V

CARD W

1   Degree or degree level qualification (including higher degree)

2   Teaching qualification

3   Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife

4   HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher

5   ONC/OND, BEC/TEC/BTEC **not** higher

6   City and Guilds Full Technological Certificate

7   City and Guilds Advanced/Final Level

8   City and Guilds Craft/Ordinary Level

9   A-levels/Higher School Certificate

10   AS level

11   SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies

12   O-level passes taken in 1975 or earlier

13   O-level passes taken after 1975 GRADES A-C

14   O-level passes taken after 1975 GRADES D-E

15   GCSE GRADES A-C

16   GCSE GRADES D-G

17   CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3

18   CSE GRADES 2-5/SCE Ordinary BANDS D-E

19   CSE Ungraded

20   SLC Lower

21   SUPE Lower or Ordinary

22   School Certificate or Matric

23   NVQ Level 5

24   NVQ Level 4

25   NVQ Level 3/Advanced level GNVQ

26   NVQ Level 2/Intermediate level GNVQ

27   NVQ Level 1/Foundation level GNVQ

28   Recognised Trade Apprenticeship completed

29   Clerical or Commercial Qualification (eg typing/ bookkeeping/ commerce)

FRUIT AND VEGETABLE MODULE

CODING LIST A
FRESH FRUIT SIZES

Name of Fruit	Size of Fruit	Name of Fruit	Size of Fruit
Apple (all types)	Medium	Mandarin orange	Medium
Apricot	Small	Mango	Large
Apple banana	Small	Medlar	Medium
Avocado	Large	Melon (all types)	Very large
Banana	Medium	Mineola	Large
Berry (other)	Very small	Nectarine	Medium
Bilberry	Very small	Nino	Small
Blackcurrant	Very small	Olive	Very small
Blackberry	Very small	Orange	Medium
Blueberry	Very small	Passion fruit	Very small
Cactus pear	Very small	Papaya	Large
Cape gooseberry	Very small	Paw Paw	Large
Carambala	Very small	Peach	Medium
Cherlmoya	Very small	Pear	Medium
Cherry	Very small	Persimmon	Medium
Chinese gooseberry	Small	Pitaya	Large
Chinese lantern	Very small	Pineapple	Very large
Chirimoya	Very small	Physalis	Very small
Clementine	Medium	Plantain	Medium
Custard Apple	Very small	Plum	Small
Damson	Very small	Pomegranate	Medium
Date (fresh)	Small	Pomelo	Large
Dragon Fruit/	Large	Pummelo	Large
Elderberry	Very small	Prickly pear	Very small
Figs (fresh)	Small	Rambutans	Very small
Gooseberry	Very small	Raspberry	Very small
Granadilla	Very small	Redcurrants	Very small
Grapes (all types)	Very small	Satsuma	Medium
Grapefruit	Large	Shaddock	Large
Greengage	Small	Sharon fruit	Medium
Grenadillo	Very small	Starfruit	Very small
Guava	Medium	Strawberry	Very small
Horned melon	Very small	Stonefruit	Very small
Kiwi	Small	Tamarillo	Very small
Kubo	Very small	Tangerine	Medium
Kumquat	Very small	Tomato	Medium
Lemon	Medium	Tree tomato	Very small
Lime	Medium	Ugli	Large
Loquat	Very small	Unique	Large
Lychee	Very small		

P2127   **Health Survey for England**

CONSENT BOOKLET

Please use capital letters and write in ink

ADDRESS

Survey month: _____

POINT   ADDRESS
☐☐   ☐☐

HHLD   CKL   PERSON
☐   ☐   ☐☐

1. Nurse number ☐

2. Date schedule completed

DAY ☐☐   MONTH ☐☐   YEAR ☐☐

3. Full name (of person tested) _____

Name by which GP knows person (if different) _____

4. Sex   Male | 1 |

        Female | 2 |

5. Date of birth:

DAY ☐☐   MONTH ☐☐   YEAR ☐☐

6. Full name of parent/guardian (*if person under 18*) _____

7. **GP NAME AND ADDRESS**

Dr: …………………………………………………..

Practice Name: …………………………………….

Address: ……………………………………………..

………………………………………………………….

Town: ……………………………………………….

County: …………………………………………….

Postcode: ………………………………………….

Telephone no: ……………………………………

8. **NURSE USE ONLY**

GP address complete   1

GP address incomplete   2

No GP   3

9.

SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
a) Blood pressure to **GP**	01	02
b) Lung function result to **GP**	03	04
c) Sample of blood to be taken	05	06
d) Blood sample result to **GP**	07	08
e) Blood sample for **storage**	09	10
f) Blood sample result to **respondent**	11	12

BLOOD PRESSURE TO GP CONSENT FORM   BP (A)

(ADULT 16+)

I, (name) _____

consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my blood pressure results. I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Signed _____

Date _____

BLOOD PRESSURE TO GP CONSENT FORM   BP (C)

(CHILD UNDER 16)

I, (name) _____

am the parent/guardian of

(child's name) _____

and I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing his/her General Practitioner (GP) of his/her blood pressure results. I am aware that the results of his/her blood pressure measurement may be used by his/her GP to help monitor his/her health and that his/her GP may wish to include the results in any future report about him/her.

Signed _____

Date _____

LUNG FUNCTION TO GP CONSENT FORM   LF (A)

(ADULT 16+)

I, (name) _____

consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my lung function results. I am aware that the results of my lung function measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Signed _____

Date _____

LUNG FUNCTION TO GP CONSENT FORM LF (C)

(CHILD UNDER 16)

I, (name) _____

am the parent/guardian of

(child's name) _____

and I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing his/her General Practitioner (GP) of his/her lung function results. I am aware that the results of his/her lung function measurement may be used by his/her GP to help monitor his/her health and that his/her GP may wish to include the results in any future report about him/her.

Signed _____

Date _____

BLOOD SAMPLE CONSENT FORM   BS (A)

(ADULT AGED 18+)

I, (name) _____

I.   *Consent to _____ (qualified nurse) taking a sample of my blood on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit. This blood sample will <u>not</u> be used to test for viruses (eg HIV test). The sample will be tested for: IgE and house dust mite specific IgE. For those aged 18 to 24 it will also be tested for haemoglobin and ferritin.*

The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her. I have received a written explanation of these matters.

Signed _____   Date _____

II.   *I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample analysis results for IgE and house dust mite specific IgE and, for those aged 18 to 24, haemoglobin and ferritin. I am aware that the results of my blood sample analysis may be used by my GP to help him/her monitor my health and that my GP may wish to include the results in any future report about me.*

Signed _____   Date _____

III.   *I consent to any remaining blood being stored for future analysis. The sample will <u>not</u> be used to test for viruses (eg HIV test).*

Signed _____   Date _____

BLOOD SAMPLE CONSENT FORM   BS (C)

(CHILD AGED 11-17)

I, (name) _____

I.   Consent to _____ (qualified nurse) taking a sample of
      my blood on behalf of the National Centre for Social Research/UCL Joint
      Health Surveys Unit. This blood sample will <u>not</u> be used to test for viruses (eg
      HIV test). The sample will be tested for haemoglobin, ferritin, IgE and house dust
      mite specific IgE.

      The purpose and procedure, and possible use of EMLA cream, have been
      explained to me by the nurse and I have had an opportunity to discuss this with
      him/her. I have received a written explanation of these matters.

      I consent to the sample being taken……………..**tick one box:**

                              With the use of EMLA cream ☐

                                  Without EMLA cream ☐

      Signed _____   Date _____

      Countersigned by Parent or Person with legal parental responsibility:

      Signed _____   Date _____

II.   I consent to the National Centre for Social Research/UCL Joint Health
      Surveys Unit informing my General Practitioner (GP) of the blood sample
      analysis results for haemoglobin, ferritin, IgE, house dust mite specific IgE. I am
      aware that the results of my blood sample analysis may be used by my GP to
      help him/her monitor my health and that my GP may wish to include the results in
      any future report about me.

      Signed _____   Date _____

      Countersigned by Parent or Person with legal parental responsibility

      Signed _____   Date _____

III. I consent to any remaining blood being stored for future analysis. The sample will
      <u>not</u> be used to test for viruses (eg HIV test).

      Signed _____   Date _____

      Countersigned by Parent or Person with legal parental responsibility

      Signed _____   Date _____

THE HEALTH SURVEY FOR ENGLAND:
2001
DESPATCH NOTE FOR BLOOD and SALIVA SAMPLES
(LABORATORY COPY)

Complete <u>all</u> sections CLEARLY and LEGIBLY and enclose with samples to laboratory.

	POINT	ADDRESS	HHLD	CKL	PERSON

1. SERIAL NUMBER: **K** ☐☐☐   ☐☐   ☐   ☐   ☐☐

2. SEX: Male   ☐ 1
            Female ☐ 2

3. DATE OF BIRTH: Day ☐☐   Month ☐☐   Year ☐☐

4. AGE GROUP: TICK SAMPLE TUBES OBTAINED:

   25+   ☐ 1   plain ☐   saliva ☐
   11-24 ☐ 2   plain ☐   EDTA ☐   saliva ☐
   4-10   ☐ 3   saliva ☐

5. BLOOD/SALIVA TAKEN: Day ☐☐   Month ☐☐   Year ☐☐

6. STORAGE CONSENT:

   Given ☐ 1
   Not given/not applicable ☐ 2

7. NURSE NUMBER: ☐☐☐☐☐☐

**LABELLING ON SAMPLE TUBES AND THIS FORM <u>MUST</u> CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING**

LAB USE ONLY

TUBES ENCLOSED:	✓ if rec'd	ACTION REQUIRED	
		IF ITEM 4 ABOVE = 1	IF ITEM 4 ABOVE = 2
Plain red	☐	IgE IgE - house dust mite Store if item 6 does **NOT** = 2	Ferritin IgE IgE - house dust mite Store if item 6 does **NOT** = 2
EDTA purple	☐		
Saliva	☐		Haemoglobin

THE HEALTH SURVEY FOR ENGLAND:
2001
DESPATCH NOTE FOR <u>BLOOD</u> AND <u>SALIVA SAMPLES</u>
(OFFICE COPY)

Complete <u>all</u> sections and return in consent booklet to Brentwood.

1. BLOOD/SALIVA TAKEN: Day ☐☐   Month ☐☐   Year ☐☐

2. TUBES DESPATCHED:
    (Ring all that apply)

    Plain (red) | 1
    EDTA (purple) | 2
    Saliva | 3

3. BLOOD/SALIVA SAMPLE DESPATCH

    Date blood/saliva
    sample posted   :   Day ☐☐   Month ☐☐   Year ☐☐

Health Survey for England

'01

List of Variables

A survey carried out on behalf of The Department of Health

Joint Health Surveys Unit
National Centre for Social Research
Department of Epidemiology and Public Health, University College London

Contents

Introduction

This document is the most sensible starting point to analysing the HSE data, as it categorises all the variables stored on the dataset to two levels, and it is therefore easier to see the coverage of questions asked at this summary level, rather than ploughing straight into the documentation of the questionnaires and self-completion booklets.

Once you have found the appropriate variables that you want to analyse, you then need to look at the other documentation to see in more detail exactly how the question was asked in the study, or how a derived variable has been defined.

The order of the sections, subsections and variables in this document matches the order of the variables in the HSE dataset.

The source of each variable is indicated in the final column of each table of variables with abbreviations as follows:

HHold	Household CAPI Questionnaire
Indiv	Individual CAPI Questionnaire
Nurse	Nurse Paper Questionnaire
SC …	Self-Completion Booklet: SC 8-12, SC 13-15, SC YP, SC AD, or where a question appears in more than one booklet the range is widened (eg SC8-15)
Lab	Results from laboratory, ie from saliva or serum testing
ARF	Address Record Form completed for each issued address
NRF	Nurse Record Form completed for each household where at least one person had agreed to a nurse interview
Derived	A variable derived from other variables, and detailed in the Derived Variable Specification document

Classification

Household

Variable	Description	Source
SERIALH	Serial number of household	Hhold
FINOUTC	Final outcome code	Hhold
ADULTS	Number of adults in HH	Hhold
CHILDREN	Number of children in HH	Hhold
INFANTS	Number of infants in HH	Hhold
HHSIZE	(D) Household Size	Derived
HHDTYPB	(D) Household type	Derived
TENUREB	Household Tenure	Hhold
JOBACCOM	Accomodation linked to job	Hhold
LANDLORD	Landlord of household	Hhold
FURN	Is accomodation furnished	Hhold
BEDROOMS	No. of bedrooms in household	Hhold
HHLDR01	Accomodation owned/rented by person 1	Hhold
HHLDR02	Accomodation owned/rented by person 2	Hhold
HHLDR03	Accomodation owned/rented by person 3	Hhold
HHLDR04	Accomodation owned/rented by person 4	Hhold
HHLDR05	Accomodation owned/rented by person 5	Hhold
HHLDR06	Accomodation owned/rented by person 6	Hhold
HHLDR07	Accomodation owned/rented by person 7	Hhold
HHLDR08	Accomodation owned/rented by person 8	Hhold
HHLDR09	Accomodation owned/rented by person 9	Hhold
HHLDR10	Accomodation owned/rented by person 10	Hhold
HHLDR11	Accomodation owned/rented by person 11	Hhold
HHLDR12	Accomodation owned/rented by person 12	Hhold
HHLDR97	Accomodation not own/rented by a household member	Hhold
PASSM	Persons smoking in accomodation	Hhold
NUMSM	No. of persons smoking in accomodation	Hhold
CAR	Car or van available	Hhold
NUMCARS	No. of cars available	Hhold

Individual

Variable	Description	Source
SERIALI	Serial number of individual	Indiv
INDOUT	Individual outcome codes	Indiv
SEX	Sex	Indiv
AGE	Age last birthday	Indiv
IRNDAGE	(D) Age at interview rounded to the nearest integer	Derived
NRNDAGE	(D) Age at nurse visit rounded to the nearest integer	Derived
AG16G10	(D) Age 16+ in ten year bands	Derived
AG65G2	(D) Age 65+ grouped	Derived
AG215G2	(D) Age 2-15 in two year bands	Derived
AG215G3	(D) Age 2-15: Approx 3 year age bands	Derived
AG415G3	(D) Age 4-15: 3 year age bands	Derived
AG515G3	(D) Age 5-15: Approx 3 year age bands	Derived
AG715G3	(D) Age 7-15: 3 year age bands	Derived
AG1324G4	(D) Age 13-24: 13-15,16-19,20-24 bands	Derived
AG1624G2	(D) Age 16-24: 2 year age bands	Derived
AG1624G4	(D) Age 16-24: 16-19, 20-24	Derived
MARSTATB	(D) Marital Status (inc. cohabitees)	Derived
DOBDAY[1]	Day of birth	Indiv
DOBMON	Month of birth	Indiv
DOBYEAR	Year of birth	Indiv

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[1] Removed from archived data set due to reasons of confidentiality.

Accident Prevention

Variable	Description	Source
SMKTECS	Whether working smoke detectors are installed in the house	Hhold
CHLDGATS	Whether any child safety gates or barriers currently in use	Hhold
SHPGATS	Safety gate or barrier bought from a shop or home made	Hhold
SOCCVRS	Socket covers currently in use the home	Hhold
MEDCUP11	Medicines stored in locked cupboard	Hhold
MEDCUP12	Medicines stored in cupboard at least 5ft (1.5m) above floor level	Hhold
MEDCUP13	Medicines stored in cupboard less than 5ft (1.5m) above floor level	Hhold
MEDCUP14	Medicines stored on shelf at least 5ft (1.5m) above floor level	Hhold
MEDCUP15	Medicines stored elsewhere	Hhold

Admin

Variable	Description	Source
DINTB[1]	Date of interview, day	Hhold
MINTB	Date of interview, month	Hhold
YINTB	Date of interview, year	Hhold
INTDAYW	(D) Weekday of individual interview	Derived
INTNUM[1]	Interviewer number	Hhold
PERSON	Person Number within household	Indiv
PERSONG	Person Number within household grid	Hhold
CHILD1	Person number of first child	Hhold
CHILD2	Person number of second child	Hhold
ADRESP	Who answers on behalf of child U13 (indiv)	Hhold
HHRESP	Who answers hhold grid	Hhold
HOHNUM	Person number of HOH	Hhold
HQRESP	Status of person answering household grid	Hhold
HHELIG	Number of respondents eligible for I.Q.	Hhold
HHSEL	Number of respondents selected for I.Q.	Hhold
TNC	Total number of calls (interviewer)	Hhold
NOFIQ	Number of individual sessions.	Hhold
HHOLDER	Is this person mentioned at Hhldr?	Hhold
NUMP	Number of respondents in session	Hhold
VTPHONE	Verification of telephone.	Indiv
NHSCR	Permission to pass name to NHSCR	Indiv
REINTER	Permission to contact for reinterview	Indiv

Booklet Admin

Variable	Description	Source
BOOKCHK	Whether answered individual questions or SC booklet (18-19s)	Indiv
BOOKLET	(D) Which self-completion filled out	Derived
SCOMP3	SC booklet completed	Indiv
SC3ACC11	SC: Completed independently	Indiv
SC3ACC12	SC: Assistance from other children	Indiv
SC3ACC13	SC: Assistance from other household member	Indiv
SC3ACC14	SC: Assistance from interviewer	Indiv
SC3ACC15	Interviewer administered SC booklet	Indiv
SCOMP60	SC Refused: Child away from home during fieldwork period	Indiv
SCOMP61	SC Refused: Eyesight problems	Indiv
SCOMP62	SC Refused: Language problems	Indiv
SCOMP63	SC Refused: Reading/writing/comprehension difficulties	Indiv
SCOMP64	SC Refused: Bored/fed up/tried	Indiv
SCOMP65	SC Refused: Questions too sensitive/invasion of privacy	Indiv
SCOMP66	SC Refused: Booklet too long/too busy/taken long enough already	Indiv
SCOMP68	SC Refused: Other reason (specify)	Indiv
SCOMP501	SC Present: Spouse / partner	Indiv
SCOMP502	SC Present: Parent(s) (incl step-/foster)	Indiv

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[1] Removed from archived data set due to reasons of confidentiality.

SCOMP503	SC Present: Brother(s)/Sister(s)	Indiv
SCOMP504	SC Present: Own/Related child(ren) (incl step-/foster/partner's)	Indiv
SCOMP505	SC Present: Other relative(s)	Indiv
SCOMP506	SC Present: Unrelated adult(s)	Indiv
SCOMP507	SC Present: Unrelated child(ren)	Indiv
SCOMP508	SC Present: Interviewer	Indiv
SCOMP509	SC Present: No-one else present	Indiv

Education

Variable	Description	Source
EDUCEND	Age finished FT Education	Indiv
TOPQUAL2	(D) Highest Educational Qualification - students separate	Derived
TOPQUAL3	(D) Highest Educational Qualification	Derived
QUAL	Any qualifications	Indiv
QUALA01	Which qualifications	Indiv
QUALA02	Which qualifications	Indiv
QUALA03	Which qualifications	Indiv
QUALA04	Which qualifications	Indiv
QUALA05	Which qualifications	Indiv
QUALA06	Which qualifications	Indiv
QUALA07	Which qualifications	Indiv
QUALA08	Which qualifications	Indiv
QUALA09	Which qualifications	Indiv
QUALA10	Which qualifications	Indiv

Employment Status

Variable	Description	Source
SCHRP	(D) Social Class of HPR - Harmonised	Derived
SCHRPG4	(D) Social Class of HPR: I/II,IIINM,IIIM,IV/V	Derived
SCHRPG7	(D) Social Class of HPR - I,II,IIIN,IIIM,IV,V,Others	Derived
SCHRPG6	(D) Social Class of HPR - I,II,IIIN,IIIM,IV,V	Derived
HRPACTIV	HRP: Activity status for last week	Hhold
HRPSTWRK	HRP: Paid work in last 7 days	Hhold
HRP4WKLK	HRP: Looking paid work/govt scheme last 4 weeks	Hhold
HRP2WKST	HRP: Able to start work within 2 weeks	Hhold
HRPEVERJ	HRP: Ever had paid employment or self-employed	Hhold
HRPOTHPD	HRP: Ever had other employment (waiting to take up job)	Hhold
HRPFTPT	HRP: Full-time, part-time	Hhold
HRPEMPLY	HRP: Whether Employee/self-employed	Hhold
HRPDIRCT	HRP: Director of company	Hhold
HRPEMPST	HRP: Manager/Foreman	Hhold
HRPNEMPL	HRP: No. employed at place of work	Hhold
HRPSNEMP	HRP: Self-employed how many employee?	Hhold
HRPSOC2	HRP: SOC code	Hhold
HRPSOC90	HRP: Social Class	Hhold
HRPSOCCL	HRP: Social Class	Hhold
NSSEC	NS-SEC Operational Catagories (individual)	Indiv
NSSEC8	(D) NS-SEC 8 variable classification (individual)	Derived
NSSEC5	(D) NS-SEC 5 variable classification (individual)	Derived
NSSEC3	(D) NS-SEC 3 variable classification (individual)	Derived
STNSSEC	NS-SEC Operational Catagories (students classified by jobs)	Indiv
HRPNSSEC	NS-SEC Operational Catagories (hrp)	Hhold
HPNSSEC8	(D) NS-SEC 8 variable classification (hrp)	Derived
HPNSSEC5	(D) NS-SEC 5 variable classification (hrp)	Derived
HPNSSEC3	(D) NS-SEC 3 variable classification (hrp)	Derived
STHNSSEC	NS-SEC Operational Catagories (hrp including students)	Hhold
HRPSEG	HRP: SEG	Hhold
HRPSIC92	HRP: SIC code	Hhold
SCALLX	(D) Social class of individual harmonised	Derived
SCALLXG2	(D) Social class of individual harmonised (manual / non manual)	Derived
ECONACT	(D) Economic Status (4 groups)	Derived

ACTIVB	Activity status for last week	Indiv
STWORK	Paid work in last 7 days	Indiv
WKLOOK4	Looking paid work/govt scheme in last 4 weeks	Indiv
WKSTRT2	Able to start work within 2 weeks	Indiv
EVERJOB	Ever had paid employment or self-employed	Indiv
PAYLAST	Year left last paid job	Indiv
PAYMON	Month left last paid job	Indiv
PAYAGE	Age when last had a paid job	Indiv
OTHPAID	Ever had other employment (waiting to take up job)	Indiv
FTPTIME	Full-time, part-time	Indiv
EMPLOYE	Whether Employee/self-employed	Indiv
DIRCTR	Director of company	Indiv
EMPSTAT	Manager/Foreman	Indiv
NEMPLEE	No. employed at place of work	Indiv
SNEMPLEE	Self-employed: how many employees?	Indiv
SOC2000	SOC code	Indiv
SOC90	SOC code	Indiv
SCLASS	Social Class	Indiv
SEG	SEG	Indiv
SIC92	SIC	Indiv

Ethnicity

Variable	Description	Source
ETHNICI	Ethnic group	Indiv
EURCULT1	English	Indiv
EURCULT2	Irish	Indiv
EURCULT3	Scottish	Indiv
EURCULT4	Welsh	Indiv
EURCULT5	Other European	Indiv
EURCULT6	Other cultural background (specify)	Indiv
MIXCULT1	Mixed culture: White British and Black Caribbean	Indiv
MIXCULT2	Mixed culture: White British and Black African	Indiv
MIXCULT3	Mixed culture: White British and Asian	Indiv
MIXCULT4	Mixed culture: Any other cultural background (specify)	Indiv
BLACULT1	Black culture: Caribbean	Indiv
BLACULT2	Black culture: African	Indiv
BLACULT3	Black culture: Any other cultural background (specify)	Indiv
INDCULT1	Asian culture: Indian background: African-Indian	Indiv
INDCULT2	Asian culture: Indian	Indiv
INDCULT3	Asian culture: Pakistani	Indiv
INDCULT4	Asian culture: Bangladeshi	Indiv
INDCULT5	Asian culture: Any other cultural background (specify)	Indiv
OTHCULT1	Other culture: Chinese	Indiv
OTHCULT2	Other culture: Japanese	Indiv
OTHCULT3	Other culture: Philippino	Indiv
OTHCULT4	Other culture: Vietnamese	Indiv
OTHCULT5	Other culture: Any other cultural background (specify)	Indiv
ALLCULT1	Cultural background	Indiv
ALLCULT2	Cultural background	Indiv
ALLCULT3	Cultural background	Indiv
ALLCULT4	Cultural background	Indiv
ALLCULT5	Cultural background	Indiv
ALLCULT6	Cultural background	Indiv

Income

Variable	Description	Source

SRCINC01	Income: Earnings from employment or self-employment	Hhold
SRCINC02	Income: State retirement pension	Hhold
SRCINC03	Income: Pension from former employer	Hhold
SRCINC04	Income: Child benefit	Hhold
SRCINC05	Income: Job-Seekers allowance	Hhold
SRCINC06	Income: Income Support	Hhold
SRCINC07	Income: Family Credit	Hhold
SRCINC08	Income: Housing Benefit	Hhold
SRCINC09	Income: Other state benefits	Hhold
SRCINC10	Income: Interest from savings and investments (eg stocks & shares)	Hhold
SRCINC11	Income: Other kinds of regular allowance from outside your household	Hhold
SRCINC12	Income: No source of income	Hhold
TOTINC	(D) Total Household Income	Derived
MCCLEM	(D) McClements household score for equivalised income	Derived
EQVINC	(D) Equivalised income	Derived
EQV5	(D) Equivalised Income (Grouped)	Derived
NIMD	(D) Index of mulitple deprivation (quintiles)	Derived
JNTINC	Joint income	Hhold
OTHINC	Whether other income in household	Hhold
HHINC	Total household income	Hhold

Nurse Admin

Variable	Description	Source
NUROUTC	Outcome of nurse visit	Nurse
NURSE	Agreed to nurse appointment (at indiv interview)	Indiv
NURSERE0	No nurse: Own doctor already has information	Indiv
NURSERE1	No nurse: Given enough time already to this survey/expecting too much	Indiv
NURSERE2	No nurse: Too busy, cannot spare the time	Indiv
NURSERE3	No nurse: Had enough of medical tests/medical profession at present ti	Indiv
NURSERE4	No nurse: Worried about what nurse may find out/'might tempt fate'	Indiv
NURSERE5	No nurse: Scared/of medical profession/ particular medical procedures	Indiv
NURSERE6	No nurse: Not interested/cannot be bothered/no particular reason	Indiv
NURSERE7	No nurse: Other reason	Indiv
NURDAYW	(D) Weekday of nurse interview	Derived
VISDAY[1]	Date of nurse interview, day	Nurse
VISMON	Date of nurse interview, month	Nurse
VISYEAR	Date of nurse interview, year	Nurse
NRFNO[1]	Nurse Number	Nurse
PREGNTJ	Whether currently pregnant 16+	Nurse
UPREG	Whether currently pregnant 10-15	Nurse
STADNOH	Stadiometer Serial Number	Nurse
SCLNOH	Scales Serial Number	Nurse

Respiratory

Variable	Description	Source
HEATERS	Heating/cooking appliances	Hhold
HEATYP01	Gas fired boiler for central heating or hot water	Hhold
HEATYP02	Oil fired boiler for central heating or hot water	Hhold
HEATYP03	Coal or coke boiler or stove	Hhold
HEATYP04	Wood burning stove	Hhold
HEATYP05	Gas or calor gas fire in fireplace with flue or chimney	Hhold
HEATYP06	Other gas or calor gas fire	Hhold
HEATYP07	Open coal fire	Hhold
HEATYP08	Gas hob or cooking rings	Hhold
HEATYP09	Gas oven	Hhold
HEATYP10	Paraffin heater	Hhold
DAMP	Damp in winter	Hhold

[1] Removed from archived data set due to reasons of confidentiality.

FUNGUS	Fungus in winter	Hhold
PETHO	Whether keep household pets	Hhold
WTPET11	Keep pets: Dog	Hhold
WTPET12	Keep pets: Cat	Hhold
WTPET13	Keep pets: Bird	Hhold
WTPET14	Keep pets: Other furry pets	Hhold
WTPET15	Keep pets: Other pets	Hhold

Relationships

Variable	Description	Source
LEGPAR	Parent/Legal guardian in hhold	HHold
PAR1	Child's parent or legal responsibility for him/her	HHold
PAR2	Other parent or legally responsible for him/her	HHold
MARITAL	Legal Marital Status	HHold
COUPLE	Living with anyone in this household	HHold
NATPR1	(D) Relationship of child to parent/legal guardian	Derived
NATPR2	(D) Relationship of child to other parent/legal guardian	Derived
RELTO01	Relationship to person 01	HHold
RELTO02	Relationship to person 02	HHold
RELTO03	Relationship to person 03	HHold
RELTO04	Relationship to person 04	HHold
RELTO05	Relationship to person 05	HHold
RELTO06	Relationship to person 06	HHold
RELTO07	Relationship to person 07	HHold
RELTO08	Relationship to person 08	HHold
RELTO09	Relationship to person 09	HHold
RELTO10	Relationship to person 10	HHold
RELTO11	Relationship to person 11	HHold
RELTO12	Relationship to person 12	HHold
LIVEWITH	Cohabitee	HHold

Saliva Admin

Variable	Description	Source
SALINTR1	Agreement to saliva sample	Nurse
SALOBT1	Whether saliva sample obtained	Nurse
SALNOBT3	Respondent not able to produce any saliva	Nurse
SALNOBT4	No saliva: Other reason	Nurse

Sample Info

Variable	Description	Source
POINT	Sample Point	Sample
ADDRESS	Address Number	Sample
HHOLD	Household	Sample
GORA	Government Office Regions	Sample
WARD91[1]	Ward code	Sample
FLDAREA[1]	National Centre Field Area	Sample
ACORN[1]	Acorn code	Sample
ACORN6	(D) ACORN grouped (6)	Derived
ACORN17	(D) ACORN grouped (17)	Derived
NOFHH	Number of households	ARF
URBAN	(D) Degree of urbanisation	Derived
TYPAREA[1]	Type of area	ARF
BLDTYPE[1]	Building type	ARF
HA99	HA (100) 1996-1998	Sample
DHANAME	HA (100) 1996-1998	Sample
ONS6	ONS Area Classification (grouped)	Sample

[1] Removed from archived data set due to reasons of confidentiality

TYPDWELL[1]	Dwelling type	ARF
NEWRHA	Regional Health Authority	Sample
NEWDHA	District Health Authority	Sample
ETHMIX[1]	Ethnic mix of area	ARF

Accidents

Attitudes To Cycling

Variable	Description	Source
CBICYCLE	Whether have a bicycle	SC 8-12
CHELMA	Whether wear a bicycle helmet when riding	SC 8-12
CHELMB1	When riding a bike child feels safer when wearing a helmet	SC 8-12
CHELMB2	Sometimes forgets to put helmet on	SC 8-12
CHELMB3	Bicycle helmets cost too much money	SC 8-12
CHELMB4	Cycle helmets look good	SC 8-12
CHELMB5	It is difficult to get helmets to fit	SC 8-12
CHELMB6	Helmets can protect if have an accident	SC 8-12
CHELMB7	Feel like a proper cyclist when wearing a helmet	SC 8-12

Major Accidents

Variable	Description	Source
MACC	(D) Annual major accident rate per 100 persons	Derived
MFALL	(D) Major accident rate for falls	Derived
MSPORT	(D) Major accident rate for sports/play	Derived
MTOOL	(D) Major accident rate for tools	Derived
MCAR	(D) Major accident rate for cars	Derived
MBIKE	(D) Major accident rate for bikes	Derived
MWORKB	(D) Major accident rate for work (among those in work in last 2 weeks)	Derived
MPLACE	(D) Location of major accident	Derived
MCONSULT	(D) Who consulted about major accident	Derived
MSEASON1	(D) Major accident in Spring	Derived
MSEASON2	(D) Major accident in Summer	Derived
MSEASON3	(D) Major accident in Autumn	Derived
MSEASON4	(D) Major accident in Winter	Derived
MBODY1	(D) Major accident affected head, neck, face	Derived
MBODY2	(D) Major accident affected back	Derived
MBODY3	(D) Major accident affected arm, leg, shoulder	Derived
MBODY4	(D) Major accident affected chest, abdomen, internal	Derived
BONES01	(D) Name of bone: Collar/clavicle	Derived
BONES02	(D) Name of bone: Sholder/scapula	Derived
BONES03	(D) Name of bone: Upper arm/humerus	Derived
BONES04	(D) Name of bone: Lower arm/radius and ulna	Derived
BONES05	(D) Name of bone: Hand and/or wrist	Derived
BONES06	(D) Name of bone: Knee/patella	Derived
BONES07	(D) Name of bone: Ankle and/or foot	Derived
BONES08	(D) Name of bone: Lower leg/tibia and fibula	Derived
BONES09	(D) Name of bone: Upper leg/femur	Derived
BONES10	(D) Name of bone: Hip joint/neck of femur	Derived
BONES11	(D) Name of bone: Hip bone/pelvis/illeum	Derived
BONES12	(D) Name of bone: Back bones	Derived
BONES13	(D) Name of bone: Other (e.g. ribs, skull…)	Derived

DRACC	Had an accident in last 6 months involving doctor/hospital	Indiv

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[1] Removed from archived data set due to reasons of confidentiality

NDRACC	Number of accidents in the last six months where saw doctor/hospital	Indiv
DRMTH01	In which month did that accident happen?	Indiv
DRMTH02	In which month did that accident happen?	Indiv
DRMTH03	In which month did that accident happen?	Indiv
DRMTH04	In which month did that accident happen?	Indiv
DRMTH05	In which month did that accident happen?	Indiv
DRMTH06	In which month did that accident happen?	Indiv
DRMTH07	In which month did that accident happen?	Indiv
DRMTH08	In which month did that accident happen?	Indiv
DRMTH09	In which month did that accident happen?	Indiv
DRMTH10	In which month did that accident happen?	Indiv
DRWYRB	Where did accident happen?	Indiv
DRFAL	Fell/slipped/tripped	Indiv
DRCAR	Moving vehicle involved	Indiv
DRBIK	Bicycle or some other moving non-motor vehicle involved	Indiv
DRSPT	Sport or exercise involved	Indiv
DRPLY	Playing in some other way	Indiv
DRPLYG	Playing	Indiv
DRTUL	Tool/implement involved	Indiv
DRTOY	Toy involved	Indiv
DRINJC01	Injury type: Broken bones	Indiv
DRINJC02	Injury type: Dislocated joints	Indiv
DRINJC03	Injury type: Losing consciousness	Indiv
DRINJC04	Injury type: Straining or twisting a part of the body	Indiv
DRINJC05	Injury type: Cutting, piercing or grazing a part of the body	Indiv
DRINJC06	Injury type: Bruising, pinching or crushing a part of the body	Indiv
DRINJC07	Injury type: Swelling or tenderness in some part of the body	Indiv
DRINJC08	Injury type: Getting something stuck in the eye, throat, ear or other par	Indiv
DRINJC09	Injury type: Burning or scalding	Indiv
DRINJC10	Injury type: Poisoning	Indiv
DRINJC11	Injury type: Other injury to internal parts of the body	Indiv
DRINJC12	Injury type: Animal or insect bite or sting	Indiv
DRINJC13	Injury type: Other	Indiv
DRBDYC01	Part of body: Eyes	Indiv
DRBDYC02	Part of body: Face or teeth	Indiv
DRBDYC03	Part of body: Other part of head	Indiv
DRBDYC04	Part of body: Neck	Indiv
DRBDYC05	Part of body: Back	Indiv
DRBDYC06	Part of body: Shoulder, arm, wrist or hand	Indiv
DRBDYC07	Part of body: Hip, leg, ankle or foot	Indiv
DRBDYC08	Part of body: Chest, ribs or lungs	Indiv
DRBDYC09	Part of body: Abdomen or genitals	Indiv
DRBDYC10	Part of body: Other internal organs	Indiv
DRBONE01	Bone broken: Collar/clavicle	Indiv
DRBONE02	Bone broken: Sholder/scapula	Indiv
DRBONE03	Bone broken: Upper arm/humerus	Indiv
DRBONE04	Bone broken: Lower arm/radius and ulna	Indiv
DRBONE05	Bone broken: Hand and/or wrist	Indiv
DRBONE06	Bone broken: Knee/patella	Indiv
DRBONE07	Bone broken: Ankle and/or foot	Indiv
DRBONE08	Bone broken: Lower leg/tibia and fibula	Indiv
DRBONE09	Bone broken: Upper leg/femur	Indiv
DRBONE10	Bone broken: Hip joint/neck of femur	Indiv
DRBONE11	Bone broken: Hip bone/pelvis/illeum	Indiv
DRBONE12	Bone broken: Back bones	Indiv
DRBONE13	Bone broken: Other (e.g. ribs, skull…)	Indiv
DRAIDC01	Where help: Hospital	Indiv
DRAIDC02	Where help: GP/Family Doctor	Indiv
DRAIDC03	Where help: Nurse at GP surgery	Indiv
DRAIDC04	Where help: Nurse at work or school	Indiv
DRAIDC05	Where help: Doctor at place of work or school	Indiv

DRAIDC06	Where help: Other doctor or nurse	Indiv
DRAIDC07	Where help: Ambulance staff	Indiv
DRAIDC08	Where help: Volunteer first aider	Indiv
DRAIDC09	Where help: Chemist or pharmacist	Indiv
DRAIDC10	Where help: Family, friends, colleagues, passers-by	Indiv
DRAIDC11	Where help: Looked after self	Indiv
DRAIDC12	Where help: Other person(s)	Indiv
DROFF	Took time off work, school or college	Indiv
DRSOW	Whether still off work, school or college	Indiv
DRTOW	How much time off work, school, college	Indiv
DRMOW	Number of months off work, school, college	Indiv
DRNDA	Whether had to change daily activities	Indiv
DRSNN	Back to normal now	Indiv
DRTNN	How long changed daily activities	Indiv
DRMNN	How many months changed daily activities	Indiv
DRJOB	At the time of the accident, had paid job	Indiv
DRWRK	Whether accident happened at work	Indiv
DRBRK	Broken any bones in last 6 months due to an accident	Indiv
DRWBN01	Bone broken: Collar/clavicle	Indiv
DRWBN02	Bone broken: Sholder/scapula	Indiv
DRWBN03	Bone broken: Upper arm/humerus	Indiv
DRWBN04	Bone broken: Lower arm/radius and ulna	Indiv
DRWBN05	Bone broken: Hand and/or wrist	Indiv
DRWBN06	Bone broken: Knee/patella	Indiv
DRWBN07	Bone broken: Ankle and/or foot	Indiv
DRWBN08	Bone broken: Lower leg/tibia and fibula	Indiv
DRWBN09	Bone broken: Upper leg/femur	Indiv
DRWBN10	Bone broken: Hip joint/neck of femur	Indiv
DRWBN11	Bone broken: Hip bone/pelvis/illeum	Indiv
DRWBN12	Bone broken: Back bones	Indiv
DRWBN13	Bone broken: Other (e.g. ribs, skull…)	Indiv
DRBRKA	Broken any bones due to second accident that occured in last 6 months	Indiv
DRWBNA01	Bone broken: Collar/clavicle	Indiv
DRWBNA02	Bone broken: Sholder/scapula	Indiv
DRWBNA03	Bone broken: Upper arm/humerus	Indiv
DRWBNA04	Bone broken: Lower arm/radius and ulna	Indiv
DRWBNA05	Bone broken: Hand and/or wrist	Indiv
DRWBNA06	Bone broken: Knee/patella	Indiv
DRWBNA07	Bone broken: Ankle and/or foot	Indiv
DRWBNA08	Bone broken: Lower leg/tibia and fibula	Indiv
DRWBNA09	Bone broken: Upper leg/femur	Indiv
DRWBNA10	Bone broken: Hip joint/neck of femur	Indiv
DRWBNA11	Bone broken: Hip bone/pelvis/illeum	Indiv
DRWBNA12	Bone broken: Back bones	Indiv
DRWBNA13	Bone broken: Other (e.g. ribs, skull…)	Indiv

Minor Accidents

Variable	Description	Source
NACC	(D) Annual minor accident rate per 100 persons	Derived
AXI	Minor accident	Indiv
NAXI	How many minor accidents in last 4 weeks	Indiv
AXWKA	How many in the last week including yesterday	Indiv
AXWKB	How many between one week and two weeks ago	Indiv
AXWKC	How many between two weeks and three weeks ago	Indiv
AXWKD	How many between three weeks and 4 weeks ago	Indiv
AXWYRB	Where did the accident happen	Indiv
AXFAL	Slip/trip or fall	Indiv
AXCAR	Moving motor vehicle invloved	Indiv
AXBIK	Bicycle or other non-motor vehicle invloved-	Indiv

AXSPT	Involved sport or exercise	Indiv
AXPLY	Playing (over 12 years of age)	Indiv
AXPLYG	Playing (under 12 years of age)	Indiv
AXTUL	Involved a tool or mechanical equipment	Indiv
AXTOY	Involved a toy	Indiv
AXINJ01	Injury type: Broken bones	Indiv
AXINJ02	Injury type: Dislocated joints	Indiv
AXINJ03	Injury type: Losing consciousness	Indiv
AXINJ04	Injury type: Straining or twisting a part of the body	Indiv
AXINJ05	Injury type: Cutting, piercing or grazing a part of the body	Indiv
AXINJ06	Injury type: Bruising, pinching or crushing a part of the body	Indiv
AXINJ07	Injury type: Swelling or tenderness in some part of the body	Indiv
AXINJ08	Injury type: Getting something stuck in the eye, throat, ear or other par	Indiv
AXINJ09	Injury type: Burning or scalding	Indiv
AXINJ10	Injury type: Poisoning	Indiv
AXINJ11	Injury type: Other injury to internal parts of the body	Indiv
AXINJ12	Injury type: Animal or insect bite or sting	Indiv
AXINJ13	Injury type: Other	Indiv
AXBDY01	Part of body: Eyes	Indiv
AXBDY02	Part of body: Face or teeth	Indiv
AXBDY03	Part of body: Other part of head	Indiv
AXBDY04	Part of body: Neck	Indiv
AXBDY05	Part of body: Back	Indiv
AXBDY06	Part of body: Shoulder, arm, wrist or hand	Indiv
AXBDY07	Part of body: Hip, leg, ankle or foot	Indiv
AXBDY08	Part of body: Chest, ribs or lungs	Indiv
AXBDY09	Part of body: Abdomen or genitals	Indiv
AXBDY10	Part of body: Other internal organs	Indiv
AXAID01	Where help: Hospital	Indiv
AXAID02	Where help: GP/Family Doctor	Indiv
AXAID03	Where help: Nurse at GP surgery	Indiv
AXAID04	Where help: Nurse at work or school	Indiv
AXAID05	Where help: Doctor at place of work or school	Indiv
AXAID06	Where help: Other doctor or nurse	Indiv
AXAID07	Where help: Ambulance staff	Indiv
AXAID08	Where help: Volunteer first aider	Indiv
AXAID09	Where help: Chemist or pharmacist	Indiv
AXAID10	Where help: Family, friends, colleagues, passers-by	Indiv
AXAID11	Where help: Looked after self	Indiv
AXAID12	Where help: Other person(s)	Indiv
AXOFF	Time taken off work or school	Indiv
AXSOW	Still off work or school	Indiv
AXTOW	How much time taken off work or school	Indiv
AXNDA	Change to normal activities due to accident	Indiv
AXSNN	Back to normal now	Indiv
AXTNN	How long did it take to give up/change normal activities	Indiv
AXJOB	Paid job at time of accident	Indiv
AXWRK	Did the accident happen whilst at work?	Indiv
AXIWYRB	Next most recent accident: where did accident happen	Indiv
AXIWYRO	Other (specify)	Indiv
AXIFAL	Slip/trip or fall	Indiv
AXICAR	Moving motor vehicle invloved	Indiv
AXIBIK	Bicycle or other non-motor vehicle invloved-	Indiv
AXISPT	Involved sport or exercise	Indiv
AXIPLY	Playing (over 12 years of age)	Indiv
AXIPLYG	Playing (under 12 years of age)	Indiv
AXITUL	Involved a tool or mechanical equipment	Indiv
AXITOY	Involved a toy	Indiv
AXIINJ01	Injury type: Broken bones	Indiv

AXIINJ02	Injury type: Dislocated joints	Indiv
AXIINJ03	Injury type: Losing consciousness	Indiv
AXIINJ04	Injury type: Straining or twisting a part of the body	Indiv
AXIINJ05	Injury type: Cutting, piercing or grazing a part of the body	Indiv
AXIINJ06	Injury type: Bruising, pinching or crushing a part of the body	Indiv
AXIINJ07	Injury type: Swelling or tenderness in some part of the body	Indiv
AXIINJ08	Injury type: Getting something stuck in the eye, throat, ear or other par	Indiv
AXIINJ09	Injury type: Burning or scalding	Indiv
AXIINJ10	Injury type: Poisoning	Indiv
AXIINJ11	Injury type: Other injury to internal parts of the body	Indiv
AXIINJ12	Injury type: Animal or insect bite or sting	Indiv
AXIINJ13	Injury type: Other	Indiv
AXIBDY01	Part of body: Eyes	Indiv
AXIBDY02	Part of body: Face or teeth	Indiv
AXIBDY03	Part of body: Other part of head	Indiv
AXIBDY04	Part of body: Neck	Indiv
AXIBDY05	Part of body: Back	Indiv
AXIBDY06	Part of body: Shoulder, arm, wrist or hand	Indiv
AXIBDY07	Part of body: Hip, leg, ankle or foot	Indiv
AXIBDY08	Part of body: Chest, ribs or lungs	Indiv
AXIBDY09	Part of body: Abdomen or genitals	Indiv
AXIBDY10	Part of body: Other internal organs	Indiv
AXIAID01	Where help: Hospital	Indiv
AXIAID02	Where help: GP/Family Doctor	Indiv
AXIAID03	Where help: Nurse at GP surgery	Indiv
AXIAID04	Where help: Nurse at work or school	Indiv
AXIAID05	Where help: Doctor at place of work or school	Indiv
AXIAID06	Where help: Other doctor or nurse	Indiv
AXIAID07	Where help: Ambulance staff	Indiv
AXIAID08	Where help: Volunteer first aider	Indiv
AXIAID09	Where help: Chemist or pharmacist	Indiv
AXIAID10	Where help: Family, friends, colleagues, passers-by	Indiv
AXIAID11	Where help: Looked after self	Indiv
AXIAID12	Where help: Other person(s)	Indiv
AXIOFF	Time taken off work or school	Indiv
AXISOW	Still off work or school	Indiv
AXITOW	How much time taken off work or school	Indiv
AXINDA	Change to normal activities due to accident	Indiv
AXISNN	Back to normal now	Indiv
AXITNN	How long did it take to give up/change normal activities	Indiv
AXIJOB	Paid job at time of accident	Indiv
AXIWRK	Did the accident happen whilst at work?	Indiv

Anthropometric Measurements

Birth		
Variable	**Description**	**Source**
PRMATUR	Whether born prematurely	Indiv
PRWEEKS	Number of weeks born early	Indiv

Demi-Span Admin

Variable	Description	Source
RESPDS	Response to demi-span measurement	Nurse
SPANOKB	(D) Whether Demispan measurements are valid	Derived
SPANINT	Consent to demi-span measurement	Nurse
SPANREL1	Reliability of 1st demi-span measurement	Nurse
SPANREL2	Reliability of 2nd demi-span measurement	Nurse
SPANREL3	Reliability of 3rd demi-span measurement	Nurse
YNOSPAN	Reason no demi-span measurement taken	Nurse
NOTATTM1	No Demi-span: Cannot straighten arms	Nurse
NOTATTM2	No Demi-span: Confined to bed	Nurse
NOTATTM3	No Demi-span: Too stooped	Nurse
NOTATTM4	No Demi-span: Respondent did not understand	Nurse
NOTATTM5	No Demi-span: Other	Nurse
SPNM1	Demi-span measured standing against the wall	Nurse
SPNM2	Demi-span measured standing not against the wall	Nurse
SPNM3	Demi-span measured sitting	Nurse
SPNM4	Demi-span measured lying down	Nurse
SPNM5	Demi-span measured on left arm due to unsuitable right arm	Nurse

Infant length/Height/Weight Admin

Variable	Description	Source
BIRTH	Childs weight at birth (kg)	Indiv
HTOK	(D) Whether height measure is valid	Derived
WTOK	(D) Whether weight measure is valid	Derived
LTOK	(D) Whether infant length measure is valid	Derived
BMIOK	(D) Whether BMI measure is valid	Derived
LGTHINT	Response to infant length measurement	Nurse
LGTHREL	Reliability of infant length measurement	Nurse
YNOLGTH	Why infant length unreliable	Nurse
NOATTL	Reason for refusal of infant length measurement	Nurse
RESPHTS	Response to height measurement	Indiv
RELHITE	Reliabiliy of height measurement	Indiv
HINREL	Why height unreliable	Indiv
RESNHI	Refusal of height measurement	Indiv
NOHTBC01	No height: Child away from home during fieldwork	Indiv
NOHTBC02	No height: Respondent unsteady on feet	Indiv
NOHTBC03	No height: Respondent cannot stand upright / too stooped	Indiv
NOHTBC04	No height: Respondent chairbound	Indiv
NOHTBC05	No height: Respondent is confined to bed	Indiv
NOHTBC06	No height: Respondent is unable to remove their shoes	Indiv
NOHTBC07	No height: Child would not stand still	Indiv
NOHTBC08	No height: Respondent is ill or in pain	Indiv
NOHTBC09	No height: Stadometer is faulty or not available	Indiv
NOHTBC10	No height: Child asleep	Indiv
NOHTBC11	No height: Other reason	Indiv
EHTCH	Non proxy: Form in which estimated height given	Indiv
RESPWTS	Response to weight measurement	Indiv
FLOORC1	Scales placed on uneven floor	Indiv
FLOORC2	Scales placed on carpet	Indiv
FLOORC3	Scales placed on neither neither uneven floor nor carpet	Indiv
RELWAITB	Reliabiliy of weight measurement	Indiv
RESNWT	Refusal of weight measurement	Indiv
NOWTBC 01	No weight: Child away from home during fieldwork	Indiv
NOWTBC 02	No weight: Respondent unsteady on feet	Indiv
NOWTBC 03	No weight: Respondent cannot stand upright	Indiv
NOWTBC 04	No weight: Respondent chairbound	Indiv
NOWTBC 05	No weight: Respondent is confined to bed	Indiv
NOWTBC 06	No weight: Respondent is unable to remove their shoes	Indiv
NOWTBC 07	No weight: Respondent is more than 130Kg	Indiv
NOWTBC08	No weight: Respondent is ill or in pain	Indiv
NOWTBC09	No weight: Scales are not working	Indiv

Variable	Description	Source
NOWTBC10	No weight: Parent unable to hold child	Indiv
NOWTBC11	No weight: child asleep	Indiv
NOWTBC12	No weight: Other reason	Indiv
EWTCH	Form in which estimated weight given	Indiv

Measurements

Variable	Description	Source
BIRTHWT	Birthweight (kg)	Indiv
LGTHVAL	(D) Valid infant length (cm)	Derived
LENGTH	Infant length (cm) – inc unreliable measurements	Nurse
HTVAL	(D) Valid height (cm)	Derived
HEIGHT	Height (cm) - inc unreliable measurements	Indiv
ESTHT	Estimated height (cm)	Indiv
WTVAL	(D) Valid weight (kg) - inc. estimated>130kg	Derived
WEIGHT	Weight (kg) - inc unreliable measurements	Indiv
ESTWT	Estimated weight (kg)	Indiv
BMI	(D) BMI - inc unreliable measurements	Derived
BMIVAL	(D) Valid BMI	Derived
BMIVG4	(D) Valid BMI (grouped:<20,20-25,25-30,30+) 16+	Derived
BMIVG6	(D) Valid BMI (grouped:<20,20-25,25-30,30-35,35-40,40+) 16+	Derived
SPANVAL	(D) Valid mean demispan (cm)	Derived
SPAN1	Demispan 1st measurement (cm)	Nurse
SPAN2	Demispan 2nd measurement (cm)	Nurse
SPAN3	Demispan 3rd measurement (cm)	Nurse
WSTVAL	(D) Valid mean waist (cm)	Derived
WAIST1	Waist 1st measurement (cm)	Nurse
WAIST2	Waist 2nd measurement (cm)	Nurse
WAIST3	Waist 3rd measurement (cm)	Nurse
HIPVAL	(D) Valid mean hip (cm)	Derived
HIP1	Hip 1st measurement (cm)	Nurse
HIP2	Hip 2nd measurement (cm)	Nurse
HIP3	Hip 3rd measurement (cm)	Nurse
WHVAL	(D) Valid mean waist-hip ratio	Derived
MENWHGP	(D) Male waist-hip ratio (grouped)	Derived
MENWHHI	(D) Male high waist-hip ratio	Derived
WOMWHGP	(D) Female waist-hip ratio (grouped)	Derived
WOMWHHI	(D) Female high waist-hip ratio	Derived

Waist/Hip Admin

Variable	Description	Source
WSTOKB	(D) Whether waist measurements are valid	Derived
HIPOKB	(D) Whether hip measurements are valid	Derived
WHOKB	(D) Whether waist/hip measurements are valid	Derived
WHINTRO	Consent to waist/hip measurements	Nurse
RESPWH	Response to waist/hip measurements	Nurse
YNOWH	Reason no waist/hip measurements	Nurse
WHPNABM1	No waist/hip: Respondent is chairbound	Nurse
WHPNABM2	No waist/hip: Respondent is confined to bed	Nurse
WHPNABM3	No waist/hip: Respondent is too stooped	Nurse
WHPNABM4	No waist/hip: Respondent did not understand the procedure	Nurse
WHPNABM5	No waist/hip: Other reason	Nurse
WJREL	Whether problems with waist measurement	Nurse
PROBWJ	Problems likely to increase/decrease waist measurement	Nurse
HJREL	Whether problems with hip measurement	Nurse
PROBHJ	Problems likely to increase/decrease hip measurement	Nurse

Blood Pressure

Admin

Variable	Description	Source
BPRESPC	(D) Whether BP readings are valid	Derived
BPCONST	Consent to BP measurement	Nurse
YNOBP	Reason no BP measurements taken	Nurse
RESPBPS	Response to BP measurements	Nurse
FULL1	Reliability of 1st set of BP readings	Nurse
FULL2	Reliability of 2nd set of BP readings	Nurse
FULL3	Reliability of 3rd set of BP readings	Nurse
CONSUBX11	Eaten in last 30 mins	Nurse
CONSUBX12	Smoked in last 30 mins	Nurse
CONSUBX13	Drunk alcohol in last 30 mins	Nurse
CONSUBX14	Done vigorous exercise in last 30 mins	Nurse
CONSUBX15	Done nothing to affect BP in last 30 mins	Nurse
CONSUBX21	Eaten in last 30 mins (U13)	Nurse
CONSUBX22	Done vigorous exercise in last 30 mins (U13)	Nurse
CONSUBX23	Done nothing to affect BP in last 30 mins (U13)	Nurse
DINNO	Dinamap serial no	Nurse
CUFSIZE	Cuff size used	Nurse
AIRTEMP	Air temperature	Nurse
NATTBP0	No BP: Problems with PC	Nurse
NATTBP1	No BP: Respondent was too upset/anxious/nervous	Nurse
NATTBP2	No BP: Error 844 reading	Nurse
NATTBP3	No BP: Respondent too shy	Nurse
NATTBP4	No BP: Child would not sit still long enough	Nurse
NATTBP5	No BP: Other reason	Nurse
NATTBP6	No BP: Problems with cuff fitting/painful	Nurse
NATTBP7	No BP: Dinamap reading (zeroes/no reading)	Nurse
DIFBPC1	BP Probs: No problems taking blood pressure	Nurse
DIFBPC2	BP Probs: Reading on left arm as right arm not suitable	Nurse
DIFBPC3	BP Probs: Respondent was upset/anxious/nervous	Nurse
DIFBPC4	BP Probs: Other problems	Nurse
DIFBPC5	BP Probs: Cuff fitting/painful	Nurse
DIFBPC6	BP Probs: Dinamap reading (zeroes/no reading)	Nurse
GPREGB	Whether registered with a GP	Nurse
GPSEND	Wants BP readings sent to GP	Nurse
GPREFC1	BP not GP: Hardly/Never sees GP	Nurse
GPREFC2	BP not GP: GP knows respondent's BP level	Nurse
GPREFC3	BP not GP: Does not want to bother GP	Nurse
GPREFC4	BP not GP: Other reason	Nurse

Measurements

Variable	Description	Source
HYPER1	(D) Hypertensive categories: all prescribed drugs for BP	Derived
HYPER2	(D) Hypertensive categories: all taking BP drugs	Derived
HYPER140	(D) Hypertensive categories: 140/90: all prescribed drugs for BP	Derived
HIGHBP1	(D) Whether hypertensive: all prescribed drugs for BP	Derived
HIGHBP2	(D) Whether hypertensive: all taking BP drugs	Derived
HIBP140	(D) Whether hypertensive: 140/90: all prescribed drugs for BP	Derived
DIAVAL	(D) Valid Mean Diastolic BP	Derived
SYSVAL	(D) Valid Mean Systolic BP	Derived
MAPVAL	(D) Valid Mean Arterial Pressure	Derived
PULVAL	(D) Valid Pulse Pressure	Derived
NEWDIAST	(D) Diastolic BP (mean 2nd/3rd) inc. invalid	Derived
NEWSYST	(D) Systolic BP (mean 2nd/3rd) inc. invalid	Derived
NEWMAP	(D) Mean arterial pressure (mean 2nd/3rd) inc. invalid	Derived
PULS	(D) Pulse pressure, systolic-diastolic inc. invalid	Derived
MAP1	1st MAP reading (mmHg)	Nurse

MAP2	2nd MAP reading (mmHg)	Nurse
MAP3	3rd MAP reading (mmHg)	Nurse
PULSE1	1st Pulse reading (bpm)	Nurse
PULSE2	2nd Pulse reading (bpm)	Nurse
PULSE3	3rd Pulse reading (bpm)	Nurse
SYS1	1st Systolic reading (mmHg)	Nurse
SYS2	2nd Systolic reading (mmHg)	Nurse
SYS3	3rd Systolic reading (mmHg)	Nurse
DIAS1	1st Diastolic reading (mmHg)	Nurse
DIAS2	2nd Diastolic reading (mmHg)	Nurse
DIAS3	3rd Diastolic reading (mmHg)	Nurse

Blood Sample

Admin

Variable	Description	Source
BSOUTC	Outcome of blood sample	NRF
BSOUTE	(D) Blood sample outcome	Derived
BSWILL	Consent to take blood sample	Nurse
CONSTORB	Consent to store blood for future analysis	Nurse
CLOTB	Whether has clotting disorder	Nurse
FIT	Whether ever had a fit	Nurse
EMLAUSE	EMLA cream used	Nurse
ALLERGY	Bad reaction to local or general anaesthetic	Nurse
CBSCONST	Consent for child to give blood sample	Nurse
NOEMLA	Willing to give blood sample without EMLA cream	Nurse
EMLANOW	EMLA cream to be given now or on second visit	Nurse
LATER	Return visit for the blood sample	Nurse
DOEMLA	Blood sample with EMLA cream	Nurse
GUARDCON	Is parent or person with legal reponsibility willing to give consent	Nurse
SAMPF1	Plain red tube filled	Nurse
SAMPF2	EDTA Purple tube filled	Nurse
SAMPTAK	Whether blood sample taken	Nurse
SAMPARM	Which arm blood sample taken from	Nurse
SAMDIFC1	BS Problems: No problem	Nurse
SAMDIFC2	BS Problems: Incomplete sample	Nurse
SAMDIFC3	BS Problems: Collapsing/poor veins	Nurse
SAMDIFC4	BS Problems: Second attempt necessary	Nurse
SAMDIFC5	BS Problems: Some blood obtained, but respondent felt faint/fainted	Nurse
SAMDIFC6	BS Problems: Unable to use tourniquet	Nurse
SAMDIFC7	BS Problems: Other reason	Nurse
GPSAM	Registered with GP	Nurse
SENDSAM	Permission to send results of blood sample to GP	Nurse
SENSAC1	BS not to GP: Hardly/never sees GP	Nurse
SENSAC2	BS not to GP: GP recently took blood sample	Nurse
SENSAC3	BS not to GP: Does not want to bother GP	Nurse
SENSAC4	BS not to GP: Other reason	Nurse
SNDRSAM	Whether wants results of blood sample	Nurse
NOBSC1	No BS: No suitable or no palpable vein/collapsed veins	Nurse
NOBSC2	No BS: Respondent was too anxious/nervous	Nurse
NOBSC3	No BS: Respondent felt faint/fainted	Nurse
NOBSC4	No BS: Other reason	Nurse
REFBSC1	Refused BS: Previous difficulties with venepuncture	Nurse
REFBSC2	Refused BS: Dislike/fear of needles	Nurse
REFBSC3	Refused BS: Respondent recently had blood test/health check	Nurse
REFBSC4	Refused BS: Refused because of current illness	Nurse
REFBSC5	Refused BS: Worried about HIV or AIDS	Nurse
REFBSC6	Refused BS: Other reason	Nurse
STORCON[1]	Storage consent (Blood data)	Nurse

Measurements

Variable	Description	Source
FERVAL	(D) Valid Ferritin Result	Derived
HAEMVAL	(D) Valid Haemoglobin Result	Derived
IGEOKB	(D) Response to Total IGE sample	Derived
TOTIGE	Total IGE result	Lab
TIGEQUAL	Total IGE serum quality	Lab
HDMOKB	(D) Response to HDM IGE sample	Derived
HDMIGE	House dust mite IGE result	Lab
HDMQUAL	House dust mite IGE serum quality	Lab
FEROKB	(D) Response to Ferritin sample	Derived
FERRIT	Ferritin result (inc invalid)	Lab
FERQUAL	Ferritin serum quality	Lab
HAEMOKB	(D) Response to Haemoglobin sample	Derived
HAEMO	Haemoglobin result (inc invalid)	Lab
HAEMQUAL	Haemoglobin serum quality	Lab

Disability

Disability

Variable	Description	Source
WALK2	(D) Level of difficulty walking	Derived
STAIRS	(D) Level of difficulty using stairs	Derived
BED	(D) Level of difficulty getting in/out of bed	Derived
CHAIR	(D) Level of difficulty getting in/out of chairs	Derived
SHOE	(D) Difficulty picking up shoes	Derived
DRESS	(D) Level of difficulty un/dressing	Derived
WASH	(D) Level of difficulty washing	Derived
FEED	(D) Level of difficulty feeding self	Derived
TOILET	(D) Level of difficulty getting to/using toilet	Derived
SIGHT	(D) Sight disability	Derived
HEAR	(D) Hearing disability	Derived
SPEECH	(D) Difficulty speaking	Derived
COMM	(D) Level of difficulty communicating	Derived
COMM3	(D) Communication disability	Derived
PCARE	(D) Personal care disability	Derived
LOCO4	(D) Locomotive disability	Derived
DISAB2	(D) Overall presence of disability	Derived
BLADPROB	(D) Frequency of bladder problems	Derived
DISABA1	Disability: Cannot walk 200 yards or more on own without stopping or dis	Indiv
DISABA2	Disability: Cannot walk up and down a flight of 12 stairs without restin	Indiv
DISABA3	Disability: Cannot follow a TV programme at a volume others find accepta	Indiv
DISABA4	Disability: Cannot see well enough to recognise a friend across a road	Indiv
DISABA5	Disability: Cannot speak without difficulty	Indiv
DISABB01	Disability: Cannot get in and out of bed on own without difficulty	Indiv
DISABB02	Disability: Cannot get in and out of a chair without difficulty	Indiv
DISABB03	Disability: Cannot bend down and pick up a shoe from the floor when standing	Indiv
DISABB04	Disability: Cannot dress and undress without difficulty	Indiv
DISABB05	Disability: Cannot wash hands and face without difficulty	Indiv
DISABB06	Disability: Cannot feed, including cutting up food without difficulty	Indiv
DISABB07	Disability: Cannot get to and use toilet on own without difficulty	Indiv
DISABB08	Disability: Has problem communicating with other people	Indiv
NOVOL	Whether can follow a TV programme with the volume turned up	Indiv
HEARAID	Whether wear a hearing aid most of the time	Indiv
NOHRAID	Whether can you hear well enough to follow the TV at a comfortable volume to others	Indiv
NOARMSEE	If can see well enough to recognise a friend one yard away	Indiv
GLASSES	Whether wears glasses or contact lenses most of the time	Indiv
NOGLAS	Whether can see well enough to recognise a friend across the road (4 yards away)	Indiv
HOWFAR	Furthest distance can walk unaided without stopping or discomfort?	Indiv
WLKAID	Whether uses a walking stick or other walking aid most of the time when walking	Indiv

NOWLKAD	Whether can walk 200 yards or more on your own without stopping or discomfort	Indiv
TKREST	If when walking up and down a flight of 12 stairs needs to hold on and take rests	Indiv
BEDDIF	Whether can get in and out of bed on own .	Indiv
CHRDIF	Whether can get in and out of a chair on own	Indiv
DRSDIF	Whether can dress and undress on own	Indiv
WASHDIF	Whether can wash hands and face on own	Indiv
FEEDDIF	Whether can feed themselves, including cutting up food	Indiv
TOIDIF	If can get to and use the toilet on own	Indiv
COMFAM	Any problems communicating with close family members	Indiv
COMSPCH	Are communication problems to do with speech	Indiv
COMHEAR	Are communication problems to do with hearing?	Indiv
COMVIS	Are communication problems to do with vision?	Indiv
TRIGACC	Is the problem the result of an accident?	Indiv
TRIGILL	Is the problem the result of an illness or disease?	Indiv
PROBCHK	Name of disease or disability	Indiv
DISCODE1	Disability code	Indiv
DISCODE2	Disability code	Indiv
DISCODE3	Disability code	Indiv
BLADDER	Problems with bladder	SC 16+
TBLAD	How often has bladder problems	SC 16+
UBLAD01	Aid used: Does not use anything	SC 16+
UBLAD02	Aid used: Incontinence pads	SC 16+
UBLAD03	Aid used: Protective bed pads	SC 16+
UBLAD04	Aid used: Sanitary towels/panty liners	SC 16+
UBLAD05	Aid used: Penile sheaths	SC 16+
UBLAD06	Aid used: Intermittent catheters	SC 16+
UBLAD07	Aid used: Indwelling urethral catheters	SC 16+
UBLAD08	Aid used: Suprapubic catheters	SC 16+
UBLAD09	Aid used: Other	SC 16+
GPBLAD1	Contacted a continence adviser about problem	SC 16+
GPBLAD2	Contacted a health visitor about problem	SC 16+
GPBLAD3	Contacted a district nurse about problem	SC 16+
GPBLAD4	Contacted other nurse about problem	SC 16+
GPBLAD5	Contacted a GP about problem	SC 16+
GPBLAD6	Contacted a hospital doctor about problem	SC 16+
GPBLAD7	Contacted physiotherapist about problem	SC 16+
GPBLAD8	Contacted local chemist about problem	SC 16+
GPBLAD9	Contacted other health professional about problem	SC 16+

Drinking

Adults 12 Months

Variable	Description	Source
DRATING	(D) Total units of alcohol/week	Derived
ALCBASE	(D) Alcohol consumption rating units/week	Derived
ALCBASMT	(D) Alcohol consumption: men	Derived
ALCBASWT	(D) Alcohol consumption: women	Derived
OVERLIM	(D) Drinking in relation to weekly limits	Derived
NBERWU	(D) Units of normal beer/week	Derived
SBERWU	(D) Units of strong beer/week	Derived
SPIRWU	(D) Units of spirits/week	Derived
SHERWU	(D) Units of sherry/week	Derived
WINEWU	(D) Units of wine/week	Derived
POPSWU	(D) Units of alcopops/week	Derived
NBERF	Frequency drank normal beer last 12 mths	Indiv/SC YP
SBERF	Frequency drank strong beer last 12 mths	Indiv/SC YP
SPIRF	Frequency drank spirits last 12 mths	Indiv/SC YP
SHERF	Frequency drank sherry last 12 mths	Indiv/SC YP
WINEF	Frequency drank wine last 12 mths	Indiv/SC YP
POPSF	Frequency drank alcopops last 12 mths	Indiv/SC YP

DNOFT	Frequency drank any alcoholic drink last 12 mths	Indiv/SC YP
DNOFT2	(D) Frequency drank any alcoholic drink last 12 mths (inc. non-drinkers)	Derived
NBEERM1	Drink normal beer in: Half pints	Indiv
NBEERM2	Drink normal beer in: Small cans	Indiv
NBEERM3	Drink normal beer in: Large cans	Indiv
NBEERM4	Drink normal beer in: Bottles	Indiv
SBEERM1	Drink strong beer in: Half pints	Indiv
SBEERM2	Drink strong beer in: Small cans	Indiv
SBEERM3	Drink strong beer in: Large cans	Indiv
SBEERM4	Drink strong beer in: Bottles	Indiv
NBERQHP	Amount normal beer (1/2 pints) usually drink/day	Indiv
NBERQPT	Amount normal beer (pints) usually drink/day	SC YP
NBERQSM	Amount normal beer (small cans/bottles) usually drink/day	Indiv/SC YP
NBERQLG	Amount normal beer (large cans/bottles) usually drink/day	Indiv/SC YP
NBERQBT	Amount normal beer (bottles) usually drink/day	Indiv
NCODEEQ	Normal beer bottle size (pints)	Indiv
SBERQHP	Amount strong beer (1/2 pints) usually drink/day	Indiv
SBERQPT	Amount strong beer (pints) usually drink/day	SC YP
SBERQSM	Amount strong beer (small cans/bottles) usually drink/day	Indiv/SC YP
SBERQLG	Amount strong beer (large cans/bottles) usually drink/day	Indiv/SC YP
SBERQBT	Amount strong beer (bottles) usually drink/day	Indiv
SCODEEQ	Strong beer bottle size (pints)	Indiv
SPIRQME	Amount spirits (measures) usually drank/day	Indiv/SC YP
SHERQGS	Amount sherry (glasses) usually drank/day	Indiv/SC YP
WINEQGS	Amount wine (glasses) usually drank/day	Indiv/SC YP
POPSQSM	Amount alcopops (small cans/bottles) usually drank/day	Indiv/SC YP

Adults 7 Days

Variable	Description	Source
D7UNIT	(D) Units drunk on heaviest day in last 7	Derived
D7UNITG	(D) Units drunk on heaviest day in last 7 - grouped	Derived
D7DAY	Whether had drink in last 7 days	Indiv/SC YP
D7MANY	How many days in last 7 had a drink	Indiv/SC YP
D7MANY2	(D) How many days in last 7 had a drink - including 0	Derived
DRNKSAME	Whether drank more on a particular in last 7 days	Indiv
WHICHDAY	Which day drank most in last 7	Indiv
D7TYP1	Heaviest day: Normal Beer	Indiv/SC YP
D7TYP2	Heaviest day: Strong Beer	Indiv/SC YP
D7TYP3	Heaviest day: Spirits	Indiv/SC YP
D7TYP4	Heaviest day: Sherry	Indiv/SC YP
D7TYP5	Heaviest day: Wine	Indiv/SC YP
D7TYP6	Heaviest day: Alcopops	Indiv/SC YP
NBRL71	Heaviest day normal beer: Half pints	Indiv
NBRL72	Heaviest day normal beer: Small cans	Indiv
NBRL73	Heaviest day normal beer: Large cans	Indiv
NBRL74	Heaviest day normal beer: Bottles	Indiv
SBRL71	Heaviest day strong beer: Half pints	Indiv
SBRL72	Heaviest day strong beer: Small cans	Indiv
SBRL73	Heaviest day strong beer: Large cans	Indiv
SBRL74	Heaviest day strong beer: Bottles	Indiv
NBERQHP7	Amount normal beer (1/2 pints) on heaviest day	Indiv
NBERQPT7	Amount normal beer (pints) on heaviest day	SC YP
NBERQSM7	Amount normal beer (small cans/bottles) on heaviest day	Indiv/SC YP
NBERQLG7	Amount normal beer (large cans/bottles) on heaviest day	Indiv/SC YP
NBERQBT7	Amount normal beer (bottles) on heaviest day	Indiv
L7NCODEQ	Normal beer bottle size (pints) - heaviest day	Indiv
SBERQHP7	Amount strong beer (1/2 pints) on heaviest day	Indiv
SBERQPT7	Amount strong beer (pints) on heaviest day	SC YP
SBERQSM7	Amount strong beer (small cans/bottles) on heaviest day	Indiv/SC YP
SBERQLG7	Amount strong beer (large cans/bottles) on heaviest day	Indiv/SC YP
SBERQBT7	Amount strong beer (bottles) on heaviest day	Indiv
L7SCODEQ	Strong beer bottle size (pints) - heaviest day	Indiv
SPIRQME7	Amount spirits (measures) on heaviest day	Indiv/SC YP

SHERQGS7	Amount sherry (glasses) on heaviest day	Indiv/SC YP
WINEQGS7	Amount wine (glasses) on heaviest day	Indiv/SC YP
POPSQSM7	Amount alcopops (small cans/bottles) on heaviest day	Indiv/SC YP

Adults General

Variable	Description	Source
DNNOW	Whether drinks nowadays	Indiv/SC YP
DNANY	Whether drinks occasionally or never drinks	Indiv/SC YP
DNEVR	Whether always non-drinker	Indiv/SC YP
DRAMOUNT	Drink now compared to 5 years ago	Indiv
WHYTT	Reason why stopped drinking	Indiv
DDRINKAG	Age first alcoholic drink	SC YP

Children 13-15

Variable	Description	Source
ADRINKWQ	(D) Units of alcohol drunk in last 7 days	Derived
ADRPROP	Ever had proper alcoholic drink	SC 13-15
ADRPOPS	Ever had alcoholic pops drink	SC 13-15
ADRINKAG	Age first alcholic drink	SC 13-15
ADRINKOF	How often alcholic drink	SC 13-15
ADRLAST	When last had alcoholic drink	SC 13-15
ABER2W	Drunk beer in last 7 days	SC 13-15
ASPIRW	Drunk spirits in last 7 days	SC 13-15
ASHERW	Drunk sherry in last 7 days	SC 13-15
AWINEW	Drunk wine in last 7 days	SC 13-15
APOPSW	Drunk alcopops in last 7 days	SC 13-15
ABER2WB	(D) Drunk beer in last 7 days (inc non-drinkers)	Derived
ASPIRWB	(D) Drunk spirits in last 7 days (inc non-drinkers)	Derived
ASHERWB	(D) Drunk sherry in last 7 days (inc non-drinkers)	Derived
AWINEWB	(D) Drunk wine in last 7 days (inc non-drinkers)	Derived
APOPSWB	(D) Drunk alcopops in last 7 days (inc non-drinkers)	Derived
ABER2QPT	Amount beer (pints) drunk last 7 days	SC 13-15
ABER2QLG	Amount beer (large cans/bottles) drunk last 7 days	SC 13-15
ABER2QSM	Amount beer (small cans/bottles) drunk last 7 days	SC 13-15
ASPIRQGS	Amount spirits (glasses) drunk last 7 days	SC 13-15
ASHERQGS	Amount sherry (glasses) drunk last 7 days	SC 13-15
AWINEQGS	Amount wine (glasses) drunk last 7 days	SC 13-15
APOPSQLG	Amount alcopops (large cans/bottles) drunk last 7 days	SC 13-15
APOPSQSM	Amount alcopops (small cans/bottles) drunk last 7 days	SC 13-15

Children 8-12

Variable	Description	Source
CDRPROP	Ever had proper alcoholic drink	SC 8-12
CDRPOPS	Ever had alcoholic soft drink	SC 8-12
CDRINAGE	Age first alcoholic drink	SC 8-12
CDRINKOF	Whole alcoholic drink how often	SC 8-12
CDRLAST	When last had alcoholic drink	SC 8-12

Drinking Experiences

Variable	Description	Source
CAGETOT	(D) CAGE: Number of drinking problems experienced	Derived
PHYS	(D) CAGE: Number of physical dependency problems experienced	Derived
PROBDRNK	(D) CAGE: Problem Drinker	Derived
DRUNKEN	(D) Drunkenness in last 3 months	Derived
DXCUT	Felt the need to cut down on drinking	SC Ad, YP
DXDRUNKM	Been drunk in last 3 months	SC Ad, YP

DXDRUNKW	Been drunk at least once a week	SC Ad, YP
DXGUILT	Felt guilty about drinking	SC Ad, YP
DXCRITIC	Been critcised for drinking	SC Ad, YP
DXNERVES	Has drunk to steady nerves	SC Ad, YP
DXSHAKES	Has shakes due to drinking	SC Ad, YP
DXTIMES	Number of times has been slightly / very drunk in last 3 months	SC Ad, YP
DXUNABLE	Felt unable to stop drinking	SC Ad, YP

Fruit and Vegetables

Fruit and Vegetable

Variable	Description	Source
VEGSAL	Was salad eaten yesterday	Indiv
VEGSALQ	Number of bowls of salad eaten yesterday	Indiv
VEGPUL	Were pulses eaten yesterday	Indiv
VEGPULQ	Number of tablespoons of pulses eaten yesterday	Indiv
VEGVEG	Were any vegetables eaten yesterday	Indiv
VEGVEGQ	Number of tablespoons of vegetables eaten yesterday	Indiv
VEGDISH	Any dishes made from mainly vegetables eaten yesterday	Indiv
VEGDISHQ	Number of tablespoons of vegetable dishes eaten yesterday	Indiv
VEGUSUAL	Ate more than usual amounts af vegetables, salad and pulses yesterday	Indiv
FRTDRNK	Drank any fruit juice yesterday	Indiv
FRTDRNKQ	Number of small glasses of fruit juice drank yesterday	Indiv
FRT	Was any fruit eaten yesterday	Indiv
FRTC01	Type of fruit	Indiv
FRTC02	Type of fruit	Indiv
FRTC03	Type of fruit	Indiv
FRTC04	Type of fruit	Indiv
FRTC05	Type of fruit	Indiv
FRTC06	Type of fruit	Indiv
FRTC07	Type of fruit	Indiv
FRTC08	Type of fruit	Indiv
FRTC09	Type of fruit	Indiv
FRTC10	Type of fruit	Indiv
FRTC11	Type of fruit	Indiv
FRTC12	Type of fruit	Indiv
FRTC13	Type of fruit	Indiv
FRTC14	Type of fruit	Indiv
FRTC15	Type of fruit	Indiv
FRTQ01	How much of this fruit was eaten yesterday?	Indiv
FRTQ02	How much of this fruit was eaten yesterday?	Indiv
FRTQ03	How much of this fruit was eaten yesterday?	Indiv
FRTQ04	How much of this fruit was eaten yesterday?	Indiv
FRTQ05	How much of this fruit was eaten yesterday?	Indiv
FRTQ06	How much of this fruit was eaten yesterday?	Indiv
FRTQ07	How much of this fruit was eaten yesterday?	Indiv
FRTQ08	How much of this fruit was eaten yesterday?	Indiv
FRTQ09	How much of this fruit was eaten yesterday?	Indiv
FRTQ10	How much of this fruit was eaten yesterday?	Indiv
FRTQ11	How much of this fruit was eaten yesterday?	Indiv
FRTQ12	How much of this fruit was eaten yesterday?	Indiv
FRTQ13	How much of this fruit was eaten yesterday?	Indiv
FRTQ14	How much of this fruit was eaten yesterday?	Indiv
FRTQ15	How much of this fruit was eaten yesterday?	Indiv
FRTDRY	Was any dried fruit eaten yesterday?	Indiv
FRTDRYQ	Number of tablespoons of dried fruit eaten yesterday	Indiv
FRTFROZ	Was any frozen or tinned fruit eaten yesterday?	Indiv
FRTFROZQ	Number of tablespoons of frozen or tinned fruit eaten yesterday	Indiv
FRTDISH	Any other dishes made mostly from fruit	Indiv
FRTDISHQ	Number of tablespoons of fruit dishes eaten yesterday	Indiv

FRTUSUAL	Ate/drank more than usual amounts of fruit and fruit juice yesterday	Indiv
PORFTVG	(D) Portions of fruit (inc.orange juice) & vegetables eaten yesterday (grouped)	Derived
PORPUL	(D) Portion of pulses	Derived
PORSAL	(D) Portion of salad	Derived
PORVEG	(D) Portion of vegetables	Derived
PORVDISH	(D) Portion of vegetables in composites	Derived
PORJUICE	(D) Portion of fruit juice	Derived
PORFRT	(D) Portion of all sized fruit	Derived
PORDRY	(D) Portion of dried fruit	Derived
PORFROZ	(D) Portion of frozen fruit/canned fruit	Derived
PORFDISH	(D) Portion of fruit in composites	Derived
VEGPOR	(D) Total portion of vegetables (inc. salad)	Derived
FRTPOR	(D) Total portion of fruit	Derived
PORFV	(D) Total portion of fruit and vegetables	Derived

Respiratory

Asthma

Variable	Description	Source
NOCOL2	(D) Wheezed without cold	Derived
BRWHY2	(D) Breathless when wheezing	Derived
TWEWZ2	(D) Wheezed in last 12 months	Derived
DIB	Child breathing difficulties in the past	Indiv
CWHEEZE	Child wheezing or whistling in the chest now or in the past	Indiv
CBRWHY	Child breathless when wheezing	Indiv
EVERW	Adult wheezing or whistling in the chest now or in the past	Indiv
NOCOL	Adult wheezing when did not have a cold	Indiv
BRWHY	Adult breathless when wheezing	Indiv
TWEWZ	Adult wheezing in last 12 months	Indiv
ATTAK	How many attacks of wheezing in last 12 months	Indiv
SLETW	In the last 12 months, how often has wheezing disturbed sleep	Indiv
SPEKE	In the last 12 months, has wheezing limited ablilty to speak	Indiv
NADLI	In the last 12 months, how much has wheezing affect daily activities	Indiv
WOABS	In the last 12 months, how many days has wheezing caused absence from work	Indiv
SCHAB	In the last 12 months, how many days has wheezing caused absence from school	Indiv
FIRATW	How old when had first attack of wheezing	Indiv
RECATW	When was most recent attack of wheezing?	Indiv
CONDR	Asthma diagnosed by doctor	Indiv
DR12MTH	When first diagnosed with asthma	Indiv
FIRATA	Age when had first attack of asthma	Indiv
ASTWE	When was most recent attack of asthma	Indiv
PRECP	Do specific things bring on an asthma attack	Indiv
PRECP101	Dust	Indiv
PRECP102	Pets	Indiv
PRECP103	Feathers	Indiv
PRECP104	Being excited or upset	Indiv
PRECP105	Cold air	Indiv
PRECP106	Chest infections/cold/flu	Indiv
PRECP107	Cigarette smoke (yours/others)	Indiv
PRECP108	Pollen	Indiv
PRECP109	Grass	Indiv
PRECP110	Traffic fumes	Indiv
PRECP111	Certain food or drinks	Indiv
PRECP112	Exercise	Indiv
PRECP113	Aspirin	Indiv
PRECP114	Other things	Indiv
PRECP115	Perfume	Indiv
PRECP116	Hay or straw	Indiv
PRECP117	Farm animals (including horses)	Indiv
TRTWZE	Has any treatment been given?	Indiv
TRTWH101	A general practitioner (GP)	Indiv
TRTWH102	Nurse at GP surgery/Health centre	Indiv
TRTWH103	Community, School or District Nurse	Indiv
TRTWH104	Hospital casualty/Accident and Emergency department	Indiv
TRTWH105	Consultant/Specialist or other doctor at hospital outpatient	Indiv
TRTWH106	Consultant/Specialist or other doctor elsewhere	Indiv
TRTWH107	Homeopath	Indiv
TRTWH108	Acupuncturist	Indiv
TRTWH109	Other alternative medicine professional	Indiv
TRTIM1	Number of times treated medically in last 12 months	Indiv
TRTIM2	Number of times treated medically in last 12 months	Indiv
TRTIM3	Number of times treated medically in last 12 months	Indiv
TRTIM4	Number of times treated medically in last 12 months	Indiv
TRTIM5	Number of times treated medically in last 12 months	Indiv
TRTIM6	Number of times treated medically in last 12 months	Indiv
INPAT	Spent a night in hospital due to wheezing in last 12 months	Indiv
EVEPT	Ever spent a night in hospital due to wheezing	Indiv

TRTWARD	Received treatment for wheezing in a hospital ward but not stayed overnight	Indiv
TRTIMW	How many times treated on ahospital ward?	Indiv
REGAP	Given regular appointments to be seen by a doctor for wheezing	Indiv
PLAPP1	Given regular appointments to be seen by a hospital doctor for wheezing	Indiv
PLAPP2	Given regular appointments to be seen by a GP for wheezing	Indiv
INHAL	Used an inhaler, puffer, nebuliser or other inhaling device over last 12 months	Indiv
INHALA	Inhaled any of these medications in last 12 months	Indiv
INTYP	Which medication used in last 12 months	Indiv
INTYP01	Ventolin	Indiv
INTYP02	Intal	Indiv
INTYP03	Tilade	Indiv
INTYP04	Bricanyl	Indiv
INTYP05	Serevent	Indiv
INTYP06	Atrovent	Indiv
INTYP07	Becotide	Indiv
INTYP08	Pulmicort	Indiv
INTYP09	Aerolin	Indiv
INTYP10	Oxivent	Indiv
INTYP11	Aerobec	Indiv
INTYP12	Salbutamol	Indiv
INTYP13	Terbutaline	Indiv
INTYP14	Salmeterol	Indiv
INTYP15	Beclometasone	Indiv
INTYP16	Berotec	Indiv
INTYPA1	Used any other medications in the last 12 months	Indiv
INTYPA2	Used any other medications in the last 12 months	Indiv
INTYPA3	Used any other medications in the last 12 months	Indiv
INTYPA4	Used any other medications in the last 12 months	Indiv
INTYPA5	Used any other medications in the last 12 months	Indiv
INTYPO1	Other inhaled medications used	Indiv
INTYPO2	Other inhaled medications used	Indiv
INTYPO3	Other inhaled medications used	Indiv
INTYPO4	Other inhaled medications used	Indiv
INTYPO5	Other inhaled medications used	Indiv
INCODE1	BNF code for 1st medication	Indiv
INCODE2	BNF code for 2nd medication	Indiv
INCODE3	BNF code for 3rd medication	Indiv
INCODE4	BNF code for 4th medication	Indiv
INCODE5	BNF code for 5th medication	Indiv
MEDIC	Taken any prescribed tablets or syrups in last 12 months to treat wheezing	Indiv
MEDICA	Taken any tablets or syrups listed on card in last 12 months to treat wheezing	Indiv
MEDTAB	Which of the tablets or syrups	Indiv
MEDTAB01	Ventolin	Indiv
MEDTAB02	Volmax	Indiv
MEDTAB03	Monovent	Indiv
MEDTAB04	Bricanyl	Indiv
MEDTAB05	Nuelin	Indiv
MEDTAB06	Slo-Phyllin	Indiv
MEDTAB07	Theo-Dur	Indiv
MEDTAB08	Prednisolone	Indiv
MEDTAB09	Deltacortril	Indiv
MEDTAB10	Salbutamol	Indiv
MEDTAB11	Aminophylline	Indiv
MEDTYPA1	Taken any other prescribed tablets or syrups in last 12 months to treat wheezing	Indiv
MEDTYPA2	Taken any other prescribed tablets or syrups in last 12 months to treat wheezing	Indiv
MEDTYPA3	Taken any other prescribed tablets or syrups in last 12 months to treat wheezing	Indiv
MEDTYPA4	Taken any other prescribed tablets or syrups in last 12 months to treat wheezing	Indiv
MEDTYPA5	Taken any other prescribed tablets or syrups in last 12 months to treat wheezing	Indiv
MEDTYPO1	Which (other) tablets or syrups have been used	Indiv
MEDTYPO2	Which (other) tablets or syrups have been used	Indiv
MEDTYPO3	Which (other) tablets or syrups have been used	Indiv
MEDTYPO4	Which (other) tablets or syrups have been used	Indiv
MEDTYPO5	Which (other) tablets or syrups have been used	Indiv
MEDCODE1	BNF code for 1st medication	Indiv
MEDCODE2	BNF code for 2nd medication	Indiv

MEDCODE3	BNF code for 3rd medication	Indiv
MEDCODE4	BNF code for 4th medication	Indiv
MEDCODE5	BNF code for 5th medication	Indiv
MTHDR1	Taken drug in the last month?	Indiv
DAYDR1	Taken drug in the past 24 hours	Indiv
REGDR1	Take drug on a daily basis?	Indiv
MTHDR2	Taken drug in the last month?	Indiv
DAYDR2	Taken drug in the past 24 hours	Indiv
REGDR2	Take drug on a daily basis?	Indiv
MTHDR3	Taken drug in the last month?	Indiv
DAYDR3	Taken drug in the past 24 hours	Indiv
REGDR3	Take drug on a daily basis?	Indiv
MTHDR4	Taken drug in the last month?	Indiv
DAYDR4	Taken drug in the past 24 hours	Indiv
REGDR4	Take drug on a daily basis?	Indiv
MTHDR5	Taken drug in the last month?	Indiv
DAYDR5	Taken drug in the past 24 hours	Indiv
REGDR5	Take drug on a daily basis?	Indiv
MTHDR6	Taken drug in the last month?	Indiv
DAYDR6	Taken drug in the past 24 hours	Indiv
REGDR6	Take drug on a daily basis?	Indiv
MTHDR7	Taken drug in the last month?	Indiv
DAYDR7	Taken drug in the past 24 hours	Indiv
REGDR7	Take drug on a daily basis?	Indiv
MTHDR8	Taken drug in the last month?	Indiv
DAYDR8	Taken drug in the past 24 hours	Indiv
REGDR8	Take drug on a daily basis?	Indiv
MTHDR9	Taken drug in the last month?	Indiv
DAYDR9	Taken drug in the past 24 hours	Indiv
REGDR9	Take drug on a daily basis?	Indiv
MTHDR10	Taken drug in the last month?	Indiv
DAYDR10	Taken drug in the past 24 hours	Indiv
REGDR10	Take drug on a daily basis?	Indiv
MTHDR11	Taken drug in the last month?	Indiv
DAYDR11	Taken drug in the past 24 hours	Indiv
REGDR11	Take drug on a daily basis?	Indiv
MTHDR12	Taken drug in the last month?	Indiv
DAYDR12	Taken drug in the past 24 hours	Indiv
REGDR12	Take drug on a daily basis?	Indiv
MTHDR13	Taken drug in the last month?	Indiv
DAYDR13	Taken drug in the past 24 hours	Indiv
REGDR13	Take drug on a daily basis?	Indiv
MTHDR14	Taken drug in the last month?	Indiv
DAYDR14	Taken drug in the past 24 hours	Indiv
REGDR14	Take drug on a daily basis?	Indiv
MTHDR15	Taken drug in the last month?	Indiv
DAYDR15	Taken drug in the past 24 hours	Indiv
REGDR15	Take drug on a daily basis?	Indiv
MTHDR16	Taken drug in the last month?	Indiv
DAYDR16	Taken drug in the past 24 hours	Indiv
REGDR16	Take drug on a daily basis?	Indiv
MTHDR17	Taken drug in the last month?	Indiv
DAYDR17	Taken drug in the past 24 hours	Indiv
REGDR17	Take drug on a daily basis?	Indiv
MTHDR18	Taken drug in the last month?	Indiv
DAYDR18	Taken drug in the past 24 hours	Indiv
REGDR18	Take drug on a daily basis?	Indiv
MTHDR19	Taken drug in the last month?	Indiv
DAYDR19	Taken drug in the past 24 hours	Indiv
REGDR19	Take drug on a daily basis?	Indiv
MTHDR20	Taken drug in the last month?	Indiv
DAYDR20	Taken drug in the past 24 hours	Indiv
REGDR20	Take drug on a daily basis?	Indiv
MTHDR21	Taken drug in the last month?	Indiv
DAYDR21	Taken drug in the past 24 hours	Indiv

REGDR21	Take drug on a daily basis?	Indiv
MTHDR22	Taken drug in the last month?	Indiv
DAYDR22	Taken drug in the past 24 hours	Indiv
REGDR22	Take drug on a daily basis?	Indiv
MTHDR23	Taken drug in the last month?	Indiv
DAYDR23	Taken drug in the past 24 hours	Indiv
REGDR23	Take drug on a daily basis?	Indiv
MTHDR24	Taken drug in the last month?	Indiv
DAYDR24	Taken drug in the past 24 hours	Indiv
REGDR24	Take drug on a daily basis?	Indiv
MTHDR25	Taken drug in the last month?	Indiv
DAYDR25	Taken drug in the past 24 hours	Indiv
REGDR25	Take drug on a daily basis?	Indiv
MTHDR26	Taken drug in the last month?	Indiv
DAYDR26	Taken drug in the past 24 hours	Indiv
REGDR26	Take drug on a daily basis?	Indiv
MTHDR27	Taken drug in the last month?	Indiv
DAYDR27	Taken drug in the past 24 hours	Indiv
REGDR27	Take drug on a daily basis?	Indiv
MTHDR28	Taken drug in the last month?	Indiv
DAYDR28	Taken drug in the past 24 hours	Indiv
REGDR28	Take drug on a daily basis?	Indiv
MTHDR29	Taken drug in the last month?	Indiv
DAYDR29	Taken drug in the past 24 hours	Indiv
REGDR29	Take drug on a daily basis?	Indiv
MTHDR30	Taken drug in the last month?	Indiv
DAYDR30	Taken drug in the past 24 hours	Indiv
REGDR30	Take drug on a daily basis?	Indiv
MTHDR31	Taken drug in the last month?	Indiv
DAYDR31	Taken drug in the past 24 hours	Indiv
REGDR31	Take drug on a daily basis?	Indiv
MTHDR32	Taken drug in the last month?	Indiv
DAYDR32	Taken drug in the past 24 hours	Indiv
REGDR32	Take drug on a daily basis?	Indiv
MTHDR33	Taken drug in the last month?	Indiv
DAYDR33	Taken drug in the past 24 hours	Indiv
REGDR33	Take drug on a daily basis?	Indiv
MTHDR34	Taken drug in the last month?	Indiv
DAYDR34	Taken drug in the past 24 hours	Indiv
REGDR34	Take drug on a daily basis?	Indiv
MTHDR35	Taken drug in the last month?	Indiv
DAYDR35	Taken drug in the past 24 hours	Indiv
REGDR35	Take drug on a daily basis?	Indiv
MTHDR36	Taken drug in the last month?	Indiv
DAYDR36	Taken drug in the past 24 hours	Indiv
REGDR36	Take drug on a daily basis?	Indiv
MTHDR37	Taken drug in the last month?	Indiv
DAYDR37	Taken drug in the past 24 hours	Indiv
REGDR37	Take drug on a daily basis?	Indiv
ANTIB	Prescribed an antibiotic over the last 12 months to treat wheeze	Indiv
PREDS	Is a supply of prednisol or steroid tablets kept in case wheeze worsens?	Indiv
MAPLA	Has written advice been given explaining what to do if condition worsens?	Indiv
PKFLO	Is there a peak flow meter at home?	Indiv

Atopic conditions

Variable	Description	Source
BRONC	Serious chest illness before the age of 2 years	Indiv
BRCINF	Ever had a serious chest infection?	Indiv
NOOZE	Ever had a problem with sneezing or blocked nose but did not have a cold or flu	Indiv
NOFLU	Problem with sneezing or blocked nose without cold or flu in last 12 months	Indiv
EYEIT	In the last 12 months, has this problem been accompanied by itchy waterly eyes	Indiv
HAYFE	Ever had hay fever	Indiv
HAYDR	Hay fever confirmed by doctor	Indiv

SKITC	Ever had an itchy skin condition	Indiv
TWITC	Itchy skin condition in lsat 12 months	Indiv
SKAGE	Age when skin condition started	Indiv
KREES11	Skin condition ever affected fronts of elbows?	Indiv
KREES12	Skin condition ever affected behind the knees?	Indiv
KREES13	Skin condition ever affected fronts of ankles?	Indiv
KREES14	Skin condition ever affected around the neck?	Indiv
KREES15	Skin condition ever affected around the eyes?	Indiv
KREES16	Skin condition ever affected the cheeks?	Indiv
DRYSK	Suffered from generally dry skin in last 12 months	Indiv
SLESK	Sleep been disturbed by itching or scratching	Indiv
EXXMA	Ever had eczema	Indiv
EXEDR	Eczema confirmed by doctor	Indiv
HAYFAM	Anyone in immediate family suffer from hayfever, eczema or asthma?	Indiv

Lung

Lung Function

Variable	Description	Source
LFOK	(D) Whether lung function is valid	Derived
MAXFVC	(D) Edited highest satisfactory FVC	Derived
MAXFEV	(D) Edited highest satisfactory FEV	Derived
MAXPF	(D) Edited highest satisfactory PF	Derived
FVC1	FVC reading	Nurse
FEV1	FEV reading	Nurse
PF1	PF reading.	Nurse
TECHNIQ1	Satisfactory technique	Nurse
FVC2	FVC reading	Nurse
FEV2	FEV reading	Nurse
PF2	PF reading.	Nurse
TECHNIQ2	Satisfactory technique	Nurse
FVC3	FVC reading	Nurse
FEV3	FEV reading	Nurse
PF3	PF reading.	Nurse
TECHNIQ3	Satisfactory technique	Nurse
FVC4	FVC reading	Nurse
FEV4	FEV reading	Nurse
PF4	PF reading.	Nurse
TECHNIQ4	Satisfactory technique	Nurse
FVC5	FVC reading	Nurse
FEV5	FEV reading	Nurse
PF5	PF reading.	Nurse
TECHNIQ5	Satisfactory technique	Nurse
NLSATLF	Satisfactory blows	Nurse
YNOLF	Reason for no lung function readings	Nurse
HASURG	Had abdominal or chest surgery in the past	Nurse
HASTRO	Admitted to hospital for heart complaint in last 6 weeks	Nurse
CHESTINF	Any respiratory infections in last last 3 weeks	Nurse
INHALER	Used an inhaler/puffer in last 24 hours	Nurse
INHALHRS	How many hours ago inhaler/puffer used?	Nurse
SPIRNO	Spirometer serial number	Nurse
LFTEMP	Ambient air temperature	Nurse
LFWILL	Willing to have lung function measured	Nurse
LFSTAND	Measurement taken whilst standing or sitting?	Nurse
LFRESP	How many technically correct blows obtained	Nurse
PROBLF11	No reading:Refused to continue	Nurse
PROBLF12	No reading:Breathlessness	Nurse
PROBLF13	No reading:Coughing fit	Nurse
PROBLF14	No reading:Equipment failure	Nurse
PROBLF15	No reading:Other	Nurse

NOATTLF	Reason why lung function measurements not attempted/refused	Nurse
NCGPLF	Whether or not satisfactory blow	Nurse
LFSAM	Registered with GP	Nurse
GPSENDLF	Permission to send lung function results to GP	Nurse
GPRLFM1	Refusing permission to send LF results to GP:Hardly/Never sees GP	Nurse
GPRLFM2	Refusing permission to send LF results to GP GP knows respondent's LF level	Nurse
GPRLFM3	Refusing permission to send LF results to GP Does not want to bother GP	Nurse
GPRLFM4	Refusing permission to send LF results to GP Other reason	Nurse

General Health

Acute Sickness

Variable	Description	Source
ACUTILL	(D) Acute sickness last two weeks	Derived
LASTFORT	Cut activities due to health (last 2 weeks)	Indiv
DAYSCUT	No. of days cut down on activities	Indiv

Contraceptives

Variable	Description	Source
PILLEVR	Ever taken contraceptive pill or had injection/implant	SC Ad
PILLUSE	Whether use contraceptives (pill/injection/implant)	SC Ad,YP
PILLBRD	Brand of contraceptives used - BNF code	SC Ad,YP
PILLTYP	Type of contraceptive used	SC Ad,YP

Dental Health

Variable	Description	Source
DENG5	(D) Dental attendance pattern (grouped)	Derived
TEETH	Still have some of own teeth or lost them all	Indiv
ADTACHE	Experienced any toothache in last 6 months	Indiv
DENTIST	Whether go to the dentist for a regular check-up	Indiv
CHDENT	Whether been to a dentist's surgery	Indiv
CHDTWH	What reason child attended dental surgery.	Indiv
CHTACHE	Whether had toothache in last 4 weeks	Indiv

GHQ12

Variable	Description	Source
GHQ12SCR	(D) GHQ Score - 12 point scale	Derived
GHQG2	(D) GHQ Score - grouped (0,1-3,4+)	Derived
GHQCONC	GHQ: Able to concentrate	SC 13+
GHQSLEEP	GHQ: Lost sleep over worry	SC 13+
GHQUSE	GHQ: Felt playing useful part in things	SC 13+
GHQDECIS	GHQ: Felt capable of making decisions	SC 13+
GHQSTRAI	GHQ: Felt constantly under strain	SC 13+
GHQOVER	GHQ: Felt couldn't overcome difficulties	SC 13+
GHQENJOY	GHQ: Able to enjoy day-to-day activities	SC 13+
GHQFACE	GHQ: Been able to face problems	SC 13+
GHQUNHAP	GHQ: Been feeling unhappy and depressed	SC 13+
GHQCONFI	GHQ: Been losing confidence in self	SC 13+
GHQWORTH	GHQ: Been thinking of self as worthless	SC 13+
GHQHAPPY	GHQ: Been feeling reasonably happy	SC 13+

Hormone Replacement Therapy

Variable	Description	Source
PERIOD	Whether still having periods	SC Ad
OPERIOD	Whether periods stopped as a result of an operation	SC Ad
OVARY	Whether has had ovaries removed	SC Ad
HRTEVR	Whether ever been on HRT	SC Ad
HRTAGE	Age started HRT	SC Ad
HRTNOW	Whether still on HRT	SC Ad
HRTSTP	Age stopped HRT	SC Ad

Immunisations

Variable	Description	Source
IMANY	Whether child has had any immunisations	Nurse
IMINTRO	Whether has a red immunisations book for child	Nurse
IMBOOK	Whether child has had any of the immunisations on the card	Nurse
IMWHIC01	Diphtheria/ Tetanus/ Whooping Cough	Nurse
IMWHIC02	Hib (Haemophilus Influenzae type b)	Nurse
IMWHIC03	Polio	Nurse
IMWHIC04	Measles, Mumps, Rubella (MMR)	Nurse
IMWHIC05	Meningococcal C	Nurse
IMWHIC06	(Measles as a separate immunisation)	Nurse
IMWHIC07	(Mumps as a separate immunisation)	Nurse
IMWHIC08	(Rubella as a separate immunisation)	Nurse
IMOTH	Whether child has had any immunisations not on the card	Nurse

Longstanding Illness

Variable	Description	Source
LIMITILL	(D) Limiting longstanding illness	Derived
LONGILL	Whether has longstanding illness	Indiv
LIMITACT	Activities limited due to illness	Indiv
CONDCNT	(D) Number of grouped condition categories	Derived
CONDCNT2	(D) Number of grouped conditions - 4 plus	Derived
COMPM13	(D) I Infectious Disease	Derived
COMPM1	(D) II Neoplasms & benign growths	Derived
COMPM2	(D) III Endocrine & metabolic	Derived
COMPM14	(D) IV Blood & related organs	Derived
COMPM3	(D) V Mental disorders	Derived
COMPM4	(D) VI Nervous System	Derived
COMPM5	(D) VI Eye complaints	Derived
COMPM6	(D) VI Ear complaints	Derived
COMPM7	(D) VII Heart & circulatory system	Derived
COMPM8	(D) VIII Respiratory system	Derived
COMPM9	(D) IX Digestive system	Derived
COMPM10	(D) X Genito-urinary system	Derived
COMPM11	(D) XII Skin complaints	Derived
COMPM12	(D) XIII Musculoskeletal system	Derived
COMPM15	(D) Other complaints	Derived
COMPM17	(D) No long-standing Illness	Derived
COMPM18	(D) No longer present	Derived
COMPM99	(D) Unclass/NLP/inadeq.describe	Derived
ILLSM1	Type of illness - 1st	Indiv
ILLSM2	Type of illness - 2nd	Indiv
ILLSM3	Type of illness - 3rd	Indiv
ILLSM4	Type of illness - 4th	Indiv
ILLSM5	Type of illness - 5th	Indiv
ILLSM6	Type of illness - 6th	Indiv

Optical Health

Variable	Description	Source
GLWEAR	Whether wears glasses or contact lenses	Indiv
GLTYPE	Whether wears both or just contacts / glasses	Indiv

Prescribed Medicines: Drugs affecting blood analytes

Variable	Description	Source
DIUR	(D) Diuretics (Blood pressure)	Derived
BETA	(D) Beta blockers (Blood pressure/Fibrinogen)	Derived
ACEINH	(D) Ace inhibitors (Blood pressure)	Derived
CALCIUMB	(D) Calcium blockers (Blood pressure)	Derived
OBPDRUG	(D) Other drugs affecting BP	Derived
LIPID	(D) Lipid lowering (Cholesterol/Fibrinogen)	Derived
IRON	(D) Iron deficiency (Haemoglobin/Ferritin)	Derived
BPMEDC	(D) Whether taking drugs affecting blood pressure	Derived
BPMEDD	(D) Whether taking drugs prescribed for blood pressure	Derived

Prescribed Medicines: General

Variable	Description	Source
MEDCNJD	Currently taking medication prescribed by doctor	Nurse
MEDCNJ	(D) Whether taking medication - excluding contraceptives only	Derived
VITAMIN	Taking vitamins/mineral to improve health	Nurse
MEDBI01	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI02	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI03	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI04	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI05	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI06	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI07	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI08	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI09	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI10	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI11	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI12	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI13	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI14	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI15	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI16	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI17	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI18	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI19	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI20	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI21	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDBI22	Names of medicines prescribed by doctor (BNF Code)	Nurse
MEDTYP1	(D) Cardio-vascular medicine taken ?	Derived
MEDTYP2	(D) Gastrointestinal medicine taken ?	Derived
MEDTYP3	(D) Respiratory medicine taken ?	Derived
MEDTYP4	(D) CNS medicine taken ?	Derived
MEDTYP5	(D) Medicine for infection taken ?	Derived
MEDTYP6	(D) Endocrine medicine taken ?	Derived
MEDTYP7	(D) Gynae/Urinary medicine taken ?	Derived
MEDTYP8	(D) Cytotoxic medicine taken ?	Derived
MEDTYP9	(D) Medicine for nutrition/blood taken ?	Derived
MEDTYP10	(D) Musculoskeletal medicine taken ?	Derived
MEDTYP11	(D) Eye/Ear etc medicine taken ?	Derived
MEDTYP12	(D) Medicine for skin taken ?	Derived
MEDTYP13	(D) Other medicine taken ?	Derived
NUMED2	(D) Number of prescribed medicines taken	Derived
NUMED	(D) Number of prescribed medicines taken (grouped 4+)	Derived
MEDBIA1	Whether medicine used in last 7 days	Nurse

MEDBIA2	Whether medicine used in last 7 days	Nurse
MEDBIA3	Whether medicine used in last 7 days	Nurse
MEDBIA4	Whether medicine used in last 7 days	Nurse
MEDBIA5	Whether medicine used in last 7 days	Nurse
MEDBIA6	Whether medicine used in last 7 days	Nurse
MEDBIA7	Whether medicine used in last 7 days	Nurse
MEDBIA8	Whether medicine used in last 7 days	Nurse
MEDBIA9	Whether medicine used in last 7 days	Nurse
MEDBIA10	Whether medicine used in last 7 days	Nurse
MEDBIA11	Whether medicine used in last 7 days	Nurse
MEDBIA12	Whether medicine used in last 7 days	Nurse
MEDBIA13	Whether medicine used in last 7 days	Nurse
MEDBIA14	Whether medicine used in last 7 days	Nurse
MEDBIA15	Whether medicine used in last 7 days	Nurse
MEDBIA16	Whether medicine used in last 7 days	Nurse
MEDBIA17	Whether medicine used in last 7 days	Nurse
MEDBIA18	Whether medicine used in last 7 days	Nurse
MEDBIA19	Whether medicine used in last 7 days	Nurse
MEDBIA20	Whether medicine used in last 7 days	Nurse
MEDBIA21	Whether medicine used in last 7 days	Nurse
MEDBIA22	Whether medicine used in last 7 days	Nurse

Prescribed Medicines: Reasons for taking medication

Variable	Description	Source
YTAKE011	Drug For: Heart problem	Nurse
YTAKE012	Drug For: High blood pressure	Nurse
YTAKE013	Drug For: Other reason	Nurse
YTAKE021	Drug For: Heart problem	Nurse
YTAKE022	Drug For: High blood pressure	Nurse
YTAKE023	Drug For: Other reason	Nurse
YTAKE031	Drug For: Heart problem	Nurse
YTAKE032	Drug For: High blood pressure	Nurse
YTAKE033	Drug For: Other reason	Nurse
YTAKE041	Drug For: Heart problem	Nurse
YTAKE042	Drug For: High blood pressure	Nurse
YTAKE043	Drug For: Other reason	Nurse
YTAKE051	Drug For: Heart problem	Nurse
YTAKE052	Drug For: High blood pressure	Nurse
YTAKE053	Drug For: Other reason	Nurse
YTAKE061	Drug For: Heart problem	Nurse
YTAKE062	Drug For: High blood pressure	Nurse
YTAKE063	Drug For: Other reason	Nurse
YTAKE071	Drug For: Heart problem	Nurse
YTAKE072	Drug For: High blood pressure	Nurse
YTAKE073	Drug For: Other reason	Nurse
YTAKE081	Drug For: Heart problem	Nurse
YTAKE082	Drug For: High blood pressure	Nurse
YTAKE083	Drug For: Other reason	Nurse
YTAKE091	Drug For: Heart problem	Nurse
YTAKE092	Drug For: High blood pressure	Nurse
YTAKE093	Drug For: Other reason	Nurse
YTAKE101	Drug For: Heart problem	Nurse
YTAKE102	Drug For: High blood pressure	Nurse
YTAKE103	Drug For: Other reason	Nurse
YTAKE111	Drug For: Heart problem	Nurse
YTAKE112	Drug For: High blood pressure	Nurse
YTAKE113	Drug For: Other reason	Nurse
YTAKE121	Drug For: Heart problem	Nurse
YTAKE122	Drug For: High blood pressure	Nurse
YTAKE123	Drug For: Other reason	Nurse
YTAKE131	Drug For: Heart problem	Nurse
YTAKE132	Drug For: High blood pressure	Nurse
YTAKE133	Drug For: Other reason	Nurse

YTAKE141	Drug For: Heart problem	Nurse
YTAKE142	Drug For: High blood pressure	Nurse
YTAKE143	Drug For: Other reason	Nurse
YTAKE151	Drug For: Heart problem	Nurse
YTAKE152	Drug For: High blood pressure	Nurse
YTAKE153	Drug For: Other reason	Nurse
YTAKE161	Drug For: Heart problem	Nurse
YTAKE162	Drug For: High blood pressure	Nurse
YTAKE163	Drug For: Other reason	Nurse
YTAKE171	Drug For: Heart problem	Nurse
YTAKE172	Drug For: High blood pressure	Nurse
YTAKE173	Drug For: Other reason	Nurse
YTAKE181	Drug For: Heart problem	Nurse
YTAKE182	Drug For: High blood pressure	Nurse
YTAKE183	Drug For: Other reason	Nurse
YTAKE191	Drug For: Heart problem	Nurse
YTAKE192	Drug For: High blood pressure	Nurse
YTAKE193	Drug For: Other reason	Nurse
YTAKE201	Drug For: Heart problem	Nurse
YTAKE202	Drug For: High blood pressure	Nurse
YTAKE203	Drug For: Other reason	Nurse
YTAKE211	Drug For: Heart problem	Nurse
YTAKE212	Drug For: High blood pressure	Nurse
YTAKE213	Drug For: Other reason	Nurse
YTAKE221	Drug For: Heart problem	Nurse
YTAKE222	Drug For: High blood pressure	Nurse
YTAKE223	Drug For: Other reason	Nurse

Self-Assessed Health

Variable	Description	Source
GENHELF	Self-assessed general health	Indiv
GENHELF2	(D) Self-assessed general health (grouped)	Derived

Social Support

Variable	Description	Source
PSSSCR	(D) Perceived Social Support Score	Derived
PSSSCR2	(D) Perceived Social Support Score - grouped	Derived
SSHAPPY	Social Support: People I know do things to make me feel happy	SC 16+
SSLOVED	Social Support: People I know make me feel loved	SC 16+
SSRELY	Social Support: People I know can be relied upon	SC 16+
SSCARE	Social Support: People I know will see that I am taken care of	SC 16+
SSACCEPT	Social Support: People I know accept me just as I am	SC 16+
SSIMPORT	Social Support: People I know make me feel important	SC 16+
SSSUPP	Social Support: People I know give me support and encouragement	SC 16+

Use of Services (Adult)

Variable	Description	Source
NGP	(D) No. of NHS GP consultations in last 2 weeks	Derived
NGPG4	(D) No. of NHS GP consultations in last 2 weeks (grouped)	Derived
NGPYR	(D) No. of NHS GP consultations per year (estimated)	Derived
GPTALK	(D) Consulted a NHS GP for self	Derived
GPVIS	(D) Visited NHS GP for consultation in last 2 weeks	Derived
NSITE1	(D) Visited NHS GP for consultation in last 2 weeks (surgery)	Derived
NSITE2	(D) Visited NHS GP for consultation in last 2 weeks (home)	Derived
NSITE3	(D) Visited NHS GP for consultation in last 2 weeks (telephone)	Derived
NDOCTALK	Talked to doctor (last 2 weeks)	Indiv
NCHATS	No. times talked to a doctor	Indiv
WHSBHLF1	Consult1: Whose behalf talked to a doctor	Indiv

FORPER1	Consult1: Which person no. talked to a doctor	Indiv
NHS1	Consult1: NHS/Private	Indiv
GP1	Consult1: What kind of doctor	Indiv
DOCWHER1	Consult1: Where talked to doctor	Indiv
PRESC1	Consult1: Prescription given?	Indiv
WHSBHLF2	Consult2: Whose behalf talked to a doctor	Indiv
FORPER2	Consult2: Which person no. talked to a doctor	Indiv
NHS2	Consult2: NHS/Private	Indiv
GP2	Consult2: What kind of doctor	Indiv
DOCWHER2	Consult2: Where talked to doctor	Indiv
PRESC2	Consult2: Prescription given ?	Indiv
WHSBHLF3	Consult3: Whose behalf talked to a doctor	Indiv
FORPER3	Consult3: Which person no. talked to a doctor	Indiv
NHS3	Consult3: NHS/Private	Indiv
GP3	Consult3: What kind of doctor	Indiv
DOCWHER3	Consult3: Where talked to doctor	Indiv
PRESC3	Consult3: Prescription given ?	Indiv
WHSBHLF4	Consult4: Whose behalf talked to a doctor	Indiv
FORPER4	Consult4: Which person no. talked to a doctor	Indiv
NHS4	Consult4: NHS/Private	Indiv
GP4	Consult4: What kind of doctor	Indiv
DOCWHER4	Consult4: Where talked to doctor	Indiv
PRESC4	Consult4: Prescription given ?	Indiv
WHSBHLF5	Consult5: Whose behalf talked to a doctor	Indiv
FORPER5	Consult5: Which person no. talked to a doctor	Indiv
NHS5	Consult5: NHS/Private	Indiv
GP5	Consult5: What kind of doctor	Indiv
DOCWHER5	Consult5: Where talked to doctor	Indiv
PRESC5	Consult5: Prescription given ?	Indiv
WHSBHLF6	Consult6: Whose behalf talked to a doctor	Indiv
FORPER6	Consult6: Which person no. talked to a doctor	Indiv
NHS6	Consult6: NHS/Private	Indiv
GP6	Consult6: What kind of doctor	Indiv
DOCWHER6	Consult6: Where talked to doctor	Indiv
PRESC6	Consult6: Prescription given ?	Indiv
WHSBHLF7	Consult7: Whose behalf talked to a doctor	Indiv
FORPER7	Consult7: Which person no. talked to a doctor	Indiv
NHS7	Consult7: NHS/Private	Indiv
GP7	Consult7: What kind of doctor	Indiv
DOCWHER7	Consult7: Where talked to doctor	Indiv
PRESC7	Consult7: Prescription given ?	Indiv
WHSBHLF8	Consult8: Whose behalf talked to a doctor	Indiv
FORPER8	Consult8: Which person no. talked to a doctor	Indiv
NHS8	Consult8: NHS/Private	Indiv
GP8	Consult8: What kind of doctor	Indiv
DOCWHER8	Consult8: Where talked to doctor	Indiv
PRESC8	Consult8: Prescription given ?	Indiv
WHSBHLF9	Consult9: Whose behalf talked to a doctor	Indiv
FORPER9	Consult9: Which person no. talked to a doctor	Indiv
NHS9	Consult9: NHS/Private	Indiv
GP9	Consult9: What kind of doctor	Indiv
DOCWHER9	Consult9: Where talked to doctor	Indiv
PRESC9	Consult9: Prescription given ?	Indiv
WHENDOC	When last talked to doctor about self	Indiv
NERVES	Spoken to doctor about mental/emotional problem	Indiv
PNUR	Whether saw a practice nurse at GP surgery in last 2 weeks	Indiv
NPNUR	No. of times saw a practice nurse at GP surgery	Indiv
HLTHVSIT	Has child been seen by a health visitor	Indiv
DEVCHK	Whether child has had a development check up	Indiv
NCHK	No. of check ups to date	Indiv

Use of Services (Child)

Variable	Description	Source
CHNGP	(D) No. of NHS GP consultations last 2 weeks	Derived
CHNGPG4	(D) No. of NHS GP consultations last 2 weeks (grouped)	Derived
CNHSTALK	(D) Consulted a GP in past two weeks	Derived
CDOCTALK	Talked to doctor (last 2 weeks)	Indiv
CNCHATS	No. times talked to a doctor	Indiv
CNHS1	ChildConsult1: NHS/Private	Indiv
CGP1	ChildConsult1: What kind of doctor	Indiv
CDRWHER1	ChildConsult1: Where talked to doctor	Indiv
CPRESC1	ChildConsult1: Prescription given ?	Indiv
CNHS2	ChildConsult2: NHS/Private	Indiv
CGP2	ChildConsult2: What kind of doctor	Indiv
CDRWHER2	ChildConsult2: Where talked to doctor	Indiv
CPRESC2	ChildConsult2: Prescription given ?	Indiv
CNHS3	ChildConsult3: NHS/Private	Indiv
CGP3	ChildConsult3: What kind of doctor	Indiv
CDRWHER3	ChildConsult3: Where talked to doctor	Indiv
CPRESC3	ChildConsult3: Prescription given ?	Indiv
CNHS4	ChildConsult4: NHS/Private	Indiv
CGP4	ChildConsult4: What kind of doctor	Indiv
CDRWHER4	ChildConsult4: Where talked to doctor	Indiv
CPRESC4	ChildConsult4: Prescription given ?	Indiv
CNERVES	Spoken to doctor about mental/emotional problem	Indiv
CCLINIC	Whether child has been taked to a health clinic	Indiv
CLINREG	No. of times child has been to health clinic	Indiv
CLINWHEN	Last time child was taken to a health clinic	Indiv
CPNUR	Whether saw a practice nurse at GP surgery in last 2 weeks	Indiv
CNPNUR	No. of times saw a practice nurse at GP surgery	Indiv

Smoking

Adults Current Smokers

Variable	Description	Source
CIGWDAY	Number cigarettes smoke on weekday	Indiv/SC YP
CIGWEND	Number cigarettes smoke on weekend day	Indiv/SC YP
CIGDYAL	(D) Number of cigarettes smoke a day - inc. no smokers	Derived
CIGTYP	Type of cigarette smoked	Indiv/SC YP
CIGBRD	Brand of cigarette smoked	Indiv/SC YP
CIGTAR	Tar level of cigarette smoked	Indiv/SC YP
TAREST	Whether tar level estimated	Indiv
SMNODAY	How easy / difficult to not smoke for a day	Indiv
GIVEUP	Whether wants to give up smoking	Indiv
FIRSTCIG	How long after waking has a cigarette	Indiv

Adults Ex-Smokers

Variable	Description	Source
NUMSMOK	How many cigarettes used to smoke	Indiv
SMOKYRS	No. of years smoked	Indiv
ENDSMOKE	Years since stopped smoking	Indiv
LONGEND	How many months	Indiv
NICOT	Nicotine products used	Indiv

Adults General

Variable	Description	Source
SMKEVR	Whether ever smoked cigarette/cigar/pipe	Indiv/SC YP
CIGNOW	Whether smoke cigarettes nowadays	Indiv/SC YP
CIGEVR	Whether ever smoked cigarettes	Indiv/SC YP
CIGREG	How frequently used to smoke	Indiv/SC YP
CIGST1	(D) Cigarette Smoking Status - Never/Ex-reg/Ex-occ/Current	Derived
CIGST2	(D) Cigarette Smoking Status - Banded current smokers	Derived
CIGSTA3	(D) Cigarette Smoking Status: Current/Ex-Reg/Never-Reg	Derived
CIGARNOW	Currently smokes cigars	Indiv
CIGARREG	How regularly smokes cigars	Indiv
PIPENOWA	Currently smokes pipe	Indiv
STARTSMK	Age when started smoking	Indiv
DCIGAGE	Age first tried a cigarette	SC YP
EXPSM	Hours a week exposed to other peoples smoke	Indiv
CHEXPSM	Whether child carer smokes	Indiv
SMKDAD	Whether father smoked when informant was a child	Indiv/ SC YP
SMKMUM	Whether mother smoked when informant was a child	Indiv/ SC YP

Adults Pregnancy

Variable	Description	Source
ISPREG	Whether currently pregnant	Indiv
SMOKEPRG	Smoked since pregnant	Indiv
STOPPREG	Stopped smoking due to pregnancy	Indiv
PREGREC	Whether pregnant in last twelve months	Indiv
PREGSMOK	Whether smoked when pregnant	Indiv
PREGSTOP	Whether stopped smoking due to pregnancy	Indiv

Children 8-15

Variable	Description	Source
KCIGEVR	Whether ever smoked cigarettes (8-15s)	SC 8-15
KCIGAGE	Age first smoked a cigarette (8-15s)	SC 8-15
KCIGREG	Frequency and amount smoked (8-15s)	SC 8-15
KCIGREGG	(D) Frequency of cigarette smoking (8-15s) (grouped)	Derived
KCIGWEEK	Whether smoked in previous week (8-15s)	SC 8-15
KCIGNUM	Number of cigarettes smoked last week (8-15s)	SC 8-15

Cotinine

Variable	Description	Source
COTSAL	Saliva Cotinine result - inc invalid	Lab
COTQUAL	Cotinine quality	Nurse
COTVAL	(D) Valid Cotinine (saliva)	Derived
COT15VAL	(D) Valid Cotinine (saliva): 0<15,15+	Derived
SMOKE1	Currently smokes cigarettes	Nurse
SMOKE2	Currently smokes cigars	Nurse
SMOKE3	Currently smokes pipe	Nurse
SMOKE4	Doesn't currently smoke	Nurse
LASTSMOK	When last smoked a cigarette/cigar/pipe	Nurse
NICUSEB	(D) Used nicotine products last 7 days	Derived
USEGUM	Used any nicotine chewing gum?	Nurse
GUMMG	What strength is nicotine chewing gum?	Nurse
USEPAT	Used any nicotine patches?	Nurse
NICPATS	Which brand and strength of nicotine patches used?	Nurse
USENAS	Used a nicotine nasal spray?	Nurse

Social Capital

Variable	Description	Source
Social Capital		
LIVEYRS	How many years have you lived in this local area	SC 16+
LIVEMTHS	How many months have you lived in this local area	SC 16+
ENJOY	This area is a place I enjoy living in	SC 16+
NEIGBRS	This area is a place where neighbours look after each other	SC 16+
TRANSPRT	This area has gool local transport	SC 16+
LEISURE	This area has good leisure things for people like me	SC 16+
SHOPS	Ease of getting to supermarket	SC 16+
POFFICE	Ease of getting to post office	SC 16+
TEENS	Problem of teenagers hanging around on the streets	SC 16+
VANDALS	Problem of vandalism, grafiti or deliberate damage to proper	SC 16+
ORGS01	Political parties	SC 16+
ORGS02	Trade unions (including student unions)	SC 16+
ORGS03	Environmental groups	SC 16+
ORGS04	Parent-teacher association or school association	SC 16+
ORGS05	Tenants' or residents' group or neighbourhood watch	SC 16+
ORGS06	Education, arts, music or singing group (including evening c	SC 16+
ORGS07	Religious group or church organisation	SC 16+
ORGS08	Charity, voluntary or comminity group	SC 16+
ORGS09	Group for elderly or older people (eg lunch club)	SC 16+
ORGS10	Youth group (eg scouts, guides, youth club)	SC 16+
ORGS11	Women's institute or Townswomen's Guild or Women's group	SC 16+
ORGS12	Social club (including working men's club, Rotary club)	SC 16+
ORGS13	Sports club, gym, exercise or dance group	SC 16+
ORGS14	Other group or organisation	SC 16+
ORGS15	No, don't regularly join in any of these	SC 16+
TRUSTED	Can people be trusted	SC 16+
HELPFUL	Do people try to be helpful	SC 16+
ADVNTG	People take advantage of you	SC 16+

Health Survey for England

'01

Derived Variable Specification

A survey carried out on behalf of The Department of Health

Joint Health Surveys Unit
National Centre for Social Research
Department of Epidemiology and Public Health, University College London

Contents

Classification

Household

HHSIZE: (D) Household Size

```
SPSS Syntax
COMPUTE hhsize= adults+children+infants.
VARIABLE LABELS hhsize "(D) Household Size (General Population)".
```

HHDTYPB: (D) Household Type

   1   1 adult aged 16-59, no children
   2   2 adults, both 16-59, no children
   3   Small family
   4   Large family
   5   Large adult household
   6   2 adults, 1 or both aged 60+, no children
   7   1 adult, aged 60+, no children

Code -9 is applied to households where information about the age of individuals is missing. HHDTYPB is defined using the file of all people in productive households, then matched back to the file of productive individuals.

```
SPSS Syntax

GET FILE=" C:\my documents\data\hhp01.sav "
 /keep serialh adults children infants age.
RECODE age (16 thru 59=1)(ELSE=0) INTO ad1659.
COMPUTE ch015=children+infants.
RECODE age (60 thru hi=1)(ELSE=0) INTO ad60.
AGGREGATE OUTFILE="C:\windows\temp\hhdtypb.sav"
 /break=serialh adults ch015
 /adyoung=SUM(ad1659)
 /adold=SUM(ad60).
GET FILE="C:\windows\temp\hhdtypb.sav".
COMPUTE hhdtypb=-9.
IF adults=1 & adyoung=1 & ch015=0 hhdtypb=1.
IF adults=2 & adyoung=2 & ch015=0 hhdtypb=2.
IF adults=1 & adold=1 & ch015=0 hhdtypb=7.
IF adults=2 & adold>=1 & ch015=0 hhdtypb=6.
IF ANY(adults,1,2) & ANY(ch015,1,2) hhdtypb=3.
IF adults>=3 & ANY(ch015,0,1) hhdtypb=5.
IF (adults>=1 & ch015>=3) | (adults>=3 & ch015=2) hhdtypb=4.
VARIABLE LABELS hhdtypb "(D) Household Type".
VALUE LABELS hhdtypb
  1 "1 adult aged 16-59, no children"
  2 "2 adults, both 16-59, no children"
  3 "Small family"
  4 "Large family"
  5 "Large adult household"
  6 "2 adults, 1 or both aged 60+, no children"
  7 "1 adult, aged 60+, no children".
SAVE OUTFILE="C:\windows\temp\hhdtypc.sav"
 /keep serialh hhdtypb.
MATCH FILES FILE="C:\windows\temp\class1.sav"
 /TABLE="C:\windows\temp\hhdtypc.sav"
 /BY serialh.
EXECUTE.
save outfile="C:\windows\temp\class2.sav".
```

Individual

IRNDAGE: (D) Age at interview rounded to the nearest integer
NRDNAGE: (D) Age at nurse visit rounded to the nearest integer

```
SPSS Syntax

COMPUTE irndage = -1 .
COMPUTE nrndage = -1 .
do if dintb>0 & mintb>0 and yintb>0.
COMPUTE idate = DATE.DMY(dintb,mintb,yintb) .
end if.
do if visday>0 & vismon>0 and visyear>0.
COMPUTE ndate = DATE.DMY(visday,vismon,visyear) .
end if.
do if dobday>0 & dobmon>0 and dobyear>0.
COMPUTE dobdate = DATE.DMY(dobday,dobmon,dobyear) .
end if.
IF (dobdate > 0) irndage = RND((idate-dobdate)/(86400*365.25)) .
IF (dobdate > 0 & ndate > 0) nrndage = RND((ndate-dobdate)/(86400*365.25)) .
VARIABLE LABELS irndage "(D) Age at interview rounded to the nearest integer".
VARIABLE LABELS nrndage "(D) Age at nurse visit rounded to the nearest integer".
```

AG16G10: (D) Age 16+ in ten year bands

        1   16-24
        2   25-34
        3   35-44
        4   45-54
        5   55-64
        6   65-74
        7   75+

```
SPSS Syntax

RECODE  age  (16 thru 24=1)  (25 thru 34=2)  (35 thru 44=3)
  (45 thru 54=4)  (55 thru 64=5)  (65 thru 74=6) (75 thru Hi=7)
  (2 thru 15=-1)  INTO  ag16g10 .
VALUE LABELS ag16g10
  1 "16-24"
  2 "25-34"
  3 "35-44"
  4 "45-54"
  5 "55-64"
  6 "65-74"
  7 "75+".
VARIABLE LABEL ag16g10 "(D) Age 16+ in ten year bands".
```

AG16G20: (D) Age 16+ in twenty year bands

    1   16-34
    2   35-54
    3   55+

```
SPSS Syntax

RECODE  age  (16 thru 34=1)(35 thru 54=2)(55 thru Hi=3)(2 thru 15=-1) INTO ag16g20 .
VALUE LABELS ag16g20
  1 "16-34"
  2 "35-54"
  3 "55+".
VARIABLE LABEL ag16g20 "(D) Age 16+ in twenty year bands".
```

AG65G2: (D) Age 65+ grouped

    1   65-79
    2   80+

```
SPSS Syntax

RECODE  age  (65 thru 79=1)  (80 thru hi=2)  (2 thru 64 =-1) (else = copy) INTO  ag65g2 .
VALUE LABELS ag65g2
  1 "65-79"
  2 "80+".
VARIABLE LABEL ag65g2  "(D) Age 65+ (grouped)".
```

AG215G2: (D) Age 2-15 in two year bands

    1   2-3
    2   4-5
    3   6-7
    4   8-9
    5   10-11
    6   12-13
    7   14-15

```
SPSS Syntax

RECODE  age (2 thru 3=1)  (4 thru 5=2)  (6 thru 7=3)  (8 thru 9=4)
 (10 thru 11=5)  (12 thru 13=6)  (14 thru 15=7)  (16 thru Hi=-1) INTO  ag215g2 .
VARIABLE LABEL ag215g2 "(D) Age 2-15 in two year bands".
VALUE LABELS ag215g2
  1 "2-3"
  2 "4-5"
  3 "6-7"
  4 "8-9"
  5 "10-11"
  6 "12-13"
  7 "14-15".
```

AG215G3: (D) Age 2-15: Approx 3 year age bands

    1   2-3
    2   4-6
    3   7-9
    4   10-12
    5   13-15

```
SPSS Syntax

RECODE age (2 thru 3=1) (4 thru 6=2) (7 thru 9=3) (10 thru 12=4) (13 thru 15=5)
 (ELSE=-1) INTO ag215g3.
VARIABLE LABEL ag215g3 "(D) Age 2-15: Approx 3 year age bands".
VALUE LABELS ag215g3
  1 "2-3"
  2 "4-6"
  3 "7-9"
  4 "10-12"
  5 "13-15".
```

AG415G3: (D) Age 4-15: 3 year age bands

    1   4-6
    2   7-9
    3   10-12
    4   13-15

```
RECODE age (4 thru 6=1) (7 thru 9=2) (10 thru 12=3) (13 thru 15=4)
 (ELSE=-1) INTO ag415g3.
VARIABLE LABEL ag415g3 "(D) Age 4-15: 3 year age bands".
VALUE LABELS ag415g3
 1 "4-6"
 2 "7-9"
 3 "10-12"
 4 "13-15".
```

AG515G3: (D) Age 5-15: Approx 3 year age bands

       1   5-6
       2   7-9
       3   10-12
       4   13-15

```
SPSS Syntax

RECODE age (5 thru 6=1) (7 thru 9=2) (10 thru 12=3) (13 thru 15=4)
 (ELSE=-1) INTO ag515g3.
VARIABLE LABEL ag515g3 "(D) Age 5-15: Approx 3 year age bands".
VALUE LABELS ag515g3
 1 "5-6"
 2 "7-9"
 3 "10-12"
 4 "13-15".
```

AG715G3: (D) Age 7-15: 3 year age bands

       1   7-9
       2   10-12
       3   13-15

```
SPSS Syntax

RECODE age (7 thru 9=1) (10 thru 12=2) (13 thru 15=3)
  (ELSE=-1) INTO ag715g3.
VARIABLE LABEL ag715g3 "(D) Age 7-15: 3 year age bands".
VALUE LABELS ag715g3
 1 "7-9"
 2 "10-12"
 3 "13-15".
```

AG1324G4: (D) Age 13-24: 13-15,16-19,20-24 bands

       1   13-15
       2   16-19
       3   20-24

```
SPSS Syntax

RECODE age (13 thru 15=1) (16 thru 19=2) (20 thru 24=3) (ELSE=-1) INTO ag1324g4.
VARIABLE LABEL ag1324g4 "(D) Age 13-24: 13-15,16-19,20-24 bands".
VALUE LABELS ag1324g4
 1 "13-15"
 2 "16-19"
 3 "20-24".
```

AG1624G2: (D) Age 16-24: 2 year age bands

       1   16-17
       2   18-19
       3   20-21
       4   22-24

```
SPSS Syntax

RECODE age (16 thru 17=1) (18 thru 19=2) (20 thru 21=3) (22 thru 24=4) (ELSE=-1)
  INTO ag1624g2.
VALUE LABELS ag1624g2
 1 "16-17"
 2 "18-19"
 3 "20-21"
 4 "22-24".
VARIABLE LABEL ag1624g2 "(D) Age 16-24: 2 year age bands".
```

AG1624G4: (D) Age 16-24: 16-19, 20-24

       1   16-19
       2   20-24

```
RECODE age (16 thru 19=1) (20 thru 24=2) (ELSE=-1) INTO ag1624g4.
VARIABLE LABEL ag1624g4 "(D) Age 16-24: 16-19, 20-24".
VALUE LABELS ag1624g4
  1 "16-19"
  2 "20-24".
```

MARSTATB: Marital status including cohabitees

```
1    Single
2    Married
3    Separated
4    Divorced
5    Widowed
6    Cohabitees
```

```
SPSS Syntax

COMPUTE marstatb=marital.
COUNT xxx=reltoh relto01 to relto12 (2).
IF xxx>0 marstatb=6.
VARIABLE LABEL marstatb "Marital status including cohabitees".
VALUE LABELS marstatb
  1 'Single'
  2 'Married'
  3 'Separated'
  4 'Divorced'
  5 'Widowed'
  6 'Cohabitees'.
```

Admin

INTDAYW: (D) Weekday of individual interview

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

```
SPSS Syntax

COMPUTE intdayw=XDATE.WKDAY(DATE.DMY(dintb,mintb,yintb)).
VARIABLE LABELS intdayw "(D) Weekday of individual interview".
VALUE LABELS intdayw
 1 "Sunday"
 2 "Monday"
 3 "Tuesday"
 4 "Wednesday"
 5 "Thursday"
 6 "Friday"
 7 "Saturday".
```

Booklet Admin

BOOKLET: (D) Which self-completion filled out

```
1    Yellow 8-12
2    Blue 13-15
3    Pink Young Adults
4    Green Adults
```

```
SPSS Syntax

RECODE age (0 thru 7=-1)(8 thru 12=1)(13 thru 15=2)(16 thru 19=3)(20 thru hi=4)
 INTO booklet.
IF ANY(age,18,19) & bookchk=1 booklet=4.
VARIABLE LABELS booklet "(D) Which self-completion filled out".
VALUE LABELS booklet
 1 "Yellow 8-12"
 2 "Blue 13-15"
 3 "Pink Young Adults"
```

4 "Green Adults".

Education

TOPQUAL2: (D) Highest Educational Qualification - students separate
  1   NVQ4/NVQ5/Degree or equiv
  2   Higher ed below degree
  3   NVQ3/GCE A Level equiv
  4   NVQ2/GCE O Level equiv
  5   NVQ1/CSE other grade equiv
  6   Foreign/other
  7   No qualification
  8   FT Student

TOPQUAL3: (D) Highest Educational Qualification
  1   NVQ4/NVQ5/Degree or equiv
  2   Higher ed below degree
  3   NVQ3/GCE A Level equiv
  4   NVQ2/GCE O Level equiv
  5   NVQ1/CSE other grade equiv
  6   Foreign/other
  7   No qualification

```
SPSS Syntax

COMPUTE topqual3=0.
IF (qual<0 | (qual=1 & quala01<0)) topqual3=quala01.
IF (qual<0 | (qual=1 & quala01<0)) topqual2=quala01.
VECTOR veduc=quala01 TO quala10.
LOOP #I=1 TO 10.
IF (ANY(veduc(#I),1,23,24)) topqual3=1.
IF (ANY(veduc(#I),2,3,4,6) & topqual3<>1) topqual3=2.
IF (ANY(veduc(#I),5,7,9,10,11,25) & ~RANGE(topqual3,1,2)) topqual3=3.
IF (ANY(veduc(#I),8,12,13,15,17,20,22,26) & ~RANGE(topqual3,1,3)) topqual3=4.
IF (ANY(veduc(#I),14,16,18,21,27,28) & ~RANGE(topqual3,1,4)) topqual3=5.
IF (RANGE(veduc(#I),29,36) & ~RANGE(topqual3,1,5)) topqual3=6.
IF ((veduc(#I)=19 | qual=2) & ~RANGE(topqual3,1,6)) topqual3=7.
END LOOP.
VARIABLE LABEL topqual3 "(D) Highest Educational Qualification".
VALUE LABELS topqual3
  1 'NVQ4/NVQ5/Degree or equiv'
  2 'Higher ed below degree'
  3 'NVQ3/GCE A Level equiv'
  4 'NVQ2/GCE O Level equiv'
  5 'NVQ1/CSE other grade equiv'
  6 'Foreign/other'
  7 'No qualification'.
IF (topqual3>0) topqual2=topqual3.
IF (educend=1 | activb=1) topqual2=8.
VARIABLE LABEL topqual2 "(D) Highest Educational Qualification - "+
  "Students separate".
VALUE LABELS topqual2
  1 'NVQ4/NVQ5/Degree or equiv'
  2 'Higher ed below degree'
  3 'NVQ3/GCE A Level equiv'
  4 'NVQ2/GCE O Level equiv'
  5 'NVQ1/CSE other grade equiv'
  6 'Foreign/other'
  7 'No qualification'
  8 'FT Student'.
```

Employment Status

SCHRP: (D) Social Class of HRP - Harmonised
  1   I - Professional
  2   II- Managerial technical
  3   IIIN - Skilled non-manual
  4   IIIM - Skilled manual
  5   IV - Semi-skilled manual
  6   V - Unskilled manual
  7   Armed forces
  8   Insufficient information
  9   FT Students (if never worked)
  10   All other never worked

SCHRPG7: (D) Social Class of HRP - I,II,IIIN,IIIM,IV,V,Others
    1   I - Professional
    2   II- Managerial technical
    3   IIIN - Skilled non-manual
    4   IIIM - Skilled manual
    5   IV - Semi-skilled manual
    6   V - Unskilled manual
    7   Others

SCHRPG6: (D) Social Class of HRP - I,II,IIIN,IIIM,IV,V
    1   I - Professional
    2   II- Managerial technical
    3   IIIN - Skilled non-manual
    4   IIIM - Skilled manual
    5   IV - Semi-skilled manual
    6   V - Unskilled manual

SCHRPG4: (D) Social Class of HRP: I/II,IIINM,IIIM,IV/V
    1   I & II
    2   IIINM
    3   IIIM
    4   IV & V

```
SPSS Syntax
COMPUTE schrp=hrpsoccl.
IF (HRPEVERJ=2) schrp=10.
IF (HRPACTIV=1 & HRPEVERJ=2) schrp=9.
IF (ANY(HRPACTIV,-8,-9)) schrp=HRPACTIV.
IF (ANY(HRPEVERJ,-8,-9)) schrp=HRPEVERJ.
VARIABLE LABEL schrp "(D) Social Class of HOH - Harmonised".
VALUE LABELS schrp
  1 "I - Professional"
  2 "II- Managerial technical"
  3 "IIIN - Skilled non-manual"
  4 "IIIM - Skilled manual"
  5 "IV - Semi-skilled manual"
  6 "V - Unskilled manual"
  7 "Armed forces"
  8 "Insufficient information"
  9 "FT Students (if never worked)"
  10 "All other never worked".

RECODE schrp (7 thru 10=7) (ELSE=COPY) INTO schrpg7.
VARIABLE LABEL schrpg7 "(D) Social Class of HOH - I,II,IIIN,IIIM,IV,V,Others".
VALUE LABELS schrpg7
  1 "I - Professional"
  2 "II- Managerial technical"
  3 "IIIN - Skilled non-manual"
  4 "IIIM - Skilled manual"
  5 "IV - Semi-skilled manual"
  6 "V - Unskilled manual"
  7 "Others".

RECODE schrp (7 thru 10=-1) (ELSE=COPY) INTO schrpg6.
VARIABLE LABEL schrpg6 "(D) Social Class of HOH - I,II,IIIN,IIIM,IV,V".
VALUE LABELS schrpg6
  1 "I - Professional"
  2 "II- Managerial technical"
  3 "IIIN - Skilled non-manual"
  4 "IIIM - Skilled manual"
  5 "IV - Semi-skilled manual"
  6 "V - Unskilled manual".


RECODE schrp (1 thru 2=1) (3=2)(4=3)(5 thru 6=4)(-9 thru -1=COPY)(ELSE=-1)
  INTO schrpg4.
VARIABLE LABELS schrpg4 "(D) Social Class of HOH: I/II,IIINM,IIIM,IV/V".
VALUE LABELS schrpg4
  1 "I & II"
  2 "IIINM"
  3 "IIIM"
  4 "IV & V".
```

NSSEC8: (D) NS-SEC 8 Variable Classification (individual)

1 Higher managerial and professional occupations
2 Lower managerial and professional occupations
3 Intermediate occupations
4 Small employers and own account workers
5 Lower supervisory and technical occupations
6 Semi-routine occupations
7 Routine occupations
8 Never worked and long term unemployed
99 Other

NSSEC5: (D) NS-SEC 5 Variable Classification (individual)

1 Managerial and professional occupations
2 Intermediate occupations
3 Small employers and own account workers
4 Lower supervisory and technical occupations
5 Semi-routine occupations
99 Other

NSSEC3: (D) NS-SEC 3 Variable Classification (individual)

1 Managerial and professional occupations
2 Intermediate occupations
3 Routine and manual occupations
99 Other

```
SPSS Syntax

RECODE stnssec (1 thru 3.4=1) (4 thru 6=2) (7 thru 7.4=3) (8 thru 9.2=4) (10 thru 11.2=5) (12 thru 12.7=6)
(13 thru 13.5=7) (14 thru 14.2=8) (15 thru 17=99) (else=copy) into nssec8.
VARIABLE LABEL nssec8 "(D) NS-SEC 8 variable classification (individual)".
VALUE LABEL nssec8
  1 "Higher managerial and professional occupations"
  2 "Lower managerial and professional occupations"
  3 "Intermediate occupations"
  4 "Small employers and own account workers"
  5 "Lower supervisory and technical occupations"
  6 "Semi-routine occupations"
  7 "Routine occupations"
  8 "Never worked and long term unemployed"
  99 "Other".

RECODE stnssec (1 thru 6=1) (7 thru 7.4=2) (8 thru 9.2=3) (10 thru 11.2=4) (12 thru 13.5=5) (14 thru
17=99) (else=copy) INTO nssec5.
VARIABLE LABEL nssec5 "(D) NS-SEC 5 variable classification (individual)".
VALUE LABEL nssec5
  1 "Managerial and professional occupations"
  2 "Intermediate occupations"
  3 "Small employers and own account workers"
  4 "Lower supervisory and technical occupations"
  5 "Semi-routine occupations"
  99 "Other".

RECODE stnssec (1 thru 6=1) (7 thru 9.2=2) (10 thru 13.5=3) (14 thru 17=99) (else=copy) INTO nssec3.
VARIABLE LABEL nssec3 "(D) NS-SEC 3 variable classification (individual)".
VALUE LABEL nssec3
  1 "Managerial and professional occupations"
  2 "Intermediate occupations"
  3 "Routine and manual occupations"
  99 "Other".
```

HPNSSEC8: (D) NS-SEC 8 Variable Classification (hrp)

1 Higher managerial and professional occupations
2 Lower managerial and professional occupations
3 Intermediate occupations
4 Small employers and own account workers
5 Lower supervisory and technical occupations
6 Semi-routine occupations
7 Routine occupations
8 Never worked and long term unemployed
99 Other

HPNS-SEC5: (D) NS-SEC 5 Variable Classification (hrp)

1 Managerial and professional occupations
2 Intermediate occupations
3 Small employers and own account workers
4 Lower supervisory and technical occupations

5   Semi-routine occupations
        99 Other

HPNSSEC3: (D) NS-SEC 3 Variable Classification (hrp)

        1   Managerial and professional occupations
        2   Intermediate occupations
        3   Routine and manual occupations
        99 Other

```
SPSS Syntax

RECODE sthnssec (1 thru 3.4=1) (4 thru 6=2) (7 thru 7.4=3) (8 thru 9.2=4) (10 thru 11.2=5) (12 thru
12.7=6) (13 thru 13.5=7) (14 thru 14.2=8) (15 thru 17=99) (else=copy) into hpnssec8.
VARIABLE LABEL hpnssec8 "(D) NS-SEC 8 variable classification (hrp)".
VALUE LABEL hpnssec8
  1 "Higher managerial and professional occupations"
  2 "Lower managerial and professional occupations"
  3 "Intermediate occupations"
  4 "Small employers and own account workers"
  5 "Lower supervisory and technical occupations"
  6 "Semi-routine occupations"
  7 "Routine occupations"
  8 "Never worked and long term unemployed"
  99 "Other".

RECODE sthnssec (1 thru 6=1) (7 thru 7.4=2) (8 thru 9.2=3) (10 thru 11.2=4) (12 thru 13.5=5) (14 thru
17=99) (else=copy) INTO hpnssec5.
VARIABLE LABEL hpnssec5 "(D) NS-SEC 5 variable classification (hrp)".
VALUE LABEL hpnssec5
  1 "Managerial and professional occupations"
  2 "Intermediate occupations"
  3 "Small employers and own account workers"
  4 "Lower supervisory and technical occupations"
  5 "Semi-routine occupations"
  99 "Other".

RECODE sthnssec (1 thru 6=1) (7 thru 9.2=2) (10 thru 13.5=3) (14 thru 17=99) (else=copy) INTO hpnssec3.
VARIABLE LABEL hpnssec3 "(D) NS-SEC 3 variable classification (hrp)".
VALUE LABEL hpnssec3
  1 "Managerial and professional occupations"
  2 "Intermediate occupations"
  3 "Routine and manual occupations"
  99 "Other".
```

SCALLX: (D) Social Class of Indiv - Harmonised

        1   I - Professional
        2   II- Managerial technical
        3   IIIN - Skilled non-manual
        4   IIIM - Skilled manual
        5   IV - Semi-skilled manual
        6   V - Unskilled manual
        7   Armed forces
        8   Insufficient information
        9   FT Students (if never worked)
        10 All other never worked

SCALLX: (D) Social Class of Indiv - Harmonised non man / manual

        1   Non manual
        2   Manual

```
SPSS Syntax

COMPUTE scallx=sclass.
IF everjob=2 = 2 scallx=10.
IF (activb=1 & everjob=2) scallx=9.
IF (ANY(activb,-8,-9)) scallx=hrpactiv.
IF (age<16) scallx=-1.
VARIABLE LABEL scallx "(D) Social Class of Indiv - Harmonised".
VALUE LABELS scallx
  1 "I - Professional"
  2 "II- Managerial technical"
  3 "IIIN - Skilled non-manual"
  4 "IIIM - Skilled manual"
  5 "IV - Semi-skilled manual"
  6 "V - Unskilled manual"
  7 "Armed forces"
  8 "Insufficient information"
  9 "FT Students (if never worked)"
  10 "All other never worked".
```

```
RECODE scallx (1 thru 3=1) (4 thru 6=2)(-9 thru -1=COPY)(ELSE=-1)
  INTO scallxg2.
VARIABLE LABELS scallxg2 "(D) Soc Class of Indiv - Harmonised: Non-Man/Manual".
VALUE LABELS scallxg2
  1 "Non-Manual "
  2 "Manual".
```

ECONACT: (D) Economic Status (4 groups)

    1   In employment
    2   ILO unemployed
    3   Retired
    4   Other economically inactive

```
SPSS Syntax

recode activb(2,3,4=1)(9=3)(1,5,6,7,8,10,11=4) into econact.
if any(1,stwork,wkstrt) econact=2.
if age<16 econact=-1.
if any(-9,activb,stwork,wkstrt,wklook) econact=-9.
if any(-8,activb,stwork,wkstrt,wklook) econact=-8.
variable labels econact "(D) Economic Status (4 groups)".
value labels econact
 1 "In employment"
 2 "ILO unemployed"
 3 "Retired"
 4 "Other economically inactive".
```

Income

TOTINC: (D) Total Household Income

        1   <£520
        2   £520<£1,600
        3   £1,600<£2,600
        4   £2,600<£3,600
        5   £3,600<£5,200
        6   £5,200<£7,800
        7   £7,800<£10,400
        8   £10,400<£13,000
        9   £13,000<£15,600
       10   £15,600<£18,200
       11   £18,200<£20,800
       12   £20,800<£23,400
       13   £23,400<£26,000
       14   £26,000<£28,600
       15   £28,600<£31,200
       16   £31,200<£33,800
       17   £33,800<£36,400
       18   £36,400<£41,600
       19   £41,600<£46,800
       20   £46,800<£52,000
       21   £52,000<£60,000
       22   £60,000<£70,000
       23   £70,000<£80,000
       24   £80,000<£90,000
       25   £90,000<£100,000
       26   £100,000<£110,000
       27   £110,000<£120,000
       28   £120,000<£130,000
       29   £130,000<£140,000
       30   £140,000<£150,000
       31   £150,000+
       96 Don't know
       97 Refused

```
SPSS Syntax

COMPUTE totinc=-1.
IF jntinc=-1 totinc=-1.
DO IF (jntinc>0).
COMPUTE totinc=jntinc.
END IF.
DO IF (hhinc>jntinc).
COMPUTE totinc=hhinc.
END IF.
VARIABLE LABELS totinc "(D) Total Household Income".
VALUE LABELS totinc
 1 '<£520'
 2 '£520<£1,600'
 3 '£1,600<£2,600'
 4 '£2,600<£3,600'
 5 '£3,600<£5,200'
 6 '£5,200<£7,800'
 7 '£7,800<£10,400'
 8 '£10,400<£13,000'
 9 '£13,000<£15,600'
10 '£15,600<£18,200'
11 '£18,200<£20,800'
12 '£20,800<£23,400'
13 '£23,400<£26,000'
14 '£26,000<£28,600'
15 '£28,600<£31,200'
16 '£31,200<£33,800'
17 '£33,800<£36,400'
18 '£36,400<£41,600'
19 '£41,600<£46,800'
20 '£46,800<£52,000'
21 '£52,000<£60,000'
22 '£60,000<£70,000'
23 '£70,000<£80,000'
24 '£80,000<£90,000'
25 '£90,000<£100,000'
26 '£100,000<£110,000'
27 '£110,000<£120,000'
28 '£120,000<£130,000'
```

```
29 '£130,000<£140,000'
30 '£140,000<£150,000'
31 '£150,000+'
96 'Don't know'
97 'Refused'.
```

MCCLEM: (D) McClements household score for equivalised income

EQVINC: (D) Equivalised Income

EQV5: (D) Equivalised Income Quintiles

        1 'Bottom Quintile (<=£9,000)'
        2 '2nd Quintile (>£9,000 <= £14,300)'
        3 '3rd Quintile (>£14,300 <= £21,960)'
        4 '4th Quintile (>£21,960 <= £35,040)'
        5 'Top Quintile (>£35,040)'.

*The calculation of the equivalised income involves calculating a McClement score for each household (dependent on number, age and relationships of adults and children in the household), and then dividing the total household income by this score to get an equivalised household income. Comments are included in the **SPSS Syntax**.*

```
SPSS Syntax

Create Aggregated HH file for 00 including income qns.
GET FILE='c:\my documents\data\data12m_clean01.sav'
  /KEEP serialh jntinc hhinc.
SORT CASES BY serialh.
EXECUTE
.
AGGREGATE OUTFILE='c:\windows\temp\hh01.sav'
  /BREAK= serialh
  /jointinc hholdinc = MEAN(jntinc hhinc).


** Use HHP data file adding activ to each record .
GET FILE='c:\my documents\data\hhp01.sav'
  /KEEP serialh seriali hrpid adults infants person relto01 to relto12 age.
SORT CASES seriali(A).
COUNT pmarry=relto01 to relto12(1).
COUNT ppart=relto01 to relto12(2).
compute relnship=pmarry+ppart.
SAVE OUTFILE='c:\windows\temp\mcxx00.sav'
  /KEEP serialh seriali hrpid adults infants person relnship age.
GET FILE='c:\my documents\data\data12m_clean01.sav'
  /KEEP seriali activb.
SORT CASES seriali(A).
SAVE OUTFILE='c:\windows\temp\activ01.sav'.
MATCH FILES FILE='c:\windows\temp\mcxx01.sav'
  /TABLE='c:\windows\temp\activ01.sav'
  /BY seriali.
SAVE OUTFILE='c:\windows\temp\mcchhp01.sav'.


** Create variables for age/activ for each person no .

** Create all variables, default to 0 .
GET FILE='c:\windows\temp\mcchhp01.sav'.
MISSING VALUES age ().
VECTOR mccage(12).
VECTOR mcactv(12).
LOOP #i=1 TO 12.
DO IF (person=#i).
COMPUTE mccage(#i)=age.
COMPUTE mcactv(#i)=activb.
END IF.
END LOOP.
EXECUTE.

** Save HH file with appropriate vars .
SORT CASES BY serialh.
SAVE OUTFILE='c:\windows\temp\mchhp01x.sav'.

** Create Hrp file, save & merge .
GET FILE='c:\windows\temp\mchhp01x.sav'.
SELECT IF (hrpid=1).
SAVE OUTFILE='c:\windows\temp\mcchoh01.sav'
  /KEEP= serialh adults relnship infants.

** Create 12 people files using a macro.
DEFINE mincfile ().
!DO !J=1 !TO 12.
!LET !vselect=!CONCAT(mccage,!J).
!LET !vvar=!CONCAT(mcactv,!J).
```

```
!LET !vfile=!QUOTE(!CONCAT("c:\windows\temp\p",!J,".sav")).
GET FILE='c:\windows\temp\mchhp01x.sav'.
SELECT IF (!vselect=-9 | !vselect>=0).
SAVE OUTFILE=!vfile /KEEP=serialh !vselect !vvar.
!DOEND.
!ENDDEFINE.
MINCFILE.


** Merge all files together by serialh & save .
MATCH FILES FILE='c:\windows\temp\hh01.sav'
  /table='c:\windows\temp\mcchoh01.sav'
  /table='c:\windows\temp\p1.sav'
  /table='c:\windows\temp\p2.sav'
  /table='c:\windows\temp\p3.sav'
  /table='c:\windows\temp\p4.sav'
  /table='c:\windows\temp\p5.sav'
  /table='c:\windows\temp\p6.sav'
  /table='c:\windows\temp\p7.sav'
  /table='c:\windows\temp\p8.sav'
  /table='c:\windows\temp\p9.sav'
  /table='c:\windows\temp\p10.sav'
  /table='c:\windows\temp\p11.sav'
  /table='c:\windows\temp\p12.sav'
  /BY serialh.
EXECUTE.
SAVE OUTFILE='c:\windows\temp\income01.sav'
 /KEEP serialh hholdinc jointinc adults relnship infants
 mccage1 mccage2 mccage3 mccage4 mccage5 mccage6 mccage7 mccage8
 mccage9 mccage10 mccage11 mccage12
 mcactv1 mcactv2 mcactv3 mcactv4 mcactv5 mcactv6 mcactv7
 mcactv8 mcactv9 mcactv10 mcactv11 mcactv12 .

** Get file and initialise mcclem to zero .
GET FILE='c:\windows\temp\income01.sav'.
COMPUTE mcclem=0.

** Add scores for 16-18s, remove from adults .
VECTOR mccage=mccage1 TO mccage12.
VECTOR mcactv=mcactv1 TO mcactv12.
LOOP #i=1 TO 12.
DO IF (RANGE(mccage(#i),16,18)).
DO IF (mcactv(#i)=1).
COMPUTE mcclem=mcclem+(36/100).
IF (adults>1) adults=adults-1.
END IF.
END IF.
END LOOP.

** Add scores for adults .
** Non-married 2nd person adds 7/100 to score .
IF (adults=1) mcclem=mcclem+(61/100).
IF (adults=2) mcclem=mcclem+1.
IF (adults=3) mcclem=mcclem+(142/100).
IF (adults>=4) mcclem=mcclem+((142+(36*(adults-3)))/100).
IF (relnship=0&adults>1) mcclem=mcclem+(7/100).

** Add scores for children .
VECTOR mccagex=mccage1 TO mccage12.
LOOP #j=1 TO 12.
IF (RANGE(mccagex(#j),2,4)) mcclem=mcclem+(18/100).
IF (RANGE(mccagex(#j),5,7)) mcclem=mcclem+(21/100).
IF (RANGE(mccagex(#j),8,10)) mcclem=mcclem+(23/100).
IF (RANGE(mccagex(#j),11,12)) mcclem=mcclem+(25/100).
IF (RANGE(mccagex(#j),13,15)) mcclem=mcclem+(27/100).
END LOOP.

** Add scores for infants .
IF (infants>0) mcclem=mcclem+(infants*(9/100)).

** remove nonstated ages.
count age9=mccage1 to mccage12(-9).
count age8=mccage1 to mccage12(-8).
if age9>0 | age8>0 mcclem=-90.

VARIABLE LABEL mcclem "(D) McClements household score for equivalised income".
EXECUTE.
FORMATS mcclem (F8.2).
COMPUTE midinc=-1.
DO IF (jointinc>0).
RECODE jointinc (1=450) (2=1060) (3=2100) (4=3100) (5=4400) (6=6500)
 (7=9100) (8=11700) (9=14300) (10=16900) (11=19500) (12=22100)
 (13=24700) (14=27300) (15=29900) (16=32500) (17=35100) (18=39000)
 (19=44200) (20=49400) (21=56000) (22=65000) (23=75000) (24=85000)
 (25=95000) (26=105000) (27=115000) (28=125000) (29=135000)
 (30=145000) (31=160000)
 INTO midinc.
END IF.
```

```
DO IF (hholdinc>jointinc).
RECODE hholdinc (1=450) (2=1060) (3=2100) (4=3100) (5=4400) (6=6500)
 (7=9100) (8=11700) (9=14300) (10=16900) (11=19500) (12=22100)
 (13=24700) (14=27300) (15=29900) (16=32500) (17=35100) (18=39000)
 (19=44200) (20=49400) (21=56000) (22=65000) (23=75000) (24=85000)
 (25=95000) (26=105000) (27=115000) (28=125000) (29=135000)
 (30=145000) (31=160000)
 INTO midinc.
END IF.
COMPUTE eqvinc=-1.
IF (midinc>0) eqvinc=midinc/mcclem.
RECODE midinc (0 thru 6500=1) (6501 thru 11700=2)
  (11701 thru 19500=3) (19501 thru 29900=4) (29901 thru hi=5)(ELSE=-1)
  INTO mid5.
RECODE eqvinc (0 thru 9000=1) (9000 thru 14300=2)
  (14300 thru 21960=3) (21960 thru 35040=4)
  (35040 thru hi=5)(ELSE=-1) INTO eqv5.
EXECUTE.
VARIABLE LABEL eqvinc "(D) Equivalised Income".
VARIABLE LABEL eqv5 "(D) Equivalised Income Quintiles".
VALUE LABELS eqvinc -1 'Item not applicable'.
VALUE LABELS eqv5
  -1 'Item not applicable'
   1 'Bottom Quintile (<=£9,000)'
   2 '2nd Quintile (>£9,000 <= £14,300)'
   3 '3rd Quintile (>£14,300 <= £21,960)'
   4 '4th Quintile (>£21,960 <= £34,040)'
   5 'Top Quintile (>£34,040)'.
do if mcclem=-90.
compute eqvinc=-90.
compute eqv5=-90.
end if.
add value labels mcclem eqvinc eqv5
  -90 "Age of household member refused".
SAVE OUTFILE='c:\windows\temp\mcclem01.sav'
 /KEEP serialh mcclem hholdinc jointinc midinc eqvinc mid5 eqv5
 adults relnship infants
 mccage1 mccage2 mccage3 mccage4 mccage5 mccage6 mccage7 mccage8
 mccage9 mccage10 mccage11 mccage12 mccage12
 mcactv1 mcactv2 mcactv3 mcactv4 mcactv5 mcactv6 mcactv7
 mcactv8 mcactv9 mcactv10 mcactv11 mcactv12 mcactv12.
SORT CASES serialh(A).
SAVE OUTFILE='c:\windows\temp\eqv01h.sav'
 /KEEP serialh eqvinc eqv5 mcclem.

** Merge back onto individual records.
MATCH FILES FILE="c:\my documents\data\hse01.sav"
 /TABLE='c:\windows\temp\eqv01h.sav'
 /BY serialh.
EXECUTE.

SAVE OUTFILE="c:\windows\temp\class1.sav".
```

NIMD: (D) Index of multiple deprivation (quintiles)

1   Least deprived (1.16 - 9.03)
2   (9.04 – 13.88)
3   (13.89 – 21.01)
4   (21.02 – 32.87)
5   Most deprived (32.88 – 83.77)

The Index of Deprivation 2000 (ID2000) is a composite index of relative deprivation at small area level, based on six domains of deprivation: income; employment; geographical access to services; health and disability; education, skills and training; and housing.[i] The method used in this report was to group the ID2000 scores of all electoral wards in England into quintiles, ranked in ascending order of deprivation score (quintile 1 being least deprived). The postcode address of households in the 2001 survey was used to link to the electoral ward of residence, and hence to the corresponding deprivation quintile. All individuals in each household were allocated to the deprivation quintile to which their household had been allocated.

Nurse Admin

NURDAYW: (D) Weekday of nurse interview

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

SPSS Syntax

```
DO IF visday>0.
COMPUTE nurdayw=XDATE.WKDAY(DATE.DMY(visday,vismon,visyr)).
ELSE.
COMPUTE nurdayw=visday.
END IF.
VARIABLE LABELS nurdayw "(D) Weekday of nurse interview".
VALUE LABELS nurdayw
 1 "Sunday"
 2 "Monday"
 3 "Tuesday"
 4 "Wednesday"
 5 "Thursday"
 6 "Friday"
 7 "Saturday".
```

Relationships

NATPR1: (D) Relationship of child to parent/legal guardian
NATPR2: (D) Relationship of child to other parent/legal guardian

    1   Own natural child
    2   Adopted child
    3   Foster child
    4   Step child
    5   Grandchild
    6   Brother/sister
    7   Other relative

```
SPSS Syntax

do if any(par1,-1,97).
compute natpr1=-1.
end if.
do if par1=1.
recode relto01(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr1.
end if.
do if par1=2.
recode relto02(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr1.
end if.
do if par1=3.
recode relto03(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr1.
end if.
do if par1=4.
recode relto04(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr1.
end if.
do if par1=5.
recode relto05(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr1.
end if.
do if par1=6.
recode relto06(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr1.
end if.
do if par1=7.
recode relto07(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr1.
end if.
do if par1=8.
recode relto08(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr1.
end if.
do if any(par2,-1,97).
compute natpr2=-1.
end if.
do if par2=1.
recode relto01(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr2.
end if.
do if par2=2.
recode relto02(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr2.
end if.
do if par2=3.
recode relto03(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr2.
end if.
do if par2=4.
recode relto04(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr2.
end if.
do if par2=5.
recode relto05(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr2.
end if.
do if par2=6.
recode relto06(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr2.
end if.
do if par2=7.
recode relto07(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr2.
end if.
```

```
do if par2=8.
recode relto08(3=1)(4=2)(5=3)(6,7=4)(19=5)(13 thru 18=6)(-9 thru -1=COPY)(ELSE=7) into natpr2.
end if.
variable labels natpr1 natpr2 "(D) Relationship to parent or guardian".
value labels natpr1 natpr2
 1 "Own natural child"
 2 "Adopted child"
 3 "Foster child"
 4 "Step child"
 5 "Grandchild"
 6 "Brother/sister"
 7 "Other relative".
```

Sample Info

URBAN: (D) Degree of urbanisation
1 Urban
2 Suburban
3 Rural

```
SPSS Syntax

RECODE  typarea (1 thru 2=1)  (3=2)  (4 thru 5=3) (-8,-9=copy)  INTO urban .
VARIABLE LABEL urban "(D) Degree of urbanisation".
VALUE LABELS urban 1 'Urban'
                   2 'Suburban'
                   3 'Rural'.
```

ACORN6: (D) ACORN grouped (6)
1 A - thriving
2 B - expanding
3 C - rising
4 D - settling
5 E - aspiring
6 F - striving

ACORN17: (D) ACORN grouped (17)
1   wealthy achievers
2   affluent greys
3   prosperous pensioners
4   affluent executives
5   well-off workers
6   affluent urbanites
7   prosperous professionals
8   better-off executives
9   comfortable middle agers
10 skilled workers
11 new home owners
12 white collar workers
13 older people
14 council residents, better-off
15 council residents, unemploy
16 council residents, hardship
17 multi-ethnic, low income

```
SPSS Syntax

RECODE acorn (55=-8)(1 thru 9=1)(10 thru 15=2)(16 thru 25=3)(26 thru 32=4)
  (33 thru 38=5)(39 thru 54=6) INTO acorn6.
RECODE acorn
  (55=-8) (1 thru 5=1) (6 thru 7=2) (8 thru 9=3) (10 thru 12=4)
  (13 thru 15=5) (16 thru 18=6) (19 thru 20=7) (21 thru 25=8)
  (26 thru 29=9) (30 thru 32=10) (33 thru 35=11) (36 thru 38=12)
  (39 thru 40=13) (41 thru 46=14) (47 thru 49=15) (50 thru 51=16)
  (52 thru 54=17) INTO acorn17 .
VARIABLE LABEL acorn6 "(D) ACORN grouped (6)".
VARIABLE LABEL acorn17 "(D) ACORN grouped (17)".
VALUE LABELS acorn6
  1 'A - thriving'
  2 'B - expanding'
  3 'C - rising'
  4 'D - settling'
  5 'E - aspiring'
```

```
   6 'F - striving'.
VALUE LABELS acorn17
  1 'wealthy achievers'
  2 'affluent greys'
  3 'prosperous pensioners'
  4 'affluent executives'
  5 'well-off workers'
  6 'affluent urbanites'
  7 'prosperous professionals'
  8 'better-off executives'
  9 'comfortable middle agers'
 10 'skilled workers'
 11 'new home owners'
 12 'white collar workers'
 13 'older people'
 14 'council residents, better-off'
 15 'council residents, unemploy'
 16 'council residents, hardship'
 17 'multi-ethnic, low income'.
```

Accidents

Major Accidents

MACC: (D) Annual major accident rate per 100 persons

```
SPSS Syntax

COMPUTE macc = 0.
IF RANGE(ndracc,1,3) macc = ndracc*200.
IF (ndracc > 3) macc = 600.
RECODE ndracc(-9,-8=COPY)into macc.
RECODE dracc(-9,-8=COPY)into macc.
VARIABLE LABEL macc "(D) Annual major accident rate per 100 persons".
```

MFALL: (D) Major accident rate for falls
MSPORT: (D) Major accident rate for sports/play
MTOOL: (D) Major accident rate for tools
MCAR: (D) Major accident rate for cars
MBIKE: (D) Major accident rate for bikes
MWORKB: (D) Major accident rate for work (among those in work in the last fortnight)

```
SPSS Syntax

DEFINE mrate (!POS !TOKENS(1)/!POS !TOKENS(1)).
COMPUTE !1=0.
DO IF (!2*1=1).
RECODE ndracc(1,2=COPY)(3 thru hi=3) INTO !1.
END IF.
COMPUTE !1=!1*200.
!ENDDEFINE.

MRATE mfall drfal.
MRATE mtool drtul.
MRATE mcar drcar.
MRATE mbike drbik.

COMPUTE sportx=0.
IF ANY(1,drspt,drply) sportx=1.
MRATE msport sportx.

MRATE mworkb drwrk.
if ~activb=2 mworkb=-1.

VARIABLE LABEL mfall "(D) Major accident rate for falls".
VARIABLE LABEL msport "(D) Major accident rate for sports/play".
VARIABLE LABEL mtool "(D) Major accident rate for tools".
VARIABLE LABEL mcar "(D) Major accident rate for cars".
VARIABLE LABEL mbike "(D) Major accident rate for bikes".
```

```
VARIABLE LABEL mworkb "(D) Major accident rate for work (among those in work in past fortnight)".
```

MPLACE: (D) Location of major accident
1. In a home or garden
2. In a place used for sport, play or recreation
3. Outdoors, pavement or road
4. School or public building
5. Other

```
SPSS Syntax

RECODE drwyr (-9 thru -1=COPY)(3=1)(4=2)(0,1,2=3)(5,6=4)(else=5) INTO mplace.
VARIABLE LABEL mplace "(D) Location of major accident".
VALUE LABELS mplace 1 'In a home or garden'
                    2 'In a place used for sport, play or recreation'
                    3 'Outdoors, pavement or road'
                    4 'School or public building'
                    5 'Other'.
```

MCONSULT: (D) Who consulted about major accident

1. Hospital, but not GP surgery
2. GP surgery, but not hospital
3. Hospital & GP surgery
4. Other

```
SPSS Syntax

COUNT #gp = draidc02 draidc03 (1).
COMPUTE mconsult= -1 .
IF (dracc=1 & any (indout, 51,52)) mconsult=4.
IF (draidc01 = 1 & #gp = 0) mconsult=1.
IF (draidc01 = 0 & #gp >= 1) mconsult=2.
IF (draidc01 = 1 & #gp >= 1) mconsult=3.
VARIABLE LABEL mconsult "(D) Who consulted about major accident".
VALUE LABELS mconsult 1 'Hospital, but not GP surgery'
                      2 'GP surgery, but not hospital'
                      3 'Hospital & GP surgery'
                      4 'Other'.
```

MSEASON1: (D) Major accident in Spring
MSEASON2: (D) Major accident in Summer
MSEASON3: (D) Major accident in Autumn
MSEASON4: (D) Major accident in Winter
0. No
1. Yes

```
SPSS Syntax

DO REPEAT xxseas=mseason1 mseason2 mseason3 mseason4.
COMPUTE xxseas=0.
END REPEAT.
DO REPEAT xxmth=drmth01 drmth02 drmth03 drmth04 drmth05 drmth06 drmth07
   drmth08 drmth09 drmth10.
IF ANY(xxmth,3,4,5) mseason1=1.
IF ANY(xxmth,6,7,8) mseason2=1.
IF ANY(xxmth,9,10,11) mseason3=1.
IF ANY(xxmth,12,1,2) mseason4=1.
END REPEAT.
VARIABLE LABELS
   mseason1 "(D) Major accident in Spring"
  /mseason2 "(D) Major accident in Summer"
  /mseason3 "(D) Major accident in Autumn"
  /mseason4 "(D) Major accident in Winter".
VALUE LABELS mseason1 mseason2 mseason3 mseason4
  0 "No" 1 "Yes".
```

MBODY1: (D) Major accident affected head, neck, face

MBODY2: (D) Major accident affected back

MBODY3: (D) Major accident affected arm, leg, shoulder

MBODY4: (D) Major accident affected chest, abdomen, internal

    1   No
    2   Yes

```
SPSS Syntax

DO REPEAT xxbody=mbody1 mbody2 mbody3 mbody4.
COMPUTE xxbody=0.
END REPEAT.
IF ANY(1,drbdyc01,drbdyc02,drbdyc03,drbdyc04) mbody1=1.
IF ANY(1,drbdyc05) mbody2=1.
IF ANY(1,drbdyc06,drbdyc07) mbody3=1.
IF ANY(1,drbdyc08,drbdyc09,drbdyc10) mbody4=1.
VARIABLE LABELS
   mbody1 "(D) Major accident affected head, neck, face"
  /mbody2 "(D) Major accident affected back"
  /mbody3 "(D) Major accident affected arm, leg, shoulder"
  /mbody4 "(D) Major accident affected chest, abdomen, internal".
VALUE LABELS mbody1 mbody2 mbody3 mbody4
  0 "No" 1 "Yes".
```

BONE: (D) Whether broken bones in accident

    1   Yes
    2   No

BONES01 to BONES13: (D) Bones broken in accident

    0   No
    1   Yes

```
SPSS Syntax
recode dracc(-9 thru -1=COPY)(else=2) into bone.
if any(-9,ndracc,drinjc01,drbrk) bone=-9.
if any(-8,ndracc,drinjc01,drbrk) bone=-8.
if any(1,drinjc01,drbrk) bone=1.
variable labels bone "(D) Whether broken bones in accident".
value labels bone 1 "Yes" 2 "No".
do repeat xxx=bones01 bones02 bones03 bones04 bones05 bones06 bones07
   bones08 bones09 bones10 bones11 bones12 bones13.
recode bone(-9,-8=copy)(else=0)into xxx.
end repeat.
if any(1,drbone01,drwbn01,drwbna01) bones01=1.
if any(1,drbone02,drwbn02,drwbna02) bones02=1.
if any(1,drbone03,drwbn03,drwbna03) bones03=1.
if any(1,drbone04,drwbn04,drwbna04) bones04=1.
if any(1,drbone05,drwbn05,drwbna05) bones05=1.
if any(1,drbone06,drwbn06,drwbna06) bones06=1.
if any(1,drbone07,drwbn07,drwbna07) bones07=1.
if any(1,drbone08,drwbn08,drwbna08) bones08=1.
if any(1,drbone09,drwbn09,drwbna09) bones09=1.
if any(1,drbone10,drwbn10,drwbna10) bones10=1.
if any(1,drbone11,drwbn11,drwbna11) bones11=1.
if any(1,drbone12,drwbn12,drwbna12) bones12=1.
if any(1,drbone13,drwbn13,drwbna13) bones13=1.
variables labels
  bones01 "Collar/Clavicle"
 /bones02 "Shoulder/Scapula"
 /bones03 "Upper arm/Humerus"
 /bones04 "Lower arm/Radius and Ulna"
 /bones05 "Hand and/or wrist"
 /bones06 "Knee/Patella"
 /bones07 "Ankle and/or foot"
 /bones08 "Lower leg/Tibia and fibula"
 /bones09 "Upper leg/Femur"
 /bones10 "Hip joint/Neck of femur"
 /bones11 "Hip bone/Pelvis/Ileum"
 /bones12 "Back bones"
 /bones13 "Other bones".
value labels bones01 bones02 bones03 bones04 bones05 bones06 bones07
   bones08 bones09 bones10 bones11 bones12 bones13
   0 "No"
   1 "Yes".
```

Minor Accidents

NACC: (D) Annual minor accident rate per 100 persons

SPSS Syntax

```
COMPUTE nacc = 0.
IF axi<0 nacc=-1.
IF RANGE(naxi,1,6) nacc = naxi*1300.
IF (naxi > 6) nacc = 6*1300.
VARIABLE LABEL nacc "(D) Annual minor accident rate per 100 persons".
```

Anthropometric Measurements

Demispan Admin

SPANOKB: (D) Whether demispan measurements are valid

1   Usable 1st & 2nd measurements
2   Usable 1st & 3rd measurements
3   Usable 2nd & 3rd measurements
4   Usable 1st & 2nd & 3rd measurements
5   Not useable: difference <= 3cm but unreliable
6   Not useable: difference > 3cm
7   Partial response
8   Refused
9   Not attempted

The #spanxx variables are temporary variables that are not stored on the dataset.

```
SPSS Syntax

RECODE respds (-6,-2,-1=COPY)(2=7)(3=8)(4,5=9) INTO spanokb.
COMPUTE #span12=abs(span1-span2).
COMPUTE #span13=abs(span1-span3).
COMPUTE #span23=abs(span2-span3).
DO IF (respds=1 & #span12<=3).
IF (spanrel1=1 & spanrel2=1) spanokb=1.
IF ANY(spanrel1,2,-9) | ANY(spanrel2,2,-9) spanokb=5.
END IF.
DO IF (respds=1 & #span12>3).
COMPUTE spanokb=6.
IF #span13<=3 & ANY(spanrel1,2,-9) & ANY(spanrel3,2,-9) spanokb=5.
IF #span23<=3 & ANY(spanrel2,2,-9) & ANY(spanrel3,2,-9) spanokb=5.
IF #span13<=3 & spanrel1=1 & spanrel3=1 spanokb=2.
IF #span23<=3 & spanrel2=1 & spanrel3=1 spanokb=3.
IF #span13<=3 & #span23<=3 & spanrel1=1 & spanrel2=1 & spanrel3=1 spanokb=4.
END IF.
IF (age<=64 | indout>52) spanokb = -1.
VARIABLE LABEL spanokb "(D) Whether Demispan is valid" .
VALUE LABELS spanokb
 1 'Usable 1st & 2nd measurements'
 2 'Usable 1st & 3rd measurements'
 3 'Usable 2nd & 3rd measurements'
 4 'Usable 1st & 2nd & 3rd measurements'
 5 'Not useable: difference <= 3cm but unreliable'
 6 'Not useable: difference > 3cm'
 7 'Partial response'
 8 'Refused'
 9 'Not attempted'.
```

Infant length/Height/Weight Admin

HTOK: (D) Whether height measure is valid
    1   Valid
    2   Not usable
    3   Refused
    4   Attempted but not obtained
    5   Not attempted

WTOK: (D) Whether weight measure is valid
    1   Valid
    2   Not usable
    3   Refused
    4   Attempted but not obtained
    5   Not attempted
  -90 Pregnant

LTOK: (D) Whether infant length measure is valid
    1   Valid
    2   Not usable
    3   Refused
    4   Attempted but not obtained
    5   Not attempted

BMIOK: (D) Whether BMI measure is valid
    1   Valid
    2   Length/height/weight not usable
    3   Length/height/weight refused
    4   Length/height/weight attempted but not obtained
    5   Length/height/weight not attempted
  -90 Pregnant

Obtained readings are coded as valid initially and then reset to not usable if the interviewer has indicated that they are unreliable. In the syntax for BMIOK, each line takes precedence over the previous line, such that if HTOK=3 and WTOK=4, then BMIOK=4

```
SPSS Syntax

RECODE resphts (1=1)(2=3)(3=4)(4=5)(-1=-1) INTO htok.
IF relhite=3 htok=2.
VARIABLE LABELS htok "(D) Whether height measure is valid".
VALUE LABELS htok
  1 "Valid"
  2 "Not usable"
  3 "Refused"
  4 "Attempted but not obtained"
  5 "Not attempted".

RECODE respwts (0,1=1)(2=3)(3=4)(4=5)(-1=-1) INTO wtok.
IF relwaitb=3 wtok=2.
IF pregnowb=1 wtok=-90.
VARIABLE LABELS wtok "(D) Whether weight measure is valid".
VALUE LABELS wtok
  1 "Valid"
  2 "Not usable"
  3 "Refused"
  4 "Attempted but not obtained"
  5 "Not attempted"
 -90 "Pregnant".

RECODE lgthint (1=1)(2=3)(3=5)(-1=-1)(-2=-2) INTO ltok.
IF lgthrel=2 ltok=2.
IF ynolgth=2 ltok=4.
VARIABLE LABELS ltok "(D) Whether infant length measure is valid".
VALUE LABELS ltok
  1 "Valid"
  2 "Not usable"
  3 "Refused"
  4 "Attempted but not obtained"
  5 "Not attempted".

IF ANY(1,ltok,htok) & wtok=1 bmiok=1.
IF ANY(2,ltok,htok,wtok) bmiok=2.
IF ANY(3,ltok,htok,wtok) bmiok=3.
IF ANY(4,ltok,htok,wtok) bmiok=4.
IF ANY(5,ltok,htok,wtok) bmiok=5.
IF wtok=-90 bmiok=-90.
```

```
IF htok=-1 & age>=2 bmiok=-1.
IF any(ltok,-1,-2) & age<2 bmiok=-1.
IF wtok=-1 bmiok=-1.
VARIABLE LABELS bmiok "(D) Whether bmi measure is valid".
VALUE LABELS bmiok
  1 "Valid"
  2 "Length/height/weight not usable"
  3 "Length/height/weight refused"
  4 "Length/height/weight attempted but not obtained"
  5 "Length/height/weight not attempted"
 -90 "Pregnant".
```

Measurements

HTVAL: (D) Valid height (cm)
WTVAL: (D) Valid weight (Kg) inc. estimated>130kg
LGTHVAL: (D) Valid infant length (cm)

WTVAL includes respondents whose estimated weight was over 130kg, which was the upper limit of the scales used by interviewers. The reason for including them, is that although their weight may not be accurate, excluding them would bias the analysis of weight and body mass index.

```
SPSS Syntax

COMPUTE htval=-1.
IF htok=1 htval=height.
VARIABLE LABEL htval "(D) Valid height (cm)".

COMPUTE wtval=-1.
IF wtok=1 wtval=weight.
if range(estwt,130,500) & any(wtok,3,4,5) wtval=estwt.
VARIABLE LABEL wtval "(D) Valid weight (Kg) inc. estimated>130kg".

COMPUTE lgthval=-1.
IF ltok=1 lgthval=length.
VARIABLE LABEL lgthval "(D) Valid infant length (cm)".
```

BMI: (D) BMI - inc. unreliable measurements

```
SPSS Syntax

COMPUTE bmi=-1.
IF height>0 & weight>0 bmi=(weight*100*100)/(height*height).
IF length>0 & weight>0 bmi=(weight*100*100)/(length*length).
VARIABLE LABELS bmi "(D) BMI - inc unreliable measurements".
```

BMIVAL: (D) Valid BMI - inc. estimated>130kg

BMIVG4: (D) Valid BMI (grouped:<20,20-25,25-30,30+)
    1   Under 20
    2   Over 20-25
    3   Over 25-30
    4   Over 30

BMIVG6: (D) Valid BMI (grouped:<20,20-25,25-30,30-35,35-40,40+)
    1   Under 20
    2   Over 20-25
    3   Over 25-30
    4   Over 30-35
    5   Over 35-40
    6   Over 40

The syntax recoding BMIVAL to BMIVG4and BMIVG6 works such that a value of 20 will be coded as 1, as this is the first place that it appears, and will be overwritten to 2 by the subsequent condition on recode statement. Using this method avoids the danger of freak values falling between values such as between 19.99 and 20.00.

```
SPSS Syntax

COMPUTE bmival=-1.
IF (bmiok=1) bmival=bmi.
IF (range(estwt,130,500) & ANY(wtok,3,4,5) & htok=1)
  bmival=(estwt * 100 * 100)/(height * height).
RECODE bmival (0 thru 20=1)(20 thru 25=2)(25 thru 30=3)
```

```
  (30 thru hi=4)(lo thru -1=COPY) INTO bmivg4.
RECODE bmival (0 thru 20=1)(20 thru 25=2)(25 thru 30=3)(30 thru 35=4)(35 thru 40=5)
 (40 thru hi=6) into bmivg6.
VARIABLE LABELS bmival "(D) Valid BMI - inc estimated>130kg".
VARIABLE LABELS bmivg4 "(D) Valid BMI (grouped:<20,20-25,25-30,30+)".
variable labels bmivg6 "(D) Valid BMI (grouped:<20,20-25,25-30,30-35,35-40,40+)".
VALUE LABELS bmivg4
  1 "Under 20"
  2 "Over 20-25"
  3 "Over 25-30"
  4 "Over 30".
value labels bmivg6
  1 "Under 20"
  2 "Over 20-25"
  3 "Over 25-30"
  4 "Over 30-35"
  5 "Over 35-40"
  6 "Over 40".
```

SPANVAL: (D) Valid Mean Demispan (cm)

```
SPSS Syntax

COMPUTE spanval=-1.
IF (spanokb=1) spanval=(span1+span2)/2 .
IF (spanokb=2) spanval=(span1+span3)/2 .
IF (spanokb=3) spanval=(span2+span3)/2 .
IF (spanokb=4) spanval=(span1+span2+span3)/3.
VARIABLE LABEL spanval "(D) Valid Mean Demispan (cm)" .
```

WSTVAL: (D) Valid Mean Waist (cm)
HIPVAL: (D) Valid Mean Hip (cm)
WHVAL: (D) Valid Mean Waist/Hip ratio

```
SPSS Syntax

COMPUTE wstval=-1.
IF wstok=1 wstval=(waist1+waist2)/2.
IF wstok=2 wstval=(waist1+waist3)/2.
IF wstok=3 wstval=(waist2+waist3)/2.
IF wstok=4 wstval=(waist1+waist2+waist3)/3.
VARIABLE LABEL wstval "(D) Valid Mean Waist (cm)".

COMPUTE hipval=-1.
IF hipok=1 hipval=(hip1+hip2)/2.
IF hipok=2 hipval=(hip1+hip3)/2.
IF hipok=3 hipval=(hip2+hip3)/2.
IF hipok=4 hipval=(hip1+hip2+hip3)/3.
VARIABLE LABEL hipval "(D) Valid Mean Hip (cm)".

COMPUTE whval=-1.
IF whok=1 whval=wstval/hipval.
VARIABLE LABEL whval "(D) Valid Mean Waist/Hip ratio".
```

MENWHGP: (D) Male waist-hip ratio (grouped)
    1   Less than 0.80
    2   0.80, less than 0.85
    3   0.85, less than 0.90
    4   0.90, less than 0.95
    5   0.95, less than 1.00
    6   1.00 or more
MENWHHI: (D) Male high waist-hip ratio
    1   Less than 0.95
    2   0.95 or more

```
SPSS Syntax

do if sex=1.
RECODE whokb (-99 thru -1=COPY)(2 thru 5=-1) into menwhgp.
RECODE whval (1.00 thru hi=6)(0.95 thru 1.00=5)(0.90 thru 0.95=4)(0.85 thru 0.90=3)
  (0.80 thru 0.85=2)(0.01 thru 0.80=1) into menwhgp.
recode menwhgp (1 thru 4=1)(5,6=2)(-99 thru -1=copy) into menwhhi.
VAR LAB menwhgp '(D) Male waist hip ratio groups'.
VAL LAB menwhgp
    1 'Less than 0.80'
    2 '0.80, less than 0.85'
    3 '0.85, less than 0.90'
```

```
     4 '0.90, less than 0.95'
     5 '0.95, less than 1.00'
     6 '1.00 or more'.
VAR LAB menwhhi '(D) Male high waist hip ratio'.
VAL LAB menwhhi
  1 'Less than 0.95'
  2 '0.95 or more'.
end if.
if sex=2 menwhgp=-1.
if sex=2 menwhhi=-1.
```

WOMWHGP: (D) Female waist-hip ratio (grouped)

     1   Less than 0.70
     2   0.70, less than 0.75
     3   0.75, less than 0.80
     4   0.90, less than 0.85
     5   0.85, less than 0.90
     5   0.90 or more
   -90   Pregnant

WOMWHHI: (D) Female high waist-hip ratio

     1   Less than 0.85
     2   0.85 or more
   -90   Pregnant

```
SPSS Syntax

do if sex=2.
RECODE whokb (-99 thru -1=COPY)(2 thru 5=-1) into womwhgp.
RECODE whval (0.90 thru hi=6)(0.85 thru 0.90=5)(0.80 thru 0.85=4)(0.75 thru 0.80=3)
  (0.70 thru 0.75=2)(0.01 thru 0.70=1) into womwhgp.
recode womwhgp (1 thru 4=1)(5,6=2)(-99 thru -1=copy) into womwhhi.
VAR LAB womwhgp '(D) Male waist hip ratio groups'.
VAL LAB womwhgp
    1 'Less than 0.70'
    2 '0.70, less than 0.75'
    3 '0.75, less than 0.80'
    4 '0.80, less than 0.85'
    5 '0.85, less than 0.90'
    6 '0.90 or more'
    -90 'Pregnant'.
VAR LAB womwhhi '(D) Male high waist hip ratio'.
VAL LAB womwhhi
  1 'Less than 0.85'
  2 '0.85 or more'
-90 'Pregnant'.
end if.
if sex=1 womwhgp=-1.
if sex=1 womwhhi=-1.
```

Waist Hip Admin

WSTOKB: (D) Whether waist measurements are valid

     1   Usable 1st & 2nd measurements
     2   Usable 1st & 3rd measurements
     3   Usable 2nd & 3rd measurements
     4   Usable 1st & 2nd & 3rd measurements
     5   Not useable: unreliable
     6   Not useable: difference > 3cm
     7   Partial response
     8   Refused
     9   Not attempted
   -90 Pregnant

HIPOKB: (D) Whether hip measurements are valid

     1   Usable 1st & 2nd measurements
     2   Usable 1st & 3rd measurements
     3   Usable 2nd & 3rd measurements
     4   Usable 1st & 2nd & 3rd measurements
     5   Not useable: unreliable
     6   Not useable: difference > 3cm
     7   Partial response
     8   Refused
     9   Not attempted
   -90 Pregnant

WHOKB: (D) Whether waist/hip measurements are valid

  1   Valid
  2   Waist/Hip not usuable
  3   Waist/Hip partial response
  4   Waist/Hip refused
  5   Waist/Hip not attempted
  -90 Pregnant

Obtained readings are coded as valid initially and then reset to not usable if the interviewer has indicated that they are unreliable. In the syntax for WHOKB, each line takes precedence over the previous line, such that it WSTOKB=7 and HIPOKB=8, then WHOKB=4

```
SPSS Syntax

RECODE respwh (1=1)(2=7)(3=8)(4=9)(-6,-2,-1=COPY) INTO wstokb.
COMPUTE #wst12=abs(waist1-waist2).
COMPUTE #wst13=abs(waist1-waist3).
COMPUTE #wst23=abs(waist2-waist3).
IF respwh=1 & #wst12<=3 & any(wjrel,1,2,3) wsokb=1.
DO IF respwh=1 & #wst12>3.
COMPUTE wstokb=6.
IF #wst13<=3 wstokb=2.
IF #wst23<=3 wstokb=3.
IF #wst13<=3 & #wst23<=3 wstokb=4.
END IF.
IF ANY(wjrel,4,-9) wstokb=5.
IF pregntj=1 wstokb=-90.
IF (age<=15 | indout>52) wstokb=-1.
VARIABLE LABELS wstokb "(D) Whether waist measurements are valid".
VALUE LABELS wstokb
 1 'Usable 1st & 2nd measurements'
 2 'Usable 1st & 3rd measurements'
 3 'Usable 2nd & 3rd measurements'
 4 'Usable 1st & 2nd & 3rd measurements'
 5 'Not useable: unreliable'
 6 'Not useable: difference > 3cm'
 7 'Partial response'
 8 'Refused'
 9 'Not attempted'
 -90 "Pregnant".

RECODE respwh (1=1)(2=7)(3=8)(4=9)(-6,-2,-1=COPY) INTO hipokb.
COMPUTE #hip12=abs(hip1-hip2).
COMPUTE #hip13=abs(hip1-hip3).
COMPUTE #hip23=abs(hip2-hip3).
IF respwh=1 & #hip12<=3 & any(hjrel,1,2,3) hipokb=1.
DO IF respwh=1 & #hip12>3.
COMPUTE hipokb=6.
IF #hip13<=3 hipokb=2.
IF #hip23<=3 hipokb=3.
IF #hip13<=3 & #hip23<=3 hipokb=4.
END IF.
IF ANY(hjrel,4,-9) hipokb=5.
IF pregntj=1 hipokb=-90.
IF (age<=15 | indout>52) hipokb=-1.
VARIABLE LABELS hipokb "(D) Whether hip measurements are valid".
VALUE LABELS hipokb
 1 'Usable 1st & 2nd measurements'
 2 'Usable 1st & 3rd measurements'
 3 'Usable 2nd & 3rd measurements'
 4 'Usable 1st & 2nd & 3rd measurements'
 5 'Not useable: unreliable'
 6 'Not useable: difference > 3cm'
 7 'Partial response'
 8 'Refused'
 9 'Not attempted'
 -90 "Pregnant".

RECODE wstokb(-6,-2,-1=COPY) into whokb.
IF RANGE(wstokb,1,4) & RANGE(hipokb,1,4) whokb=1.
IF ANY(5,wstokb,hipokb) | ANY(6,wstokb,hipokb) whokb=2.
IF ANY(7,wstokb,hipokb) whokb=3.
IF ANY(8,wstokb,hipokb) whokb=4.
IF ANY(9,wstokb,hipokb) whokb=5.
IF hipok=-90 whokb=-90.
IF (age<=15 | indout>52) whokb=-1.
VARIABLE LABELS whokb "(D) Whether waist/hip measure is valid".
VALUE LABELS whokb
  1 "Valid"
  2 "Waist/Hip not usable"
  3 "Waist/Hip partial response"
  4 "Waist/Hip refused"
  5 "Waist/Hip not attempted"
 -90 "Pregnant".
```

Blood Pressure

Admin

BPRESPC: (D) Whether BP readings are valid

   1   Valid BP measurement
   2   Ate, drank, smoked, exercised in previous half hour
   3   Not known if ate, drank, or smoked
   4   Three valid readings not obtained
   5   Pregnant
   6   Refused, not obtained, not attempted

```
SPSS Syntax

RECODE respbps (1=1)(2,3=4)(4,5,6=6)(-9 thru -1=COPY) into bprespc.
IF ANY(full1,2,-8,-9) | ANY(full2,2,-8,-9) | ANY(full3,2,-8,-9) bprespc=4.
IF (respbps = 1 & ANY(1,consbx11,consbx12,consbx13,consbx14)) bprespc= 2.
IF (respbps = 1 & ANY(-9,consbx1)) bprespc= 3.
IF (pregntj = 1) bprespc = 5.
VARIABLE LABEL bprespc "(D) Whether BP readings are valid".
VALUE LABELS bprespc 1 'Valid blood pressure measurement'
                     2 'Ate, drank, smoked, exercised in previous half hour'
                     3 'Not known if ate, drank, or smoked'
                     4 'Three valid readings not obtained'
                     5 'Pregnant'
                     6 'Refused, attempted but not obtained, not attempted'.
```

Measurements

HYPER1: (D) Hypertensive categories: all prescribed drugs for BP
HYPER2: (D) Hypertensive categories: all taking BP drugs
HYPER140: (D) Hypertensive categories: 140/90: all prescribed drugs for BP

   1   Normotensive untreated
   2   Normotensive treated
   3   Hypertensive treated
   4   Hypertensive untreated
  -7   Refused, attempted but not obtained, not attempted'.

HYPER1 considers people as being 'treated' only if they have been prescribed a drug specifically to reduce blood pressure, whereas HYPER2 categorises people as 'treated' if they are taking any drug that lowers blood pressure regardless of the reason that it has been prescribed. The syntax uses variables derived in the General Health section under Prescribed Medication: Drugs affecting blood analytes.

```
SPSS Syntax

RECODE bprespc (2 thru 5,-1=-1)(-6,-2=COPY)(6=-7) INTO hyper1.
DO IF bprespc=1.
IF ANY(bpmedd,0,-1) & RANGE(newsyst,0,159.999) & RANGE(newdiast,0,94.999)
  hyper1=1.
IF bpmedd=1 & RANGE(newsyst,0,159.999) & RANGE(newdiast,0,94.999)
  hyper1=2.
IF bpmedd=1 & (newsyst>=160 | newdiast>=95) hyper1=3.
IF ANY(bpmedd,0,-1) & (newsyst>=160 | newdiast>=95) hyper1=4.
END IF.
IF (bpmedd = -9) hyper1 = -9 .
VARIABLE LABELS hyper1
 "(D) Hypertensive categories: all prescribed drugs for BP" .
VALUE LABELS hyper1
    1 'Normotensive untreated'
    2 'Normotensive treated'
    3 'Hypertensive treated'
    4 'Hypertensive untreated'.
   -7 'Refused, attempted but not obtained, not attempted'.

RECODE bprespc (2 thru 5,-1=-1)(-6,-2=COPY)(6=-7) INTO hyper2.
DO IF bprespc=1.
IF ANY(bpmedc,0,-1) & RANGE(newsyst,0,159.999) & RANGE(newdiast,0,94.999)
  hyper2=1.
IF bpmedc=1 & RANGE(newsyst,0,159.999) & RANGE(newdiast,0,94.999)
  hyper2=2.
IF bpmedc=1 & (newsyst>=160 | newdiast>=95) hyper2=3.
```

```
IF ANY(bpmedc,0,-1) & (newsyst>=160 | newdiast>=95) hyper2=4.
END IF.
IF (bpmedc = -9) hyper2 = -9 .
VARIABLE LABELS hyper2
 "(D) Hypertensive categories: all taking BP drugs" .
VALUE LABELS hyper2
    1 'Normotensive untreated'
    2 'Normotensive treated'
    3 'Hypertensive treated'
    4 'Hypertensive untreated'.
   -7 'Refused, attempted but not obtained, not attempted'.

RECODE bpmedd (-1=2) (else=copy).
RECODE bprespc(2 thru 5,-1=-1)(-6,-2=COPY)(6=-7)  INTO hyper140.
DO IF bprespc=1.
IF ANY(bpmedd,0,-1) & RANGE(newsyst,0,139.999) &  RANGE(newdiast,0,89.999)
  hyper140=1.
IF bpmedd=1 & RANGE(newsyst,0,139.999) &  RANGE(newdiast,0,89.999)
  hyper140=2.
IF bpmedd=1 & (newsyst>=140 | newdiast>=90)  hyper140=3.
IF ANY(bpmedd,0,-1) & (newsyst>=140 |  newdiast>=90) hyper140=4.
END IF.
IF (bpmedd = -9) hyper140 = -9 .
VARIABLE LABELS hyper140
 "(D) Hypertensive categories:140/90: all  prescribed drugs for BP" .
VALUE LABELS hyper140
    1 'Normotensive untreated'
    2 'Normotensive treated'
    3 'Hypertensive treated'
    4 'Hypertensive untreated'
   -7 'Refused, attempted but not obtained, not attempted'..
```

HIGHBP1: (D) Whether hypertensive: all prescribed drugs for BP
HIGHBP2: (D) Whether hypertensive: all taking BP drugs
HIBP140: (D) Whether hypertensive:140/90: all prescribed drugs for BP

    0   Not high BP
    1   High BP

HIGHBP1 corresponds to HYPER1, whereas HIGHBP2 corresponds to HYPER2. The class of people who would be assigned to different categories are those who are taking drugs which lower blood pressure, but have not been prescribed the drugs specifically to lower their blood pressure and who have a normotensive blood pressure reading. These people would be recorded as having high blood pressure in HIGHBP2, but not high blood pressure in HIGHBP1.

```
SPSS Syntax

RECODE hyper1 (lo thru -1=COPY)(1=0)(2,3,4=1) INTO highbp1.
VARIABLE LABELS highbp1 "(D) Whether hypertensive: all prescribed drugs for BP".
VALUE LABELS highbp1
  0 'Not high BP' 1 'High BP'.

RECODE hyper2 (lo thru -1=COPY)(1=0)(2,3,4=1) INTO highbp2.
VARIABLE LABELS highbp2 "(D) Whether hypertensive: all taking BP drugs".
VALUE LABELS highbp2
  0 'Not high BP' 1 'High BP'.

RECODE hyper140 (lo thru -1=COPY)(1=0)(2,3,4=1)  INTO hibp140.
VARIABLE LABELS hibp140 "(D) Whether  hypertensive: 140/90 all prescribed drugs for BP".
VALUE LABELS hibp140
  0 'Not high BP' 1 'High BP'.
```

DIAVAL: (D) Valid Mean Diastolic BP
SYSVAL: (D) Valid Mean Systolic BP
MAPVAL: (D) Valid Mean Arterial Pressure
PULVAL: (D) Valid Pulse Pressure

This set of variables should be used for analysis of valid BP measurements. Although these variables appear before NEWDIAST etc. The syntax to create NEWDIAST should be run before running this syntax.

```
SPSS Syntax

DO REPEAT xval=diaval sysval mapval pulval.
RECODE bprespc (lo thru 0=COPY)(2,5=-1)(3,4=-8)(6=-7) INTO xval.
END REPEAT.
DO IF bprespc=1.
COMPUTE diaval=newdiast.
COMPUTE sysval=newsyst.
COMPUTE mapval=newmap.
COMPUTE pulval=puls.
END IF.
VARIABLE LABELS diaval "(D) Valid Mean Diastolic BP" .
VARIABLE LABELS sysval "(D) Valid Mean Systolic BP" .
VARIABLE LABELS mapval "(D) Valid Mean Arterial Pressure" .
VARIABLE LABELS pulval "(D) Valid Pulse Pressure" .
```

NEWDIAST: (D) Diastolic BP (mean 2nd/3rd) inc. invalid
NEWSYST: (D) Systolic BP (mean 2nd/3rd) inc. invalid
NEWMAP: (D) Mean arterial pressure (mean 2nd/3rd) inc. invalid
PULS: (D) Pulse pressure, systolic-diastolic inc. invalid

These set of variables take the average of the second and third BP readings, where the nurse has recorded that three valid readings were taken. The variables include people whose values are unreliable in that they have eaten, drank, smoked or exercised in the last half hour. To look at valid cases only, use the DIAVAL, SYSVAL, MAPVAL and PULVAL set of variables.

```
SPSS Syntax

DO REPEAT xmeas = newdiast newsyst newmap puls.
RECODE respbps (lo thru 0=COPY)(4 thru 6=-7)(2 thru 3=-9) INTO xmeas.
END REPEAT.
DO IF (respbps = 1).
COMPUTE newdiast = (dias2 + dias3)/2.
COMPUTE newsyst = (sys2 + sys3)/2.
COMPUTE newmap = (map2 + map3)/2.
COMPUTE puls = newsyst-newdiast.
END IF.
VARIABLE LABELS newdiast "(D) Diastolic BP (mean 2nd/3rd) inc. invalid" .
VARIABLE LABELS newsyst "(D) Systolic BP (mean 2nd/3rd) inc. invalid" .
VARIABLE LABELS newmap "(D) Mean arterial pressure (mean 2nd/3rd) inc. invalid" .
VARIABLE LABELS puls "(D) Pulse pressure, systolic-diastolic inc. invalid"
VALUE LABELS puls -7 'Refused, attempted but not obtained, not attempted'..
```

Blood sample

Admin

BSOUTE: (D) Blood Sample Outcome

    1   Blood sample obtained
    2   Blood sample attempted, not obtained
    3   Refused blood sample or Nurse
    4   Ineligible for Blood Sample or Nurse

```
SPSS Syntax

compute bsoute=4.
if age>=11 & any(nuroutc,80,82,83,84,85,86,87,88,89) bsoute=3.
if any(1,clotb,fit,pregntj) & age>=11 bsoute=4.
if any(2,bswill,noemla,guardcon,cbsconst) bsoute=3.
recode samptak(1=1)(2=2) into bsoute.
variable labels bsoute "(D) Blood Sample Outcome".
value labels bsoute
 1 "Blood sample obtained"
 2 "Blood sample attempted, not obtained"
 3 "Refused Blood Sample or Nurse"
 4 "Ineligible for Blood Sample or Nurse".
```

Measurements

FEROKB: (D) Response to Ferritin sample
HAEMOKB: (D) Response to Haemoglobin sample
IGEOKB: (D) Response to Total IGE sample
HDMOKB: (D) Response to HDM IGE sample

    1   Valid sample
    2   Takes drugs affecting sample
    3   Sample not obtained, not usable
    4   Ineligible
    5   Refused

```
SPSS Syntax

recode samptak (-2=-2)(-1=4)(1,2=3) into ferokb.
if any(2,bswill,cbsconst) & range(age,11,24) ferokb=5.
if ferokb=3 & (age >=24|age<11) ferokb=4.
if ferrit>0 & ferqual<0 ferokb=1.
if ferrit>0 & iron=1 ferokb=2.
variable labels ferokb "(D) Response to Ferritin sample".
value labels ferokb
 1 "Valid sample"
 2 "Takes drugs affecting sample"
 3 "Sample not obtained, not usable"
 4 "Ineligible"
 5 "Refused".

recode samptak (-2=-2)(-1=4)(1,2=3) into haemokb.
if any(2,bswill,cbsconst) & range(age,11,24) haemokb=5.
if haemokb=3 & (age >=24|age<11) haemokb=4.
if haemo>0 & haemqual<0 haemokb=1.
if haemo>0 & iron=1 haemokb=2.
variable labels haemokb "(D) Response to Haemoglobin sample".
value labels haemokb
 1 "Valid sample"
 2 "Takes drugs affecting sample"
 3 "Sample not obtained, not usable"
 4 "Ineligible"
 5 "Refused".

recode samptak (-2=-2)(-1=4)(1,2=3) into igeokb.
if any(2,bswill,cbsconst) & age>=11 igeokb=5.
```

```
if totige>0 & tigequal<0 igeokb=1.
if igeokb=3 & age<11 igeokb=4.
variable labels igeokb "(D) Response to Total IGE sample".
value labels igeokb
 1 "Valid sample"
 3 "Sample not obtained, not usable"
 4 "Ineligible"
 5 "Refused".

recode samptak (-2=-2)(-1=4)(1,2=3) into hdmokb.
if any(2,bswill,cbsconst) & age>=11 hdmokb=5.
if hdmige>0 & hdmqual<0 hdmokb=1.
if hdmokb=3 & age<11   hdmokb=4.
variable labels hdmokb "(D) Response to HDM IGE sample".
value labels hdmokb
 1 "Valid sample"
 3 "Sample not obtained, not usable"
 4 "Ineligible"
 5 "Refused".
```

FERVAL: (D) Valid Ferritin result

HAEMVAL: (D) Valid Haemoglobin result

```
SPSS Syntax

compute ferval=-1.
if ferokb=1 ferval=ferrit.
variable labels ferval "(D) Valid Ferritin Result".

compute haemval=-1.
if haemokb=1 haemval=haemo.
variable labels haemval "(D) Valid Haemoglobin Result".
```

Disability

Disability

WALK2 :   (D) level of difficulty walking".
STAIRS :   (D) level of difficulty using stairs".
BED :   (D) level of difficulty getting in/out of bed".
CHAIR :   (D) level of difficulty getting in/out of chairs".
SHOE : (D) difficulty picking up shoes".
DRESS :   (D) level of difficulty un/dressing".
WASH :   (D) level of difficulty washing".
FEED : (D) level of difficulty feeding self".
TOILET: (D) level of difficulty getting to/using toilet".
SIGHT :   (D) sight disability".
HEAR : (D) hearing disability".
SPEECH : (D) difficulty speaking".
COMM: (D) level of difficulty communicating".
COMM3 : (D) communication disability".
PCARE :   (D) personal care disability".
LOCO4 :   (D) locomotive disability".
DISAB2 :   (D) overall presence of disability".
BLADPROB :(D) frequency of bladder problems" .

     1 'Moderate'
     2 'Severe'.

```
SPSS Syntax

***** level of difficulty walking.

IF  disinta <0 walk2 =disinta .
DO IF (disinta = 1 | disinta = 2) .
 COMPUTE walk2 = 99.
 DO IF (disaba1 = 0).
  COMPUTE walk2 = 0.
 ELSE IF (disaba1 = 1).
  DO IF ANY(howfar,1,3).
   COMPUTE walk2 = 2.
  ELSE IF (howfar = 2).
   COMPUTE walk2 = 1.
  END IF.
 END IF.
 IF (disaba1 = 0 & wlkaid = 1 & nowlkad = 2) walk2 = 1.
END IF.
 RECODE walk2(99=0).
EXECUTE.

VARIABLE LABELS walk2 "(D) level of difficulty walking".
VALUE LABELS walk2 0 'None'
1 'Moderate'
2 'Severe'.

***** level of difficulty using stairs.

IF  disinta <0 stairs = disinta .
DO IF (disinta = 1 | disinta = 2) .
 COMPUTE stairs = 99.
 DO IF (disaba2 = 0).
  COMPUTE stairs = 0.
 ELSE IF (disaba2 = 1).
```

```
   DO IF ANY(tkrest,1,2).
    COMPUTE stairs = tkrest.
   END IF.
   IF (howfar = 3) stairs = 2.
  END IF.
  RECODE stairs(99=0).
 END IF.
EXECUTE.

VARIABLE LABELS stairs "(D) level of difficulty using stairs".
VALUE LABELS stairs 0 'None'
1 'Moderate'
2 'Severe'.

***** level of difficulty in/out bed.

IF  disintb <0 bed = disintb .
DO IF (disintb = 1 | disintb = 2) .
 COMPUTE bed = 99.
 DO IF (disabb01 = 0).
  COMPUTE bed = 0.
 ELSE IF (disabb01 = 1).
  DO IF ANY(beddif,2,3).
   COMPUTE bed = 2.
  ELSE IF (beddif = 1).
   COMPUTE bed = 1.
  END IF.
 END IF.
END IF.
RECODE bed (99=0).
EXECUTE.

VARIABLE LABELS bed "(D) level of difficulty getting in/out of bed".
VALUE LABELS bed 0 'None'
1 'Moderate'
2 'Severe'.

***** level of difficulty in/out chairs.

IF  disintb <0  chair = disintb .
DO IF (disintb = 1 | disintb = 2) .
 COMPUTE chair = 99.
 DO IF (disabb02 = 0).
  COMPUTE chair = 0.
 ELSE IF (disabb02 = 1).
  DO IF ANY(chrdif,2,3).
   COMPUTE chair = 2.
  ELSE IF (chrdif = 1).
   COMPUTE chair = 1.
  END IF.
 END IF.
END IF.
 RECODE chair (99=0).
EXECUTE.

VARIABLE LABELS chair "(D) level of difficulty getting in/out of chairs".
VALUE LABELS chair 0 'None'
1 'Moderate'
2 'Severe'.

***** level of difficulty shoes.

IF  disintb <0  shoe = disintb .
DO IF (disintb = 1 | disintb = 2) .
 COMPUTE shoe = 99.
 IF ANY(disabb03,0,1) shoe = disabb03.
END IF.
EXECUTE.
RECODE shoe (99=0).

VARIABLE LABELS shoe "(D) difficulty picking up shoes".
VALUE LABELS shoe 0 'No'
1 'Yes'.

***** level of difficulty dressing.
```

```
IF  disintb <0 dress = disintb .
DO IF (disintb = 1 | disintb = 2) .
 COMPUTE dress = 99.
 DO IF (disabb04 = 0).
  COMPUTE dress = 0.
 ELSE IF (disabb04 = 1).
  IF ANY(drsdif,1,2) dress = drsdif.
 END IF.
END IF.
RECODE dress (99=0).
EXECUTE.

VARIABLE LABELS dress "(D) level of difficulty un/dressing".
VALUE LABELS dress 0 'None'
1 'Moderate'
2 'Severe'.

***** level of difficulty washing.

IF  disintb <0 wash = disintb .
DO IF (disintb = 1 | disintb = 2) .
 COMPUTE wash = 99.
 DO IF (disabb05 = 0).
  COMPUTE wash = 0.
 ELSE IF (disabb05 = 1).
  IF ANY(washdif,1,2) wash = washdif.
 END IF.
END IF.
 RECODE wash (99=0).
EXECUTE.

VARIABLE LABELS wash "(D) level of difficulty washing".
VALUE LABELS wash 0 'None'
1 'Moderate'
2 'Severe'.

***** level of difficulty feeding.

IF  disintb <0 feed = disintb .
DO IF (disintb = 1 | disintb = 2) .
 COMPUTE feed = 99.
 DO IF (disabb06 = 0).
  COMPUTE feed = 0.
 ELSE IF (disabb06 = 1).
  IF ANY(feeddif,1,2) feed=feeddif.
 END IF.
END IF.
 RECODE feed (99=0).
EXECUTE.

VARIABLE LABELS feed "(D) level of difficulty feeding self".
VALUE LABELS feed 0 'None'
1 'Moderate'
2 'Severe'.

***** level of difficulty toilet.

IF  disintb <0 toilet = disintb .
DO IF (disintb = 1 | disintb = 2) .
 COMPUTE toilet = 99.
 DO IF (disabb07 = 0).
  COMPUTE toilet = 0.
 ELSE IF (disabb07 = 1).
  IF ANY(toidif,1,2) toilet = toidif.
 END IF.
END IF.
 RECODE toilet (99=0).
EXECUTE.

VARIABLE LABELS toilet "(D) level of difficulty getting to/using toilet".
VALUE LABELS toilet 0 'None'
1 'Moderate'
2 'Severe'.

***** sight disability.
```

```
IF  disinta <0  sight = disinta .
DO IF (disinta = 1 | disinta = 2) .
 COMPUTE sight = 99.
 DO IF (disaba4 = 0).
  COMPUTE sight = 0.
 ELSE IF (disaba4 = 1).
  IF ANY(noarmsee,1,2) sight = noarmsee.
 END IF.
END IF.
 RECODE sight (99=0).
EXECUTE.

VARIABLE LABELS sight "(D) sight disability".
VALUE LABELS sight 0 'None'
1 'Moderate'
2 'Severe'.

***** hearing disability.

IF  disinta <0  hear = disinta .
DO IF (disinta = 1 | disinta = 2) .
 COMPUTE hear = 99.
 DO IF (disaba3 = 0).
  COMPUTE hear = 0.
 ELSE IF (disaba3 = 1).
  IF ANY(novol,1,2) hear = novol.
 END IF.
 RECODE hear(99=0).
END IF.
EXECUTE.

VARIABLE LABELS hear "(D) hearing disability".
VALUE LABELS hear 0 'None'
1 'Moderate'
2 'Severe'.

******difficulty speaking.

IF  disinta <0  speech =disinta .
DO IF (disinta = 1 | disinta = 2) .
 COMPUTE speech = 99.
 IF ANY(disaba5,0,1) speech = disaba5.
END IF.
 RECODE speech (99=0).
EXECUTE.

VARIABLE LABELS speech "(D) difficulty speaking".
VALUE LABELS speech 0'No'
1 'Yes'.

********level of difficulty communicating.

IF  disintb <0  comm = disintb .
DO IF (disintb = 1 | disintb = 2) .
 COMPUTE comm = 99.
 DO IF (disabb08 = 0).
  COMPUTE comm = 0.
 ELSE IF (disabb08 = 1).
  IF (comfam = 1) comm = 2.
  IF (comfam = 2) comm = 1.
 END IF.
END IF.
 RECODE comm (99=0).
EXECUTE.

VARIABLE LABELS comm "(D) level of difficulty communicating".
VALUE LABELS comm 0 'None'
1 'Moderate'
2 'Severe'.

********communication disability.

COMPUTE comm3 = MAX(speech,comm).
EXECUTE.

VARIABLE LABELS comm3 "(D) communication disability".
```

```
VALUE LABELS comm3 0 'None'
1 'Moderate'
2 'Severe'.

********personal care disability.

COMPUTE pcare = MAX(bed,chair,dress,wash,feed,toilet).
EXECUTE.

VARIABLE LABELS pcare "(D) personal care disability".
VALUE LABELS pcare 0 'None'
1 'Moderate'
2 'Severe'.

********locomotive disability.

COMPUTE loco4 = MAX(walk2,stairs,shoe).
EXECUTE.

VARIABLE LABELS loco4 "(D) locomotive disability".
VALUE LABELS loco4 0 'None'
1 'Moderate'
2 'Severe'.

********overall presence of disability.

COMPUTE disab2 = MAX(loco4,pcare,sight,hear,comm3).
EXECUTE.

VARIABLE LABELS disab2 "(D) overall presence of disability".
VALUE LABELS disab2 0 'None'
1 'Moderate'
2 'Severe'.


*****bladder probs.

COMPUTE bladprob = bladder .
IF (bladder = 2) bladprob = 0.
DO IF (bladder = 1).
  COMPUTE bladprob = 3.
  IF (tblad >= 1) bladprob = tblad.
 END IF.
VARIABLE LABEL bladprob "(D) frequency of bladder problems" .
VALUE LABELS bladprob 0 'no bladder problems'
1 'at least once a week'
2 'less than once a week'
3 'less than once a month'.
```

Drinking

Adults 12 Months

DNOFT2: (D) Frequency drink alcohol in past 12 months: including non-drinkers

1 Almost every day
2 Five or six days a week
3 Three or four days a week
4 Once or twice a week
5 Once or twice a month
6 Once every couple of months
7 Once or twice a year
8 Not at all in the last 12 months/Non-drinker

```
SPSS Syntax

compute dnoft2=dnoft.
recode dnany(2=8)(-9,-8=COPY) into dnoft2.
recode dnnow(-9,-8=COPY) into dnoft2.
if indout>52 dnoft2=-1.
variable labels dnoft2 "(D) Frequency drink alcohol in past 12 months: including non-drinkers".
value labels dnoft2
  1 "Almost every day"
  2 "Five or six days a week"
  3 "Three or four days a week"
  4 "Once or twice a week"
  5 "Once or twice a month"
  6 "Once every couple of months"
  7 "Once or twice a year"
  8 "Not at all in the last 12 months/Non-drinker".
```

DRATING: (D) Total Units of alcohol/week

```
SPSS Syntax

COMPUTE drating=0.
IF (nberwu>0) drating=drating+nberwu.
IF (sberwu>0) drating=drating+sberwu.
IF (spirwu>0) drating=drating+spirwu.
IF (sherwu>0) drating=drating+sherwu.
IF (winewu>0) drating=drating+winewu.
IF (popswu>0) drating=drating+popswu.
IF ANY(-9,nberwu,sberwu,spirwu,sherwu,winewu,popswu) drating=-9.
IF ANY(-8,nberwu,sberwu,spirwu,sherwu,winewu,popswu) drating=-8.
IF ANY(-6,nberwu,sberwu,spirwu,sherwu,winewu,popswu) drating=-6.
IF ANY(-1,nberwu,sberwu,spirwu,sherwu,winewu,popswu) drating=-1.
IF age>=16 & dnnow=-1 drating=-1.
VARIABLE LABEL drating "(D) Total Units of alcohol/week".
```

ALCBASE: (D) Alcohol consumption rating units/week

1 Never drank
2 Ex-drinker
3 Trivial drinker
4 Non-zero, but under 1
5 1-7
6 Over 7-10
7 Over 10-14
8 Over 14-21
9 Over 21-28
10 Over 28-35
11 Over 35-50
12 Over 50

ALCBASMT: (D) Alcohol consumption: men

1 Never drunk alcohol
2 Ex-drinker
3 Under 1 per week
4 Over 1-10
5 Over 10-21
6 Over 21-35
7 Over 35-50

8   Over 50 units per week

ALCBASWT: (D) Alcohol consumption: women
1   Never drunk alcohol
2   Ex-drinker
3   Under 1 per week
4   Over 1-7
5   Over 7-14
6   Over 14-21
7   Over 21-35
8   Over 35

```
SPSS Syntax

RECODE drating(0=3)(0 thru 0.5=4)(0.5 thru 7=5)(7 thru 10=6)(10 thru 14=7)
  (14 thru 21=8)(21 thru 28=9)(28 thru 35=10)(35 thru 50=11)(50 thru hi=12)
  INTO alcbase.
RECODE dnevr(1=1)(2=2) INTO alcbase.
IF ANY(-9,drating,dnnow,dnany,dnevr) alcbase=-9.
IF ANY(-8,drating,dnnow,dnany,dnevr) alcbase=-8.
IF ANY(-6,drating,dnnow,dnany,dnevr) alcbase=-6.
IF ANY(-1,drating,dnnow) alcbase=-1.
VARIABLE LABELS alcbase "(D) Alcohol consumption rating units/week".
VALUE LABELS alcbase
  1 "Never drank"
  2 "Ex-drinker"
  3 "Trivial drinker"
  4 "Non-zero, but under 1"
  5 "1-7"
  6 "Over 7-10"
  7 "Over 10-14"
  8 "Over 14-21"
  9 "Over 21-28"
  10 "Over 28-35"
  11 "Over 35-50"
  12 "Over 50".

DO IF (sex=1).
RECODE alcbase (1=1)(2=2)(3 thru 4=3)(5 thru 6=4)(7 thru 8=5)(9 thru 10=6)
  (11=7)(12=8)(lo thru -1=COPY) INTO alcbasmt .
END IF .
IF (sex=2) alcbasmt=-1 .
DO IF (sex=2).
RECODE alcbase (1=1)(2=2)(3 thru 4=3)(5=4)(6 thru 7=5)(8=6)(9 thru 10=7)
  (11 thru 12=8)(lo thru -1=COPY) INTO alcbaswt .
END IF .
IF (sex=1) alcbaswt=-1 .
VARIABLE LABELS alcbasmt "(D) Alcohol consumption: men" .
VARIABLE LABELS alcbaswt "(D) Alcohol consumption: women" .
VALUE LABELS alcbasmt
  1 'Never drunk alcohol'
  2 'Ex-drinker'
  3 'Under 1 per week'
  4 'Over 1-10'
  5 'Over 10-21'
  6 'Over 21-35'
  7 "Over 35-50"
  8 'Over 50 units per week'.
VALUE LABELS alcbaswt
  1 'Never drunk alcohol'
  2 'Ex-drinker'
  3 'Under 1 per week'
  4 'Over 1-7'
  5 'Over 7-14'
  6 'Over 14-21'
  7 "Over 21-35"
  8 'Over 35'.
```

OVERLIM: (D) Drinking in relation to weekly limits
0   Under and up to weekly limits
1   Over weekly limits: M21,F14

```
SPSS Syntax

RECODE drating (lo thru -1=COPY)(0 thru hi=0) INTO overlim.
IF sex=1 & drating>21 overlim=1.
IF sex=2 & drating>14 overlim=1.
VARIABLE LABELS overlim "(D) Drinking in relation to weekly limits".
VALUE LABELS overlim
 0 "Under and up to weekly limits"
 1 "Over weekly limits: M21,F14".
```

NBERWU: (D) Units of normal beer/week
SBERWU: (D) Units of strong beer/week
SPIRWU: (D) Units of spirits/week
SHERWU: (D) Units of sherry/week
WINEWU: (D) Units of wine/week
POPSWU: (D) Units of alcopops/week

Variables beginning with '#' are temporary variables and are not stored on the dataset. For beer and alcopops, if an informant has drunk more than one category of the same drink, then the weekly amount is taken as the maximum calculated units from all categories drunk, rather than the total of all different categories.

For example, if an informant drinks beer in pints and large cans, both on average once a week, and on an average day drinks 3 pints, and 2 cans. Then weekly units for beer in pints would be 6, and for large cans would be 4. The weekly amount of beer would be the maximum (6), rather than the sum (10).

```
SPSS Syntax

RECODE nberf (1=7)(2=5.5)(3=3.5)(4=1.5)(5=0.375)(6=0.115)(7=0.029)(ELSE=0)
  INTO #nber.
RECODE sberf (1=7)(2=5.5)(3=3.5)(4=1.5)(5=0.375)(6=0.115)(7=0.029)(ELSE=0)
  INTO #sber.
RECODE spirf (1=7)(2=5.5)(3=3.5)(4=1.5)(5=0.375)(6=0.115)(7=0.029)(ELSE=0)
  INTO #spir.
RECODE sherf (1=7)(2=5.5)(3=3.5)(4=1.5)(5=0.375)(6=0.115)(7=0.029)(ELSE=0)
  INTO #sher.
RECODE winef (1=7)(2=5.5)(3=3.5)(4=1.5)(5=0.375)(6=0.115)(7=0.029)(ELSE=0)
  INTO #wine.
RECODE popsf (1=7)(2=5.5)(3=3.5)(4=1.5)(5=0.375)(6=0.115)(7=0.029)(ELSE=0)
  INTO #pops.

** calcuate weekly amounts of each drink.
COMPUTE nberwu=#nber*MAX(nberqhp,2*nberqpt,nberqsm,2*nberqlg,2*ncodeeq*nberqbt).
COMPUTE sberwu=#sber*1.5*MAX(sberqhp,2*sberqpt,sberqsm,2*sberqlg,2*scodeeq*sberqbt).
COMPUTE spirwu=#spir*spirqme.
COMPUTE sherwu=#sher*sherqgs.
COMPUTE winewu=#wine*wineqgs.
COMPUTE popswu=#pops*popsqsm.

** set missings for weekly amounts.
DO IF age<16.
DO REPEAT xmiss=nberwu sberwu spirwu sherwu winewu popswu.
COMPUTE xmiss=-1.
END REPEAT.
END IF.
DO IF dnnow<-8 | dnany<-8.
DO REPEAT xmiss=nberwu sberwu spirwu sherwu winewu popswu.
COMPUTE xmiss=-9.
END REPEAT.
END IF.
DO IF nberf=-6.
DO REPEAT xmiss=nberwu sberwu spirwu sherwu winewu popswu.
COMPUTE xmiss=-6.
END REPEAT.
END IF.
IF nberf=-9 & ((nberqhp=-9 & nberqbt=-9) | nberqpt=-9) & nberqsm=-9 & nberqlg=-9 nberwu=-9.
IF nberf=-8 & ((nberqhp=-8 & nberqbt=-8) | nberqpt=-8) & nberqsm=-8 & nberqlg=-8 nberwu=-8.
IF sberf=-9 & ((sberqhp=-9 & sberqbt=-9) | sberqpt=-9) & sberqsm=-9 & sberqlg=-9 sberwu=-9.
IF sberf=-8 & ((sberqhp=-8 & sberqbt=-8) | sberqpt=-8) & sberqsm=-8 & sberqlg=-8 sberwu=-8.
IF ANY(-9,spirf,spirqme) spirwu=-9.
IF ANY(-8,spirf,spirqme) spirwu=-8.
IF ANY(-9,sherf,sherqgs) sherwu=-9.
IF ANY(-8,sherf,sherqgs) sherwu=-8.
IF ANY(-9,winef,wineqgs) winewu=-9.
IF ANY(-8,winef,wineqgs) winewu=-8.
IF ANY(-9,popsf,popsqsm) popswu=-9.
IF ANY(-8,popsf,popsqsm) popswu=-8.
IF indout>52 spirwu=-1.
IF indout>52 nberwu=-1.
IF indout>52 sberwu=-1.
IF indout>52 sherwu=-1.
IF indout>52 winewu=-1.
IF indout>52 popswu=-1.
VARIABLE LABELS
  nberwu "(D) Units of normal beer/week"
  /sberwu "(D) Units of strong beer/week"
  /spirwu "(D) Units of spirits/week"
  /sherwu "(D) Units of sherry/week"
  /winewu "(D) Units of wine/week"
  /popswu "(D) Units of alcopops/week".
```

Adults 7 Days

D7UNIT: (D) Units drunk on heaviest day in last 7
D7UNITG: (D) Units drunk on heaviest day in last 7 (grouped)

1   <2 units
2   2<3 units
3   3<4 units
4   4<5 units
5   5<6 units
6   6<8 units
7   8+ units

```
SPSS Syntax

COMPUTE d7unit=0.
IF (nberqhp7>0) d7unit=d7unit+nberqhp7.
IF (nberqpt7>0) d7unit=d7unit+nberqpt7*2.
IF (nberqsm7>0) d7unit=d7unit+nberqsm7.
IF (nberqlg7>0) d7unit=d7unit+nberqlg7*2.
IF (nberqbt7>0) d7unit=d7unit+nberqbt7*l7ncodeq.
IF (sberqhp7>0) d7unit=1.5*d7unit+sberqhp7.
IF (sberqpt7>0) d7unit=1.5*d7unit+sberqpt7*2.
IF (sberqsm7>0) d7unit=1.5*d7unit+sberqsm7.
IF (sberqlg7>0) d7unit=1.5*d7unit+sberqlg7*2.
IF (sberqbt7>0) d7unit=1.5*d7unit+sberqbt7*l7scodeq.
IF (spirqms7>0) d7unit=d7unit+spirqms7.
IF (sherqgs7>0) d7unit=d7unit+sherqgs7.
IF (wineqgs7>0) d7unit=d7unit+wineqgs7.
IF (popsqsm7>0) d7unit=d7unit+popsqsm7.
IF ANY(-9,nberqhp7,nberqpt7,nberqsm7,nberqlg7,nberqbt7,
  sberqhp7,sberqpt7,sberqsm7,sberqlg7,sberqbt7,
  spirqme7,sherqgs7,wineqgs7,popsqsm7) d7unit=-9.
IF ANY(-8,nberqhp7,nberqpt7,nberqsm7,nberqlg7,nberqbt7,
  sberqhp7,sberqpt7,sberqsm7,sberqlg7,sberqbt7,
  spirqme7,sherqgs7,wineqgs7,popsqsm7) d7unit=-8.
IF ANY(-6,nberqhp7,nberqpt7,nberqsm7,nberqlg7,nberqbt7,
  sberqhp7,sberqpt7,sberqsm7,sberqlg7,sberqbt7,
  spirqme7,sherqgs7,wineqgs7,popsqsm7) d7unit=-6.
IF any(d7day,2,-1) d7unit=-1.
VARIABLE LABEL d7unit "(D) Units drunk on heaviest day in last 7".
recode d7unit(8 thru hi=7)(6 thru 8=6)(5 thru 6=5)(4 thru 5=4)(3 thru 4=3)(2 thru 3=2)(0 thru 2=1)
 (else=copy) into d7unitg.
variable label d7unitg "(D) Units drunk on heaviest day in last 7 (grouped)".
value labels d7unitg
 1 "<2"
 2 "2<3"
 3 "3<4"
 4 "4<5"
 5 "5<6"
 6 "6<8"
 7 "8+".
```

D7MANY2: (D) Number of days drank in last week, including none

```
SPSS Syntax
Compute d7many2=d7many.
if indout<53 & any(2,dnany,d7day) d7many2=0.
variable labels d7many2 "(D) Number of days drank in last week, including none".
```

Children 13-15

ABER2WB: (D) Drunk beer in last 7 days - inc. non-drinkers
ASPIRWB: (D) Drunk spirits in last 7 days - inc. non-drinkers
ASHERWB: (D) Drunk sherry in last 7 days - inc. non-drinkers
AWINEWB: (D) Drunk wine in last 7 days - inc. non-drinkers
APOPSWB: (D) Drunk alcopops in last 7 days - inc. non-drinkers

    0   Never drinks
    1   Has drunk drink in last 7 days
    2   Not drunk drink in last 7 days

All variables in this group have the same value labels.

```
SPSS Syntax

COMPUTE aber2wb=aber2w.
COMPUTE aspirwb=aspirw.
COMPUTE asherwb=asherw.
COMPUTE awinewb=awinew.
COMPUTE apopswb=apopsw.
DO REPEAT xxdk=aber2wb aspirwb asherwb awinewb apopswb.
IF RANGE(adrlast,4,7) xxdk=0.
IF adrpops=2 xxdk=0
IF ANY (-9,adrprop,adrlast,adrpops) xxdk=-9.
END REPEAT.
VARIABLE LABELS
   aber2wb "(D) Drunk beer in last 7 days - inc. non-drinkers"
  /aspirwb "(D) Drunk spirits in last 7 days - inc. non-drinkers"
  /asherwb "(D) Drunk sherry in last 7 days - inc. non-drinkers"
  /awinewb "(D) Drunk wine in last 7 days - inc. non-drinkers"
  /apopswb "(D) Drunk alcopops in last 7 days - inc. non-drinkers".
VALUE LABELS aber2wb aspirwb asherwb awinewb apopswb
  0 "Never drinks"
  1 "Has drunk drink in last 7 days"
  2 "Not drunk drink in last 7 days".
```

ADRINKWQ: (D) Total units of alcohol in last 7 days

Because data on drinking in the last 7 days for 13-15s is collected by self-completion, there is a greater level of missing data. The normal approach is if someone has missing data on any of the component variables to make them missing on the derived variable. In this case, because of the large amount of missing data, it was decided to temporarily set missing values equal to the mean of the valid answers to come up with an overall figure for units drunk in the last 7 days.

```
SPSS Syntax

COMPUTE #ber2q = 0 .
RECODE aber2w (-2=-2)(-1,-9,2=-1)(-6=-6) INTO #ber2q.
IF (aber2w = 1 & aber2qpt > 0) #ber2q = #ber2q + (aber2qpt * 2) .
IF (aber2w = 1 & aber2qlg > 0) #ber2q = #ber2q + (aber2qlg * 2) .
IF (aber2w = 1 & aber2qsm > 0) #ber2q = #ber2q + aber2qsm .
IF (#ber2q=0) #ber2q=-9.

COMPUTE #popsq = 0 .
RECODE apopsw (-2=-2)(-1,-9,2=-1)(-6=-6) INTO #popsq.
IF (apopsw = 1 & apopsqlg > 0) #popsq = #popsq + (apopsqlg * 2) .
IF (apopsw = 1 & apopsqsm > 0) #popsq = #popsq + apopsqsm.
IF (#popsq =0) #popsq =-9.

** use scratch variables to store means for dk values.
COMPUTE #ber2q2 = #ber2q .
COMPUTE #popsq2 = #popsq .
COMPUTE #spirq = aspirqgs.
COMPUTE #sherq = asherqgs.
COMPUTE #wineq = awineqgs .

** replace missing data with mean for sex.
IF (#ber2q = -9 & sex = 1) #ber2q2 = 7.86 .
IF (#ber2q = -9 & sex = 2) #ber2q2 = 3.16 .
IF (ANY(aspirqgs,-9,0) & sex = 1) #spirq = 4.90 .
IF (ANY(aspirqgs,-9,0) & sex = 2) #spirq = 3.03 .
IF (ANY(asherqgs,-9,0) & sex = 1) #sherq = 1.00 .
IF (ANY(asherqgs,-9,0) & sex = 2) #sherq = 2.14 .
IF (ANY(awineqgs,-9,0) & sex = 1) #wineq = 2.37 .
IF (ANY(awineqgs,-9,0) & sex = 2) #wineq = 2.13 .
IF (#popsq = -9 & sex = 1) #popsq2 = 3.00 .
IF (#popsq = -9 & sex = 2) #popsq2 = 1.95 .
COMPUTE adrinkwq = 0 .
```

```
RECODE adrlast(-2=-2)(-9=-1)(-6=-6) INTO adrinkwq.
IF (aber2w=-9 & aspirw=-9 & asherw=-9 & awinew=-9 & apopsw=-9)
    adrinkwq=-9.

IF (aber2w = 1 & #ber2q2 > 0) adrinkwq = adrinkwq + #ber2q2 .
IF (aspirw = 1 & #spirq > 0) adrinkwq = adrinkwq + #spirq .
IF (asherw = 1 & #sherq > 0) adrinkwq = adrinkwq+ #sherq .
IF (awinew = 1 & #wineq > 0) adrinkwq = adrinkwq + #wineq .
IF (apopsw = 1 & #popsq2 > 0) adrinkwq = adrinkwq + #popsq2 .
VARIABLE LABEL adrinkwq "(D) Total units of alcohol in last 7 days".
```

Drinking Experiences

CAGETOT: (D) CAGE: Number of drinking problems experienced
PHYS: (D) CAGE: Number of physical dependency problems experienced

```
SPSS Syntax
COUNT cagetot= dxcut to dxunable (1).
IF (ANY(dxcut,-8,-6,-1)) cagetot=dxcut.
IF (ANY(-9,dxcut,dxguilt,dxcritic,dxshakes,dxnerves,dxunable)) cagetot=-9.
VARIABLE LABEL cagetot "(D) CAGE: Number of drinking problems experienced".

COUNT phys = dxunable dxnerves dxshakes (1).
IF (ANY(dxunable,-8,-6,-2,-1)) phys=dxunable.
IF (ANY(-9,dxunable,dxnerves,dxshakes)) phys=-9.
VARIABLE LABEL phys "(D) CAGE: Number of physical dependency problems experienced".
```

PROBDRNK: (D) CAGE: Problem drinker
  0   Current drinker, but not problem drinker
  1   Problem drinker

```
SPSS Syntax
RECODE cagetot (2 thru 6=1)(0 thru 2=0)(ELSE=COPY) INTO probdrnk.
VARIABLE LABEL probdrnk "(D) CAGE: Problem Drinker".
VALUE LABELS probdrnk
   0 'Current drinker, but not problem drinker'
   1 'Problem drinker'.
```

DRUNKEN: (D) Drunkenness in last three months
  1   Been drunk once a week in last 3 months
  2   Been drunk 4+ times in last 3 months
  3   Been drunk 3 times in last 3 months
  4   Been drunk twice in last 3 months
  5   Been drunk once in last 3 months
  6   Not been drunk in last 3 months
  7   Drinks less than once every 2 months
  8   Never drinks

```
SPSS Syntax
IF (dxdrunkw<0) drunken=dxdrunkw.
IF (dxdrunkw=1) drunken=1.
RECODE dxtimes (4=2) (3=3) (2=4) (1=5) INTO drunken.
IF (dxdrunkm=2) drunken=6.
IF ANY(dnoft,7,8) drunken=7.
IF dnany=2 drunken=8.
IF ANY(-9,dnnow,dnany,dnoft,dxdrunkm,dxtimes) drunken=-9.
IF ANY(-8,dnnow,dnany,dnoft,dxdrunkm,dxtimes) drunken=-8.
VARIABLE LABEL drunken "(D) Drunkenness in last 3 months".
VALUE LABELS drunken
   1 'Been drunk once a week in last 3 months'
   2 'Been drunk 4+ times in last 3 months'
   3 'Been drunk 3 times in last 3 months'
   4 'Been drunk twice in last 3 months'
   5 'Been drunk once in last 3 months'
   6 'Not been drunk in last 3 months'
   7 'Drinks less than once every 2 months'
   8 'Never drinks'.
```

Fruit & Vegetables

PORPUL "(D) Portion of pulses"
PORSAL "(D) Portion of salad"
PORVEG "(D) Portion of vegetables"
PORVDISH "(D) Portion of vegetables in composites"
PORJUICE "(D) Portion of fruit juice"
PORFRT "(D) Portion of all sized fruit"
PORDRY "(D) Portion of dried fruit"
PORFROZ "(D) Portion of frozen fruit/canned fruit"
PORFDISH "(D) Portion of fruit in composites"
VEGPOR "(D) Total portion of vegetables (inc.salad)"
FRTPOR "(D) Total portion of fruit"
PORFV "(D) Total portion of fruit and veg".

A maximum of 1 portion of pulses or fruit juice only contributed to the total portions of fruit and vegetables. Portions sizes were defined by The Department of Health.

```
SPSS Syntax
compute porpul=0.
if (vegpul=1 & vegpulq>0) porpul=vegpulq/2.
if porpul>1 porpul=1.
compute porsal=0.
if (vegsal=1 & vegsalq>0) porsal=vegsalq.
compute porveg=0.
if (vegveg=1 & vegvegq>0) porveg=vegvegq/3.
compute porvdish=0.
if (vegdish=1 & vegdishq>0) porvdish=vegdishq/3.
compute porjuice=0.
if (frtdrnk=1 & frtdrnkq>0) porjuice=frtdrnkq.
if porjuice>1 porjuice=1.

compute porlge=0.
do repeat xxx=frtc01 frtc02 frtc03 frtc04 frtc05 frtc06 frtc07 frtc08 frtc09 frtc10 frtc11 frtc12 frtc13
frtc14 frtc15
  /yyy=frtq01 frtq02 frtq03 frtq04 frtq05 frtq06 frtq07 frtq08 frtq09 frtq10 frtq11 frtq12 frtq13 frtq14
frtq15.
if (xxx=2 & yyy>0) porlge=porlge+yyy*2.
end repeat.

compute porsml=0.
do repeat xxx=frtc01 frtc02 frtc03 frtc04 frtc05 frtc06 frtc07 frtc08 frtc09 frtc10 frtc11 frtc12 frtc13
frtc14 frtc15
  /yyy=frtq01 frtq02 frtq03 frtq04 frtq05 frtq06 frtq07 frtq08 frtq09 frtq10 frtq11 frtq12 frtq13 frtq14
frtq15.
if (xxx=4 & yyy>0) porsml=porsml+yyy/2.
end repeat.

compute poroth=0.
do repeat xxx=frtc01 frtc02 frtc03 frtc04 frtc05 frtc06 frtc07 frtc08 frtc09 frtc10 frtc11 frtc12 frtc13
frtc14 frtc15
  /yyy=frtq01 frtq02 frtq03 frtq04 frtq05 frtq06 frtq07 frtq08 frtq09 frtq10 frtq11 frtq12 frtq13 frtq14
frtq15.
if (xxx=1 & yyy>0) | (xxx=3 & yyy>0) | (xxx=5 & yyy>0) poroth=poroth+yyy.
end repeat.

compute porfrt=porlge+porsml+poroth.
compute pordry=0.
if (frtdry=1 & frtdryq>0) pordry=frtdryq.
compute porfroz=0.
if (frtfroz=1 & frtfrozq>0) porfroz=frtfrozq/3.
compute porfdish=0.
if (frtdish=1 & frtdishq>0) porfdish=frtdishq/3.
compute vegpor=porpul+porsal+porveg+porvdish.
compute frtpor=porjuice+porfrt+pordry+porfroz+porfdish.
compute porfv=vegpor+frtpor.

**portions.
variable labels
 porpul "(D) Portion of pulses"
 /porsal "(D) Portion of salad"
 /porveg "(D) Portion of vegetables"
 /porvdish "(D) Portion of vegetables in composites"
```

```
/porjuice "(D) Portion of fruit juice"
/porfrt "(D) Portion of all sized fruit"
/pordry "(D) Portion of dried fruit"
/porfroz "(D) Portion of frozen fruit/canned fruit"
/porfdish "(D) Portion of fruit in composites"
/vegpor "(D) Total portion of vegetables (inc.salad)"
/frtpor "(D) Total portion of fruit"
/porfv "(D) Total portion of fruit and veg".
```

PORFTVG "(D) Grouped portions of fruit (inc.orange juice) & veg yesterday"

- 0 None
- 1 Less than 1 portion
- 2 1 portion or more but less than 2
- 3 2 portions or more but less than 3
- 4 3 portions or more but less than 4
- 5 4 portions or more but less than 5
- 6 5 portions or more but less than 6
- 7 6 portions or more but less than 7
- 8 8 portions or more

```
SPSS Syntax
RECODE porfv (0=0) (8 thru hi=9) (7 thru 8=8) (6 thru 7=7) (5 thru 6=6) (4 thru 5=5) (3 thru 4=4)
(2 thru 3=3) (1 thru 2=2) (0 thru 1=1)into porftvg.
VARIABLE LABELS  porftvg "(D) Grouped portions of fruit (inc.orange juice) & veg yesterday" .
VALUE LABELS porftvg
  0 "None"
  1 "Less than 1 portion"
  2 "1 portion or more but less than 2"
  3 "2 portions or more but less than 3"
  4 "3 portions or more but less than 4"
  5 "4 portions or more but less than 5"
  6 "5 portions or more but less than 6"
  7 "6 portions or more but less than 7"
  8 "7 portions or more but less than 8"
  9 "8 portions or more".

do if age<5.
do repeat xxx=porpul to porftvg.
compute xxx=-1.
end repeat.
end if.
```

Respiratory

Asthma

NOCOL2: (D) Wheezed without cold
BRWHY2: (D) Breathless when wheezing
TWEWZ2: (D) Wheezed in last 12 months
  1   Yes
  2   No

All of these three variable have the same value labels

```
SPSS Syntax
COMPUTE nocol2=nocol.
COMPUTE brwhy2=brwhy.
COMPUTE twewz2=twewz.
DO REPEAT xxresp=nocol2 brwhy2 twewz2.
RECODE everw(-9,-8,2=COPY) INTO xxresp.
END REPEAT.
VARIABLE LABELS
  nocol2 "(D) Wheezed without cold"
 /brwhy2 "(D) Breathless when wheezing"
 /twewz2 "(D) Wheezed in last 12 months".
VALUE LABELS nocol2 brwhy2 twewz2
 1 "Yes"
 2 "No".
```

Lung

Lung Function

LFOK: (D) Whether lung function is valid
  1   Valid lung function measurement
  2   Invalid lung function measurement'
  3   Pregnant
  4   Other ineligible
  5   Refused, not attempted

```
SPSS Syntax
COMPUTE lfok = -1 .
IF ANY(1,TECHNIQ1,TECHNIQ2,TECHNIQ3,TECHNIQ4,TECHNIQ5) lfok=1.
IF ANY(lfresp,1,2) & ~ANY(1,TECHNIQ1,TECHNIQ2,TECHNIQ3,TECHNIQ4,TECHNIQ5) lfok=2.
IF (pregntj = 1 & sex=2) lfok = 3 .
IF ANY(hasurg,1,-9,-8) | ANY(hastro,1,-9,-8) lfok=4.
RECODE lfresp(3,4=5)(-6,-2=COPY) INTO lfok.
IF (lfresp = -1 & age < 7) lfok = -1 .
VARIABLE LABEL lfok "(D) Whether lung function is valid" .
VALUE LABELS lfok  1 'Valid lung function measurement'
                   2 'Invalid lung function measurement'
                   3 'Pregnant'
                   4 'Other ineligible'
                   5 'Refused, not attempted'.
```

MAXFVC: (D) Edited highest satisfactory FVC.
MAXFEV: (D) Edited highest satisfactory FEV
MAXPF: (D) Edited highest satisfactory PF.

```
SPSS Syntax
DO IF (lfok ~= 1) .
DO REPEAT xmax = maxfvc maxfev maxpf.
RECODE lfok (2=-8) (3=-1) (4=-1) (-1=-1) (5=-7) (-6=-6) (-2=-2) INTO xmax.
END REPEAT.
END IF .
DO IF (lfok = 1) .
COMPUTE maxfvc=0.
```

```
COMPUTE maxfev=0.
COMPUTE maxpf=0.
DO IF (TECHNIQ1 = 1).
IF (fvc1 > maxfvc) maxfvc = fvc1.
IF (fev1 > maxfev) maxfev = fev1.
IF (pf1 > maxpf) maxpf = pf1.
END IF.
DO IF (TECHNIQ2 = 1).
IF (fvc2 > maxfvc) maxfvc = fvc2.
IF (fev2 > maxfev) maxfev = fev2.
IF (pf2 > maxpf) maxpf = pf2.
END IF.
DO IF (TECHNIQ3 = 1).
IF (fvc3 > maxfvc) maxfvc = fvc3.
IF (fev3 > maxfev) maxfev = fev3.
IF (pf3 > maxpf) maxpf = pf3.
END IF.
DO IF (TECHNIQ4 = 1).
IF (fvc4 > maxfvc) maxfvc = fvc4.
IF (fev4 > maxfev) maxfev = fev4.
IF (pf4 > maxpf) maxpf = pf4.
END IF.
DO IF (TECHNIQ5 = 1).
IF (fvc5 > maxfvc) maxfvc = fvc5.
IF (fev5 > maxfev) maxfev = fev5.
IF (pf5 > maxpf) maxpf = pf5.
END IF.
END IF .
VARIABLE LABELS maxfvc "(D) Edited highest satisfactory FVC"
                /maxfev "(D) Edited highest satisfactory FEV"
                /maxpf "(D) Edited highest satisfactory PF" .
```

General Health

Acute Sickness

ACUTILL: (D) Acute sickness last two weeks
    1   No acute sickness
    2   1-3 days
    3   4-6 days
    4   7-13 days
    5   A full 2 weeks

```
SPSS Syntax

COMPUTE acutill = lastfort .
IF (lastfort = 1 & dayscut<0)) acutill = -9 .
IF (lastfort = 2) acutill = 1 .
RECODE dayscut (1 thru 3=2) (4 thru 6=3) (7 thru 13=4) (14 thru hi=5)
 INTO acutill.
VARIABLE LABEL acutill "(D) Acute sickness last two weeks" .
VALUE LABELS acutill 1 'No acute sickness'
 2 '1-3 days'
 3 '4-6 days'
 4 '7-13 days'
 5 'a full 2 weeks'.
```

Dental Health

DENG5: Dental attendance pattern grouped
    1   Regular check up
    2   Occasional check up
    3   Only when having trouble
    4   Never go to dentist
    5   Have no natural teeth

```
SPSS Syntax

compute deng5=dentist.
if (dentist=-1 and teeth=2) deng5=5.
variable labels deng5 "(D) Dental attendance pattern grouped".
value labels deng5
1 "Regular check up"
2 "Occasional check up"
3 "Only when having trouble"
4 "Never go to dentist"
5 "Have no natural teeth".
```

GHQ12

GHQ12SCR: (D) GHQ Score - 12 point scale

GHQG2: (D) GHQ Score - grouped (0,1-3,4+)
    1   Score 0
    2   Score 1-3
    3   Score 4+

There is no scaling of missing answers on the GHQ score, if an informant has not given an answer to a question, then it does not contribute to the overall GHQ score.

```
SPSS Syntax

COMPUTE ghq12scr = 0 .
RECODE ghqconc (-6,-2=COPY) into ghq12scr.
DO REPEAT ghqtemp=ghqconc to ghqhappy.
IF ANY(ghqtemp,3,4) ghq12scr=ghq12scr+1.
END REPEAT.
```

```
IF (ANY(-9,ghqconc to ghqhappy)) ghq12scr=-9 .
RECODE ghq12scr
  (-9 thru -1=Copy) (0=1) (1 thru 3=2) (4 thru Highest=3) INTO  GHQg2.
VARIABLE LABEL ghq12scr "(D) GHQ Score - 12 point scale".
VARIABLE LABEL ghqg2 "(D) GHQ Score - grouped (0,1-3,4+)".
VALUE LABELS ghqg2 1 'Score 0'
   2 'Score 1-3'
   3 'Score 4+'.
```

Longstanding Illness

COMPM13: (D) I Infectious Disease
COMPM1: (D) II Neoplasms & benign growths
COMPM2: (D) III Endocrine & metabolic
COMPM14: (D) IV Blood & related organs
COMPM3: (D) V Mental disorders
COMPM4: (D) VI Nervous System
COMPM5: (D) VI Eye complaints
COMPM6: (D) VI Ear complaints
COMPM7: (D) VII Heart & circulatory system
COMPM8: (D) VIII Respiratory system
COMPM9: (D) IX Digestive system
COMPM10: (D) X Genito-urinary system
COMPM11: (D) XII Skin complaints
COMPM12: (D) XIII Musculoskeletal system
COMPM15: (D) Other complaints
COMPM17: (D) No long-standing Illness
COMPM18: (D) No longer present
COMPM99: (D) Unclass/NLP/inadeq.describe

    0   No condition present
    1   Has condition

All variables in the COMPM series have the same value labels

```
SPSS Syntax

DO REPEAT xcomp=compm1 compm2 compm3 compm4 compm5 compm6 compm7 compm8
 compm9 compm10 compm11 compm12 compm13 compm14 compm15 compm17 compm18.
COMPUTE xcomp=0.
IF (longill<0) xcomp=-9.
END REPEAT.
DO REPEAT xill=illsm1 illsm2 illsm3 illsm4 illsm5 illsm6.
IF (xill=1) compm1=1.
IF (RANGE(xill,2,3)) compm2=1.
IF (RANGE(xill,4,5)) compm3=1.
IF (RANGE(xill,6,8)) compm4=1.
IF (RANGE(xill,9,10)) compm5=1.
IF (RANGE(xill,11,14)) compm6=1.
IF (RANGE(xill,15,21)) compm7=1.
IF (RANGE(xill,22,25)) compm8=1.
IF (RANGE(xill,26,29)) compm9=1.
IF (RANGE(xill,30,33)) compm10=1.
IF (xill=39) compm11=1.
IF (RANGE(xill,34,36)) compm12=1.
IF (xill=37) compm13=1.
IF (xill=38) compm14=1.
IF (xill=40) compm15=1.
IF (longill = 1 & xill = 42) compm18 = 1 .
END REPEAT.
IF (longill = 2) compm17 = 1.
COMPUTE compm99 = 0 .
IF (longill = 1 & ANY(illsm1,41,42,-1,-8,-9)) compm99 = 1 .
IF (longill<0) compm99 = -9.
VARIABLE LABELS compm1 '(D) II Neoplasms & benign growths'
 /compm2 '(D) III Endocrine & metabolic'
 /compm3 '(D) V Mental disorders'
 /compm4 '(D) VI Nervous System'
 /compm5 '(D) VI Eye complaints'
 /compm6 '(D) VI Ear complaints'
```

```
 /compm7 '(D) VII Heart & circulatory system'
 /compm8 '(D) VIII Respiratory system'
 /compm9 '(D) IX Digestive system'
 /compm10 '(D) X Genito-urinary system'
 /compm11 '(D) XII Skin complaints'
 /compm12 '(D) XIII Musculoskeletal system'
 /compm13 '(D) I Infectious Disease'
 /compm14 '(D) IV Blood & related organs'
 /compm15 '(D) Other complaints'
 /compm17 "(D) No long-standing Illness"
 /compm18 "(D) No longer present"
 /compm99 "(D) Unclass/NLP/inadeq.describe" .
VALUE LABELS compm1 TO compm99
  0 'no condition present'
  1 'has condition'.
RECODE compm1 TO compm15 (SYSMIS=0).
```

CONDCNT: (D) Number of grouped condition categories
    0   No LS illness

CONDCNT2: (D) Number of grouped conditions - 4 plus
    0   No LS illness
    4   4 or more

```
SPSS Syntax

IF (longill = 2) condcnt = 0 .
DO IF (longill = 1).
COUNT condcnt = compm1 TO compm15 (1) .
END IF .
IF (longill = 1 & (illsm1 = 41 | illsm1<0)) condcnt = 1 .
IF (longill<0) condcnt = -9 .
RECODE condcnt (4 thru hi=4)(ELSE=COPY) INTO condcnt2.
VARIABLE LABEL condcnt "(D) Number of grouped condition categories" .
VALUE LABELS condcnt
   0 'no LS illness'.
VARIABLE LABEL condcnt2 "(D) Number of grouped conditions - 4 plus" .
VALUE LABELS condcnt2
  0 'no LS illness'
  4 '4 or more'.
```

LIMITILL: (D) Limiting longstanding illness
    1   Limiting LI
    2   Non limiting LI
    3   No LI

```
SPSS Syntax

COMPUTE limitill = -1.
DO IF indout<53.
RECODE longill (1=2) (2=3) (ELSE=COPY) INTO limitill.
IF (limitact=1) limitill=1.
END IF.
VARIABLE LABEL limitill '(D) Limiting longstanding illness'.
VALUE LABLES limitill
  1 'Limiting LI'
  2 'Non limiting LI'
  3 'No LI'.
```

Prescribed Medicines: Drugs affecting blood analytes

DIUR: (D) Diuretics (Blood pressure)
BETA: (D) Beta blockers (Blood pressure/Fibrinogen)
ACEINH: (D) Ace inhibitors (Blood pressure)
CALCIUMB: (D) Calcium blockers (Blood pressure)
OBPDRUG: (D) Other drugs affecting BP
LIPID: (D) Lipid lowering (Cholesterol/Fibrinogen)
IRON: (D) Iron deficiency (Haemoglobin/Ferritin)
BPMEDC: (D) Whether taking drugs affecting blood pressure
BPMEDD: (D) Whether taking drugs prescribed for blood pressure

    0   Not taking drug
    1   Taking drug

All derived variables in the BP Drugs subsection have the same value labels.

```
SPSS Syntax

DO REPEAT xxdrug=diur beta aceinh calciumb obpdrug lipid iron bpmedc bpmedd.
COMPUTE xxdrug=0.
RECODE medbi01(-9 thru -1=COPY) INTO xxdrug.
END REPEAT.
DO REPEAT xxcode=medbi01 to medbi22.
IF xxcode=0 diur=-9.
IF xxcode=0 beta =-9.
IF xxcode=0 aceinh =-9.
IF xxcode=0 calciumb =-9.
IF xxcode=0 iron =-9.
IF xxcode=0 lipid =-9.
IF xxcode=0 obpdrug =-9.
IF xxcode=0 bpmedc=-9.
IF xxcode=0 bpmedd=-9.
END REPEAT.
DO REPEAT xxcode=medbi01 to medbi22.
IF RANGE(xxcode,20201,20208) diur=1.
IF xxcode=20400 beta=1.
IF xxcode=20505 aceinh=1.
IF xxcode=20602 calciumb=1.
IF ANY(xxcode,20501,20502,20503,20504,20506) obpdrug=1.
IF xxcode=21200 lipid=1.
IF xxcode=90101 iron=1.
END REPEAT.
IF ANY(1,diur,beta,aceinh,calciumb,obpdrug) bpmedc=1.
COUNT #bpdrug=ytake012 ytake022 ytake032 ytake042 ytake052 ytake062 ytake072 ytake082
  ytake092 ytake102 ytake112 ytake122 ytake132 ytake142 ytake152 ytake162 ytake172
  ytake182 ytake192 ytake202 ytake212 ytake222 (1).
IF ANY(1,diur,beta,aceinh,calciumb,obpdrug) & #bpdrug>0 bpmedd=1.
VARIABLE LABELS diur "(D) Diuretics (Blood pressure)".
VARIABLE LABELS beta "(D) Beta blockers (Blood pressure/Fibrinogen)".
VARIABLE LABELS aceinh "(D) Ace inhibitors (Blood pressure)".
VARIABLE LABELS calciumb "(D) Calcium blockers (Blood pressure)".
VARIABLE LABELS obpdrug "(D) Other drugs affecting BP" .
VARIABLE LABELS lipid "(D) Lipid lowering (Cholesterol/Fibrinogen)" .
VARIABLE LABELS iron "(D) Iron deficiency (Haemoglobin/Ferritin)" .
VARIABLE LABELS bpmedc "(D) Whether taking drugs affecting blood pressure".
VARIABLE LABELS bpmedd "(D) Whether taking drugs prescribed for blood pressure".
VALUE LABELS diur beta aceinh calciumb obpdrug lipid iron bpmedc bpmedd
    0 'Not taking drug'
    1 'Taking drug'.
```

Prescribed Medicines: General

MEDCNJD: (D) Whether taking medication - excluding contraceptives only
    1   Yes
    2   No

```
SPSS Syntax

COMPUTE medcnj = medcnjd .
IF (sex = 2 & medcnjd = 1 & RANGE(medbi01,70301,70302)
  & medbi02<0 & medbi03<0 & medbi04<0 & medbi05<0 & medbi06<0 & medbi07<0 &
    medbi08<0 & medbi09<0 & medbi10<0 & medbi11<0 & medbi12<0 & medbi13<0 &
    medbi14<0 & medbi15<0 )  medcnj = 2 .
VARIABLE LABEL medcnj "(D) Whether taking medication - excluding "+
 "contraceptives only" .
VALUE LABELS medcnj 1 'Yes' 2 'No'.
```

MEDTYP1: (D) Cardio-vascular medicine taken ?
MEDTYP2: (D) Gastrointestinal medicine taken ?
MEDTYP3: (D) Respiratory medicine taken ?
MEDTYP4: (D) CNS medicine taken ?
MEDTYP5: (D) Medicine for infection taken ?
MEDTYP6: (D) Endocrine medicine taken ?
MEDTYP7: (D) Gynae/Urinary medicine taken ?
MEDTYP8: (D) Cytotoxic medicine taken ?
MEDTYP9: (D) Medicine for nutrition/blood taken ?
MEDTYP10: (D) Musculoskeletal medicine taken ?
MEDTYP11: (D) Eye/Ear etc medicine taken ?
MEDTYP12: (D) Medicine for skin taken ?
MEDTYP13: (D) Other medicine taken ?
    0   No
    1   Yes
    2
All variables in the MEDTYP series have the same value labels.

```
SPSS Syntax

DO REPEAT xtyp = medtyp1 TO medtyp13.
COMPUTE xtyp=0.
IF indout>52 xtyp=-1.
RECODE medcnj (2=0)(-9 thru -1=COPY) INTO xtyp.
END REPEAT.
DO REPEAT xmed= medbi01 TO medbi15.
IF (RANGE(xmed,20101,21300)) medtyp1 = 1.
IF (RANGE(xmed,10101,10904)) medtyp2 = 1.
IF (RANGE(xmed,30101,31000)) medtyp3 = 1.
IF (RANGE(xmed,40101,41000)) medtyp4 = 1.
IF (RANGE(xmed,50101,50508)) medtyp5 = 1.
IF (RANGE(xmed,60101,60703)) medtyp6 = 1.
IF (RANGE(xmed,70201,70202,70401,70500)) medtyp7 = 1.
IF (RANGE(xmed,80101,80304)) medtyp8 = 1.
IF (RANGE(xmed,90101,90802)) medtyp9 = 1.
IF (RANGE(xmed,100101,100302)) medtyp10 = 1.
IF (RANGE(xmed,110101,110802,120101,120304)) medtyp11 = 1.
IF (RANGE(xmed,130100,131400)) medtyp12 = 1.
IF (xmed=140400) medtyp13 = 1.
END REPEAT.
VARIABLE LABEL medtyp1 '(D) Cardio-vascular medicine taken ?' .
VARIABLE LABEL medtyp2 '(D) Gastrointestinal medicine taken ?' .
VARIABLE LABEL medtyp3 '(D) Respiratory medicine taken ?' .
VARIABLE LABEL medtyp4 '(D) CNS medicine taken ?' .
VARIABLE LABEL medtyp5 '(D) Medicine for infection taken ?' .
VARIABLE LABEL medtyp6 '(D) Endocrine medicine taken ?' .
VARIABLE LABEL medtyp7 '(D) Gynae/Urinary medicine taken ?' .
VARIABLE LABEL medtyp8 '(D) Cytotoxic medicine taken ?' .
VARIABLE LABEL medtyp9 '(D) Medicine for nutrition/blood taken ?' .
VARIABLE LABEL medtyp10 '(D) Musculoskeletal medicine taken ?' .
VARIABLE LABEL medtyp11 '(D) Eye/Ear etc medicine taken ?' .
VARIABLE LABEL medtyp12 '(D) Medicine for skin taken ?' .
VARIABLE LABEL medtyp13 '(D) Other medicine taken ?' .
VALUE LABELS medtyp1 TO medtyp13
```

```
     0 'No'
     1 'Yes'.
```

NUMED2: (D) Number of prescribed medicines taken
    0   Doesn't take prescribed meds

NUMED: (D) Number of prescribed medicines taken (grouped 4+)
    0   Doesn't take prescribed meds
    4   Four or more

```
SPSS Syntax

COMPUTE numed2 = -9 .
RECODE medcnj (-6 thru -2=COPY)(2=0) INTO numed2.
DO IF (medcnj = 1) .
COUNT numed2 = medbi01 TO medbi16 (-9 10101 THRU HI) .
END IF .
RECODE numed2 (4 thru hi=4)(ELSE=COPY) INTO numed.
VARIABLE LABEL numed2 '(D) Number of prescribed medicines taken' .
VARIABLE LABEL numed '(D) Number of prescribed medicines taken (grouped 4+)' .
VALUE LABELS numed2 0 "Doesn't take prescribed meds".
VALUE LABELS numed 0 "Doesn't take prescribed meds"
                   4 'Four or more'.
```

Self-Assessed Health

GENHELF2: (D) Self-assessed general health (grouped)
    1   Very good/good
    2   Fair
    3   Bad/very bad

```
SPSS Syntax

RECODE genhelf (3=2)(1 thru 2=1)(4 thru 5=3)(ELSE=Copy) INTO genhelf2 .
VARIABLE LABELS genhelf2 "(D) Self-assessed general health - grouped" .
VALUE LABELS genhelf2
  1 'vgood/good'
  2 'fair'
  3 'bad/vbad'.
```

Social Support

PSSSCR: (D) Perceived social support score
PSSSCR2: (D) Perceived social support score - grouped
    1   No lack
    2   Some lack
    3   Severe lack

```
SPSS Syntax

RECODE sshappy(-6,-2=COPY)(ELSE=0) INTO pssscr.
DO REPEAT xxx=sshappy to sssupp.
IF RANGE(xxx,1,3) pssscr=pssscr+xxx.
END REPEAT.
IF ANY(-9,sshappy,ssloved,ssrely,sscare,ssaccept,ssimport,sssupp) pssscr=-9.
RECODE pssscr (21=1)(18 thru 20=2)(6 thru 17=3)(ELSE=COPY) INTO pssscr2 .
VARIABLE LABEL pssscr "(D) Perceived social support score" .
VARIABLE LABEL pssscr2 "(D) perceived social support score - grouped" .
VALUE LABELS pssscr2
  1 'no lack'
  2 'some lack'
  3 'severe lack'.
```

Use of Services (Adult)

NGP: (D) No. of NHS GP consultations in last 2 weeks

NGPG4: (D) No. of NHS GP consultations in last 2 weeks (grouped)

    1   Consulted once
    2   Consulted twice
    3   Consulted three or more times
    4   Did not consult

NGPYR: (D) No. of NHS GP consultations per year (estimated)

```
SPSS Syntax

compute ngp=0.
do repeat ygp=gp1 gp2 gp3 gp4 gp5 gp6 gp7 gp8 gp9
  / ynhs=nhs1 nhs2 nhs3 nhs4 nhs5 nhs6 nhs7 nhs8 nhs9
  / mbhlf=whsbhlf1 whsbhlf2 whsbhlf3 whsbhlf4 whsbhlf5 whsbhlf6 whsbhlf7 whsbhlf8 whsbhlf9.
if (ygp=1 & ynhs=1 & mbhlf=1) ngp=ngp+1.
end repeat.
if (indout<53 & ndoctalk<1) ngp=ndoctalk.
RECODE ngp (0=4) (3 thru Highest=3) (ELSE=Copy)  INTO  ngpg4 .
variable labels ngp "(D) No. of NHS GP consultations last 2 weeks".
VARIABLE LABELS ngpg4 "(D) No. of NHS GP consultations last 2 weeks (grouped)".
value labels ngpg4
  1 "consulted once"
  2 "consulted twice"
  3 "consulted 3+ times"
  4 "did not consult".

*no of consultations estimated per year.
compute ngpyr=0.
if ngp>0 ngpyr=ngp*26.
if (ndoctalk<1 & indout <53) ngpyr=ndoctalk.
if (cdoctalk<1 & any(indout,53,54)) ngpyr=cdoctalk.
variable labels ngpyr " (D)No. of NHS GP consultations per year".
```

GPTALK: (D) Consulted a NHS GP for self

    1   Yes
    2   No

```
SPSS Syntax

compute gptalk=2.
if ngp>0 gptalk=1.
if ndoctalk<1 gptalk=ndoctalk.
variable label gptalk "Consulted a NHS GP for self".
value label gptalk
 1 "yes"
 2 "no".
```

GPVIS: (D) Visited NHS GP for consultation in last 2 weeks

NSITE1: (D) Visited NHS GP for consultation in last 2 weeks (surgery)

NSITE2: (D) Visited NHS GP for consultation in last 2 weeks (home)

NSITE3: (D) Visited NHS GP for consultation in last 2 weeks (telephone)

    0   No
    1   Yes

The GPVIS and NSITE variables all have the same value labels.

```
SPSS Syntax

compute nsite1=0.
compute nsite2=0.
compute nsite3=0.
compute gpvis=0.
do repeat ygp=gp1 gp2 gp3 gp4 gp5 gp6 gp7 gp8 gp9
  / ynhs=nhs1 nhs2 nhs3 nhs4 nhs5 nhs6 nhs7 nhs8 nhs9
  / mbhlf=whsbhlf1 whsbhlf2 whsbhlf3 whsbhlf4 whsbhlf5 whsbhlf6 whsbhlf7 whsbhlf8 whsbhlf9
  / ywher=docwher1 docwher2 docwher3 docwher4 docwher5 docwher6 docwher7 docwher8 docwher9.
do if (ygp=1&ynhs=1 & mbhlf=1).
if any (ywher,3,4,5) nsite1=1.
if ywher=2 nsite2=1.
if ywher=1 nsite3=1.
if any (ywher,1,2,3,4,5) gpvis=1.
```

```
end if.
end repeat.
if (gptalk<1) gpvis=gptalk.
if (gptalk<1) nsite1=gptalk.
if (gptalk<1) nsite2=gptalk.
if (gptalk<1) nsite3=gptalk.
variable labels gpvis "(D) Visited NHS GP for consultation last 2 weeks".
variable labels nsite1 "(D) Visited NHS GP for consultation last 2 weeks: surgery".
variable labels nsite2 "(D) Visited NHS GP for consultation last 2 weeks: home".
variable labels nsite3 "(D) Visited NHS GP for consultation last 2 weeks: telephone".
value labels gpvis nsite1 nsite2 nsite3
  0 "No" 1 "Yes".
```

Use of Services (Children)

CHNGP: (D) No. of NHS GP consultations last 2 weeks

CHNGPG4: (D) No. of NHS GP consultations last 2 weeks (grouped)
- 1   Consuted once
- 2   Consuted twice
- 3   Consuted 3+ times
- 4   Did not consult

CNHSTALK: (D) Consulted a GP in past two weeks
- 1   Consuted a GP in past two weeks
- 2   Did not consult a GP in past two weeks

```
SPSS Syntax

compute chngp=0.
do repeat chygp=cgp1 cgp2 cgp3 cgp4
  / chynhs=cnhs1 cnhs2 cnhs3 cnhs4.
if (chygp=1 & chynhs=1) chngp=chngp+1.
end repeat.
if (cdoctalk<1) chngp=cdoctalk.
IF age > 15 chngp=-1.
RECODE chngp (0=4) (3 thru Highest=3) (ELSE=Copy)  INTO  chngpg4 .
variable labels chngp "(D) No. of NHS GP consultations last 2 weeks".
VARIABLE LABELS chngpg4 "(D) No. of NHS GP consultations last 2 weeks (grouped)".
value labels chngpg4
  1 "consuted once"
  2 "consuted twice"
  3 "consuted 3+ times"
  4 "did not consult".
recode chngpg4 (1 thru 3=1) (else=2) into cnhstalk.
variable labels cnhstalk "(D) Consulted a GP in past two weeks".
value labels cnhstalk
   1 "consulted a gp in past two weeks"
   2 "did not consult a gp in past two weeks".
```

Smoking

Adult Current Smokers

CIGDYAL: (D) Number of cigarettes smoke a day - inc. non-smokers

```
SPSS Syntax

IF cigwday>=0 & cigwend>=0 cigdyal=((5*cigwday)+(2*cigwend))/7.
IF ANY(-9,cigwday,cigwend) cigdyal=-9.
IF ANY(-8,cigwday,cigwend) cigdyal=-8.
IF ANY(-6,cigwday,cigwend) cigdyal=-6.
IF age<16 cigdyal=-1.
RECODE cignow(-9,-8=COPY)(2=0) INTO cigdyal.
RECODE smkevr(-9,-8=COPY)(2=0) INTO cigdyal.
VARIABLE LABELS cigdyal "(D) Number of cigarettes smoke a day - inc. non-smokers".
```

Adults Cigarette Smoking General

CIGST1: (D) Cigarette Smoking Status - Never/Ex-reg/Ex-occ/Current
    1   Never smoked cigarettes at all
    2   Used to smoke cigarettes occasionally
    3   Used to smoke cigarettes regularly
    4   Current cigarette smoker

```
SPSS Syntax

IF any(2,cigevr,smkevr) cigst1=1.
RECODE cigreg (3=1)(2=2)(1=3)(-6=-6) INTO cigst1.
IF cignow=1 cigst1=4.
IF ANY(-9,smkevr,cignow,cigevr,cigreg) cigst1=-9.
IF ANY(-8,smkevr,cignow,cigevr,cigreg) cigst1=-8.
IF age<16 cigst1=-1.
VARIABLE LABELS cigst1 "(D) Cigarette Smoking Status - Never/Ex-reg/Ex-occ/Current".
VALUE LABELS cigst1
  1 "Never smoked cigarettes at all"
  2 "Used to smoke cigarettes occasionally"
  3 "Used to smoke cigarettes regularly"
  4 "Current cigarette smoker".
```

CIGSTA3: (D) Cigarette Smoking Status: Current/Ex-Reg/Never-Reg
    1   Current cigarette smoker
    2   Ex-regular cigarette smoker
    3   Never regular cigarette smoker

```
IF any(2,cigevr,smkevr) cigsta3=3.
RECODE cigreg (1=2)(2,3=3)(-6=-6) INTO cigsta3.
IF cignow=1 cigsta3=1.
IF ANY(-9,smkevr,cignow,cigevr,cigreg) cigsta3=-9.
IF ANY(-8,smkevr,cignow,cigevr,cigreg) cigsta3=-8.
IF age<16 cigsta3=-1.
VARIABLE LABELS cigsta3 "(D) Cigarette Smoking Status: Current/Ex-Reg/Never-Reg".
VALUE LABELS cigsta3
  1 "Current cigarette smoker"
  2 "Ex-regular cigarette smoker"
  3 "Never regular cigarette smoker".
```

CIGST2: (D) Cigarette Smoking Status - Banded current smokers

    1   Light smokers, under 10 a day
    2   Moderate smokers, 10 to under 20 a day
    3   Heavy smokers, 20 or more a day
    4   Don't know number smoked a day
    5   Non-smoker

```
SPSS Syntax

RECODE cigdyal (-9=4)(20 thru hi=3)(10 thru 20=2)(0 thru 10=1) INTO cigst2.
RECODE cignow (-9=-9)(-8=-8)(2=5) INTO cigst2.
RECODE smkevr (-9=-9)(-8=-8)(2=5) INTO cigst2.
IF age<16 cigst2=-1.
VARIABLE LABEL cigst2 "(D) Cigarette Smoking Status - Banded current smokers".
VALUE LABELS cigst2
  1 "Light smokers, under 10 a day"
  2 "Moderate smokers, 10 to under 20 a day"
  3 "Heavy smokers, 20 or more a day"
  4 "Don't know number smoked a day"
  5 "Non-smoker".
```

Children 8-15

KCIGREGG: (D) Frequency of cigarette smoking (8-15s) (grouped)

    1   Don't smoke cigarettes
    2   Smoke cigarettes, less than once a week
    1   Smoke cigarettes, once a week or more often

```
SPSS Syntax

recode kcigreg (lo thru -1=COPY)(1 thru 3=1)(4=2)(5,6=3) INTO kcigregg.
VARIABLE LABELS kcigregg "(D) Frequency of cigarette smoking (8-15s) (grouped)".
VALUE LABELS kcigregg
  1 "Don't smoke cigarettes"
  2 "Smoke cigarettes, less than once a week"
  3 "Smoke cigarettes, once a week or more often".
```

Cotinine

COTVAL: (D) Valid Cotinine (saliva est.)

COT15VAL: (D) Valid Cotinine (saliva est.): 0<15,15+

    1   0<15 ng/ml
    2   15+ ng/ml
  -90 Use nicotine products

```
SPSS Syntax

COMPUTE cotval=cotsal.
IF nicuseb=1 cotval=-90.
VARIABLE LABEL cotval "(D) Valid Cotinine (saliva)".
VALUE LABELS cotval
  -90 "Use nicotine products".
RECODE cotval (lo thru -1=COPY)(15 thru hi=2)(0 thru 15=1) INTO cot15val.
VARIABLE LABEL cot15val "(D) Valid Cotinine (saliva): 0<15,15+".
VALUE LABELS cot15val
    1 "0<15 ng/ml"
    2 "15+ ng/ml"
  -90 "Use nicotine products".
```

NICUSEB: (D) Used nicotine products in last 7 days e.g. gum, patch, nasal spray

    1   Uses nicotine products
    2   Doesn't use nicotine products

```
SPSS Syntax
COMPUTE nicuseb=2.
RECODE usegum (lo thru -1=COPY) INTO nicuseb.
IF ANY(1,usegum,usepat,usenas) nicuseb=1.
IF ANY(-9,usegum,usepat,usenas) nicuseb=-9.
VARIABLE LABEL nicuseb "(D) Used nicotine products in last 7 days e.g. gum, patch, nasal spray ".
```

```
VALUE LABELS nicuseb
  1 "Uses nicotine products"
  2 "Doesn't use nicotine products".
```

[i] Department of the Environment, Transport and the Regions (2000). *Index of Deprivation, 2000.* Regeneration Research Summary No.31. DETR.

P2127

THE HEALTH SURVEY FOR ENGLAND: 2001

INTERVIEWER PROJECT INSTRUCTIONS

1.   BACKGROUND AND AIMS

"The Health Survey for England" is the title of a series of annual surveys commissioned by the Department of Health. Their objective is to monitor trends in the nation's health.

The Government's health strategy for improving life quality involves 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 its effects.

Before the Health Survey for England, little systematic information was available about the state of the nation'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 health overall. Even the wider-ranging surveys do not provide measures of change over time.

Before the Health Survey for England began, therefore, we did not have a clear picture of the health of the country as a whole, or of the way it may be changing. It was not 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.

But good information is vital 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. A major health survey carried out on a continuous basis to monitor the country's state of health, provides that information so that trends over time can be noted and appropriate policies planned.

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

In summary, the survey aims to:

- obtain good population estimates of particular health conditions and associated risk factors
- monitor change overall and among certain groups
- monitor indicators of progress towards the goals of the Government's health strategy
- inform policy on preventive and curative health

It is expected that the series will continue indefinitely.

2.   THE SURVEY

The Health Survey for England is currently being carried out by the *National Centre for Social Research* and the Department of Epidemiology and Public Health at University College London Medical School (UCLMS) through their Joint Health Surveys Unit.

It is a large survey with fieldwork carried out continuously throughout the year. In 1995 children aged two and over were introduced into the survey for the first time, and were included again in 1996. The 1997 survey sample boosted the number of children in the sample. In 1998 sample design reverted to that used in 1996. In 1999 the survey focused on the health of different ethnic groups and included a boost sample of people of Asian, Caribbean and Irish origin. The 2000 survey included a sample of older people living in care homes (age 65 and over) in addition to a sample a general population sample.

In 2001 the survey design will return to that used in 1996 and 1998 with the aim of interviewing 17,000 adults and 4,000 children. One of the major changes for 2001 is that infants, ie children aged 2 and under, will also be eligible for interview. The inclusion of children and infants in the research is extremely important. Health in childhood is increasingly recognised as being an important factor in health in later life.

The survey focuses on different health issues in different years, although a number of core questions are included every year. Topics will be brought back at appropriate intervals in order to monitor change.

In 2001 the major focus of the survey will be disabilities, accidents, breathing and allergy problems (for example asthma, hayfever and eczema). A new core topic about the consumption of fruit and vegetables will be included in the 2001 survey for the first time.

Disability can significantly reduce the quality of life. It particularly affects the elderly. By monitoring the prevalence of disability, the effectiveness of changes in service delivery can be ascertained.

Accidents are a major cause of death in England and are the most common cause of death in people under 30 years. They are also a very important cause of illness and disability. Few accidents are due purely to chance. For these reasons a reduction in accidents was one of the key targets of the Health of the Nation and is included in the latest government's white paper Our Healthier Nation. The survey is designed to obtain better information on the range of accidents that occur to people and the short and long-term effect of these accidents.

There is increasing public and medical concern about ill-health and distress caused by asthma, eczema and hayfever. Asthma for example, is thought to increasingly affect children. There is however currently very little reliable information on the extent of these problems in the population as a whole and among particular age groups. These topics where last covered for all age groups in 1996 which provided baseline data. Including these topics again in 2001 will allow us to monitor changes in the prevalence of these conditions.

The fruit and vegetable module has been developed as part of the Department of Health's 5-a-day policy. Fruit and vegetables contain antioxidants which are important in the prevention of illnesses such as cancer and heart disease. For the preventative effect to work it is suggested people should eat at least 5 portions of fruit and/or vegetables a day. The Health Survey will provide baseline data on the current consumption of fruit and vegetables among the population and allow the consumption to be monitored over time.

Information about the survey, its objectives and design have been circulated to the Multi Centre Research Ethic Committee (MREC) and all Local Research Ethics Committees (LRECs). These are the bodies that approve the ethical aspects of medical research. Committee members represent medical, professional and patient interests. They have confirmed that they are happy with the ethical aspects of this study.

3.   THE RESEARCH TEAM

In 1993 the *National Centre for Social Research* and the UCL Department of Epidemiology set up The Joint Health Surveys Unit in order that their joint expertise could be utilised in undertaking health surveys.

The UCL Department of Epidemiology and Public Health is one of the leading academic departments of public health. It was awarded a star, equivalent to the top rating of 5, in the UFC (Universities Funding Council) research excellence assessment exercise.   The main thrust of the Department's work has been in cardiovascular disease, diabetes and dental health.   It has also conducted studies in mental health, neuro-epidemiology, cancer and chronic respiratory disease.

The members of the research team for the Health Survey for England 2001 are:

NATIONAL CENTRE	**UCL**
Bob Erens	Dr. Paola Primatesta
Clare Tait	Vasant Hirani
Gillian Prior	Barbara Carter-Szatynska
Lisa Calderwood	

4.   SUMMARY OF SURVEY DESIGN

The Health Survey for England is a survey of people living in private residential accommodation in England. The sample - around 13,000 addresses - has been selected from the Postcode Address File.

There are two parts to the survey, an interviewer-administered interview (Stage 1), and a visit by a nurse to carry out measurements and take a blood sample (Stage 2). Co-operation is entirely voluntary at each stage. Someone may agree to take part at Stage 1 but decide not to continue to Stage 2. However, response to date has been high at both stages. We expect this to continue.

The interviewer and nurse assigned to a survey point (19 addresses) will work together as a team.   An advance letter is sent to each address explaining briefly the survey and its purpose. Two other information leaflets given out by the interviewer and the nurse provide the respondent with greater detail.

All people aged 16 and over and up to two children aged 0-15 at an address are to be interviewed (in up to three households).   Fuller details of the sample and associated documents are given in Section 6.

4.1   The Interviewer Visit

Interviews are administered using Computer-Assisted Personal Interviewing (CAPI).

For each household there is a short **Household Questionnaire** which establishes who is resident in the household and collects some basic facts about them and the household. Ideally this questionnaire should be asked of the head of the household (see Section 10).

For each household member aged 16 or over and up to two children aged 0-15 there is an **Individual Questionnaire**, which includes a short self-completion section for those aged 8 and over. Joint (simultaneous) interviews may be conducted, where this is practical.

Towards the end of the interview, each person's height[1] and weight are measured. If the respondent would like a record of their height and weight measurement, the interviewer prepares a Measurement Record Card.

At the end of the interview, the second stage of the survey is introduced and the interviewer arranges an appointment for the nurse to visit a few days later.

The average amount of time you will be in a one-person household will be around 30-45 minutes. If you do simultaneous interviews, you will probably find you take around 60-70 minutes in a two-person household. (The interview itself will take around an hour on average).

4.2   The Nurse Visit

The second stage of the survey is carried out by a qualified nurse. After carrying out the interview, the interviewer makes an appointment for the nurse to visit the respondent. All interviewed respondents (age 0 and over) will be eligible for a nurse visit.

The nurse calls on the respondent in their home in order to ask a few questions about any prescribed medicines that are being taken and to carry out more measurements; blood pressure (for those aged 5+), waist and hip measurements (for those aged 16+), lung function (for those aged 7+), length measurement (for those aged over 6 weeks but under 2 years) and demi-span (for those aged 16+). Respondents aged 4 and over are also asked to provide a saliva sample.

If the respondent wishes to be given the results of the measurements, the nurse enters this information onto their Measurement Record Card.

Respondents aged 11+ will be asked to provide a small blood sample (approx. 15ml), subject to written permission from the respondent. The blood samples are sent to the laboratory attached to the Royal Victoria Infirmary in Newcastle upon Tyne for analysis.

With the respondent's permission, blood pressure readings, lung function test and the results of the blood tests will be sent to their GP. This information will also be given to the respondent, if they so wish.

4.3   Summary of Data Collected

Household Questionnaire

Individual interviews with:
- all adults (max. 10)
- up to two children

- Height & Weight measurements

Nurse visit –all interviewed

Some of the information collected is limited to a particular age group or sample type. The table on the next page summarises the information to be collected.

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[1] You will only take a height measurement from respondents aged 2 and over.

Questionnaire Items	Respondent
Household information	Household reference person/spouse
General health	All ages
Fruit and vegetable consumption	5 years upwards
Disability	10 years upwards
Accidents	All ages
Respiratory problems and allergies (Asthma, eczema, and hayfever)	All ages
Smoking and drinking	8 years upwards
Employment status, educational background	16 years upwards
General Health in Self-completion questions	13 years upwards
Incontinence in Self-completion questions	16 years upwards
Height measurement	2 years upwards
Weight measurement	All ages
Nurse Visit	**Respondent**
Details of prescribed drugs	All ages
Immunisations	Under 2 years
Length measurement	Over 6 weeks but less than 2 years
Blood pressure	5 years upwards
Waist and hip circumferences	16 years upwards
Lung function	7 years upwards
Demi-span	65 years upwards
Saliva sample	4 years upwards
Blood sample	11 years upwards

Blood Analytes	Respondent
IgE	11 years upwards
House dust might specific IgE	11 years upwards
Ferritin	11-24 years
Haemoglobin	11-24 years
Saliva Analyte	
Cotinine	4 years upwards

5.   SURVEY MATERIALS

The following is a list of documents and equipment you will need for this survey. Before starting work, check that you have the following supplies.

Document	Colour	Document	Colour
Sample related documents		**Other documents**	
ARF A	Lilac	Interviewer info card	White
ARF B	White	Stage 2 Survey Leaflet	Pink
Adult list sheet	Purple	Health Survey Leaflets	Red print
Address list either side	White	Interviewer Response Form A	Yellow
Interviewer sample sheet	Green	Suggestion/Problem sheet	White
		Incident Report Form	White
Nurse related documents		Police letters	
Nurse Record Form (NRF)	Yellow	*National Centre* Leaflets	
(pre-labelled & unlabelled)		Supplies Request Form	
Appointment Diary	White	Project instructions	
Appointment Record Card	White	Admin & pay notes	
Interviewer documents		**Equipment etc**	
Advance letter	White	Stadiometer	
Survey Leaflet Stage 1	Green	Scales	
Self completions:		Frankfort Plane Card	
- 8-12 year olds	Yellow	Presents for children:	
- 13-15 year olds	Blue	-surprise packs	
- Young adults	Pink	- pens	
- Adults	Green	Back up disc	
Show Cards	White	Diskette mailer	
Interviewer Coding Card	White	Envelopes	
Cigarette coding booklet	Blue	Cover and Claims Form	
Measurement Record Card	Yellow	Interim Payment Request	
NHSCR consent form – Adult	White		
NHSCR consent from – Child	Cream		

6.   YOUR SAMPLE

6.1   The Sample Design

The sample for this survey has been drawn from the publicly available Postcode Address File. In the survey, 13,680 addresses (delivery points) have been selected, clustered into 720 postcode sectors (ie 19 addresses per sector). Sixty postcode sectors will be covered each month – 1140 addresses. The sample has been designed so that each quarter's sample is fully representative of the population of England.

Each month, each interviewer will be given 19 addresses to cover in a postcode sector. At each address, the target is to interview every person aged 16 or over, and up to two children aged between 0 and 15.

The first task of the interviewer at a selected address is to identify how many households are resident. This will normally be one but occasionally an address may contain two or more

households. **All** households (up to a maximum of three per address) should be included in the survey.

The interviewer then identifies and interviews all persons aged 16 or over who live in each of these households. If the household contains more than 10 adults, 10 will be selected at random for interview. All children aged 0 to 15, up to a maximum of two, should also be interviewed. If there are more than two children, the computer program will randomly select the two to be interviewed.

6.2 Who to interview and obtaining parental consent

At each address you should:
- interview all adults aged 16 or over (up to a maximum of 10)
- carry out a Household interview with the Household Reference Person or spouse

In households containing children aged 0 to 15, you should interview:
- all children, if there are no more than 2 in the household
- two children, sampled at random by the computer, if there are three or more

Interviewing children

For all children under 16 you must get permission from the child's parent(s) **before** you interview the child. If a child is not living with his/her natural or adoptive parent, permission should be obtained from the person(s) in the household who is *in loco parentis* for that child on a permanent/long-term basis. For example, a foster parent or a grandparent who is bringing the child up instead of the parents. Such a person should **never** be used as a substitute if the natural or adopted parent is a member of the child's household. Always give preference to the natural/adopted parent and, wherever possible, to the mother.

If the parent(s) are temporarily away from home and will be throughout your fieldwork period (for example, abroad on business or on an extended holiday without the children) and have left them in the care of a close relative, then if that relative feels they can give permission for a child of 13-15 to be interviewed, this is acceptable. This is not practicable in the case of younger children, as the person concerned needs to know a lot about the health history of the child. A non-relative must never be taken as the person *in loco parentis* in this type of situation.

The parent or "guardian" of a 13-15 year old **must** be present at the time you carry out the interview. They need not necessarily be in the same room but they must be at home and be aware that you are carrying out the interview. This protects both the child and yourself.

If there is any disagreement between parents, or between parent and child, in respect of willingness to co-operate in the survey, you should respect the wishes of the non-co-operating person. Obviously, you may not always know if both parents agree or disagree as you may not see them together. But if the disagreement is brought to your attention, then the above rule applies.

0 to 7 year olds   You should interview the parent or guardian about the child. As you will be measuring the height and weight of the child, the child has to be present in the home at the time of the interview. Ideally they should be present during the interview as they may be able to provide information about themselves that their parent either does not know or has forgotten.

8 to 12 year olds	Again interview the parent or guardian. Children of this age are asked to complete a self-completion booklet. So make sure that the child is present during the interview and that their parents are happy with the self-completion questionnaire.
13-15 year olds	Interview in their own right (after obtaining parental permission). These children will also be given a self-completion booklet.
16 to 17 year olds	It is not necessary to obtain formal parental agreement to interview these young people. It is however courteous to let the parents know that you wish to interview them. This age group is also given a self-completion questionnaire.

Should a parent wish to know the content of the survey, explain briefly the survey coverage (see Section 4.3).

What should you do if there is a child in the household who is away from home for the whole of your fieldwork period? For example, children away at boarding school (who do not come home at weekends), on an extended visit/holiday away from home, or ill in hospital.

Child aged 13-15: Code as unproductive.

Child aged 0-12: Carry out the CAPI interview for this child with one of his/her parents. Obviously you will not be able to measure the child's height or weight. You can however get estimated information.

At *HtResp* and *WtResp* enter "Height/Weight not attempted". At *NoHitM* and *NoWaitM* code "Child away from home during fieldwork period" and enter a note in the notepad to say why.

If the child is aged 8-12 (s)he will be unable to complete the self-completion booklet. At *SComp3* code "No" and at *SComp6* code "child away from home during fieldwork period" and enter a note in the notepad to say why.

Children who are ill at home for the whole of the period should be treated in the same way, except that at *SComp6, NoHitM* and *NoWaitM* code "other" and enter a note in the notepad.

These are the only occasions when children might not be present for the interview. Even though you are asking a parent about the health of a child aged between 0-12, you must have the child close-by during the interview so that you do not lose height, weight and self-completions. You must ensure that appointments for interviews are made for times when the child(ren) will be available and not at school, visiting a friend or likely to be in bed. This must be stressed to parents when setting up appointments for your interview and the nurse interview

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6.3   Sampling Documents

Documents associated with sample selection and outcome recording are the Interviewer Sample Sheet, Address Record Form (ARF), Address Record Form B (ARF B),, Adult List Sheet and Address List. How each of these documents should be used is described below.

6.4   Address Record Form

You will receive an **ARF** for each of the 19 addresses in your sample point.

The Address Label at the top of the ARF gives, in addition to the full address, a seven-digit serial number. This is the serial number for **Household No. 1**. It is made up of

- three digits for Sample Point
- two digits for the Address (01-19)
- a single digit for the Household (called HHold in the CAPI program)
- a check letter.

Make sure that when you open a CAPI questionnaire you select the correct Address number. Always check that you have copied the serial number accurately onto all documents relating to that household.

The address label also gives the OS grid reference for the address. This is to help those in rural areas locate addresses.

```
┌──────────────────┐                                    ┌────────────────────┐
│  Point number    │                                    │  Household number  │
└──────────────────┘          ┌─────────────────────────────────────────┐
                              │ POINT:      124                           │
                              │ ADD/HH:     08 1 D                        │
┌──────────────────┐         │                              JAN G        │  ┌──────────────┐
│ Address number   │         │ 32 HIGH ASH ROAD                          │  │ Check letter │
└──────────────────┘         │ GLENARNE PARK                             │  └──────────────┘
                              │ ST ALBANS                                 │
                              │ HERTS                                     │
                              │ AL3 8GY                         FA: 6     │
                              │               GR: 517200 213400          │
                              └─────────────────────────────────────────┘
```
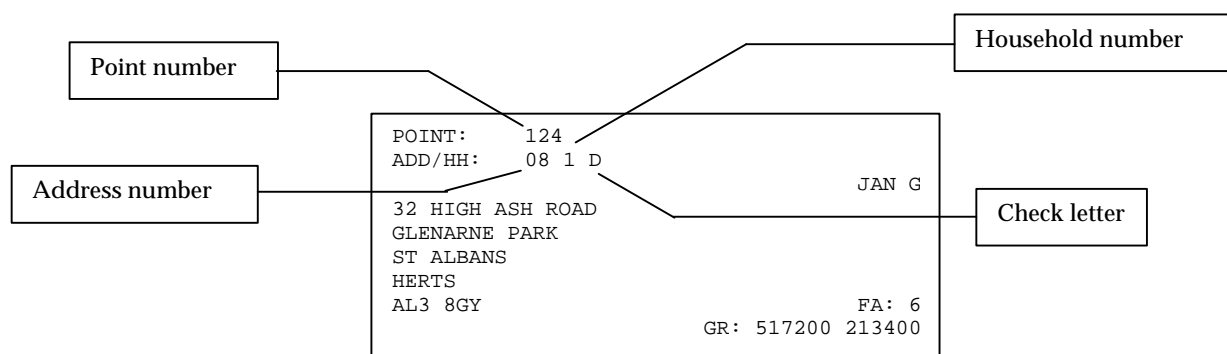
If there are two or more households at the address, you will need to make out a supplementary ARF B for each of the additional households - see below.

The selection label on the front page should be used where there are four or more households at the address, and you have to select three at which to interview (see section 6.6).

6.5   Address Record Form B (ARF B)

If there is more than one household at an address, an **ARF B** should be prepared for each *additional* sampled household. The maximum number of ARFs you can have for an address is three - one ARF and two ARF Bs.

ARF B should be prepared by writing the address, postcode and serial number into the box on the first page. Copy the address and postcode from the original label, but add any details to identify the household, eg. 'Flat 2'. The point and address numbers for the 2nd and 3rd households are the same as for the 1st household; make sure you copy them correctly. The

household number (HH box) for the 2nd household should be 2, and for the 3rd household, 3. Additional households should be allocated the next check letter in alphabetical sequence from the first address (although check letters i, o and u should not be used). So for example, in the example label shown above, the check letter for Household 1 is D; Household 2 at this address would have check letter E, and Household 3 would have check letter F.

You should also write details of the location of the household in the box provided.

6.6   Completing the ARF

Before returning work to the office, always check carefully that the ARF has been fully and accurately completed.

Calls record
Keep a full record of all the visits you make to an address/household - include abortive visits as well as productive ones.

Any notes about what happened at each call should be made in the notes box. Label the notes with the call number.

Questions 1 - 8
These only appear on the ARF. They guide you through the process of establishing the number of households at the address, and, if there is more than one household, through the household selection procedures.

Follow the routing instructions carefully.

Q 2- You should ring codes 09 or 10 only on instruction by the Office. Use code 08 only if none of codes 01-07 apply and you are confident that it is a true 'deadwood' address. Otherwise, query with the office what you should do.

   If one of these codes applies, there is nothing else for you to complete on the ARF - hence the instruction END. Open the Household Questionnaire for this serial number on the computer, and go straight to the Admin block.

Q 3- a brief résumé of the *household* definition is provided in a box as a reminder. If you circle outcome code 21 or 22, you are asked to go to Q15 on page A6. Give a full description of why you were unable to make contact or received a refusal to provide any information. Include any information that might be useful should we decide to ask another interviewer to make another attempt at getting co-operation.

Q 4 - This summary sorts addresses into those requiring a household selection process (codes C and D) from those where all households are eligible for inclusion in the survey (codes A and B). Make sure you always follow the skip instructions carefully.

Q 5 - If there are 4-12 households at your address, list all of them in the grid in the order indicated. Please note that it is only OCCUPIED households that are eligible for selection. An empty flat in a block of flats would not be eligible for selection.

   Then use the selection label on the front of the ARF to select the three households to include in the survey. Go along the first row until you reach the number of households at your address, and then look below for the selection codes of the households to include. Ring these codes in the column headed *Selection Code.*   Then go to Q8 and

repeat the location details of the <u>three</u> selected households. An example of a selection label is shown below.

It is very unlikely that you will come across an address with 13 or more households. If you do, please ring your supervisor or the office, so that we can double-check that you have correctly identified the households involved. Once this has been confirmed, list the households on a separate sheet of paper in the order indicated at Question 5. Then use the look-up chart on the back page of the ARF. For example, if you have 17 households, the households to be included in the survey are those listed 11th, 9th and 16th. Pin the sheet on which you have listed these households to the back of your ARF.

Q 8 - Note the difference between the *Household Serial Number* in the left-hand column and the *Selection Code* to be entered in the right-hand column. The latter comes from the grid you completed at Q5 and is only used for helping you make a correct household selection. The pre-numbered Household Serial Number is the number (together with the Check Letter) that should be used on all documents relating to that household. *It is vital that you do **not** confuse the two numbers.*

Having made your selection, you should prepare ARFs for each household. The household listed first at Q8 is Household No. 1. Use the ARF A for this household. Write the location of this household in the box provided below the selection label. This is both to remind you of which one it is and to help anyone who subsequently wishes to contact this household.

Make out an ARF B for the second and third households listed at Q8 (see above). Also write the location details of the household in the box provided below the selection label.

An example of a completed page A3 is shown overleaf. Given the selection label shown below, you can see that the first, second and fourth households on the list were selected.

```
POINT:  601
ADD/HH: 08 1 D


HH:    4 5 6 7 8 9 10 11 12
SEL:   1 3 2 2 1 5  1  1  3
       2 4 3 5 4 6  6  8  6
       4 5 5 7 6 9  9 10 12
```

The household living in the basement flat becomes the household with serial number 1 (use the ARF for this household), the ground floor flat is household serial number 2 (make out an ARF B for this household; give it HH no. 2), and the household in the back room on the first floor is household serial number 3 (make out another ARF B for this household; give it HH no.3).

IF 4-12 HOUSEHOLDS, COMPLETE Qs 5, 6 and 8

5. LIST ALL HOUSEHOLDS AT ADDRESS

  ❑ in flat/room number order **OR**
  ❑ from bottom to top of building, left to right, front to back

LOCATION WITHIN ADDRESS	SELECTION CODE	LOCATION WITHIN ADDRESS	SELECTION CODE
Basement flat	(01)		07
Ground floor flat	(02)		08
First floor flat – front	03		09
First floor flat - back	(04)		10
	05		11
	06		12

6. LOOK AT SELECTION LABEL ON FRONT OF ARF, AND SELECT THREE HOUSEHOLDS. <u>RING</u> IN THE GRID ABOVE SELECTION CODE OF EACH SELECTED HOUSEHOLD. REPEAT THEIR DETAILS AT Q8 ENTER SELECTION CODES IN RIGHT HAND COLUMN.

IF 13 OR MORE HOUSEHOLDS

7. USE LOOK-UP CHART ON BACK OF ARF to select THREE households. Enter their details at Q8.

IF 2 OR MORE HOUSEHOLDS

8. LIST THESE (SAMPLED) HOUSEHOLDS BELOW:

  ❑ in flat/room number order **OR**
  ❑ from bottom to top of building, left to right, front to back

HOUSEHOLD SERIAL NUMBER		IF 4-12 HOUSEHOLDS AT ADDRESS, ENTER SELECTION CODE OF HH
1	Basement flat	01
2	Ground floor flat	02
3	First floor flat - back	04

ALWAYS USE <u>THIS</u> HOUSEHOLD SERIAL NUMBER:
i) TO ENTER INTERVIEWS ON LAPTOP
ii) ON "ADDITIONAL HOUSEHOLD" ARFs
iii) ON ALL DOCUMENTS RELATING TO A HOUSEHOLD.

USE THIS ARF FOR HOUSEHOLD NUMBER 1.

COMPLETE SEPARATE ARF Bs FOR HOUSEHOLDS NUMBER 2 & 3.

15

Questions 9-20

These appear on both the ARF A and the ARF B.

Q 9 - If you use outcome code 23-25 you are asked to go to Q15. Give a full description of why you were unable to make contact, or reasons for refusal, or reasons why you were unable to obtain any information about the household.

Q 10-11 - If you use outcome codes 30-39, you are asked to go to Q15. Give a full description of why you were unable to make contact or reasons for refusal.

Q 12 - You should complete a column here for **all eligible respondents**. That means all adults aged 16+ (if more than 10, for the 10 sampled), and up to two children aged 0-15 (if there are more than two children aged 0-15 in the household, the Household Questionnaire program will automatically select two).

When you have completed an Individual Questionnaire session enter the outcome codes for the person(s) you have just interviewed. These are recorded and displayed on screens *IOut* and *NIOut* of the Admin. block.

When you have completed all work in the household and entered code 5 at the question called *Choice* in the Admin block, you will be shown a screen which shows you exactly which information to fill in at Question 12 on the ARF. Always complete your ARF as you complete this block. Check carefully that your entries correspond exactly to those shown on the screen.

The back page of the ARF gives a list of the Individual outcome codes.

Q 13 - This can only be coded when you have completed all your tasks for that household.

Code 41 applies if you obtained an interview with **all** household members eligible for the survey (ie all persons have outcome codes 51 or 52 at Question 12).

Code 42 applies if at least one person at Question 12 has outcome code 51 or 52.

Code 44 applies if you were given a refusal (in person or by proxy) or had a broken appointment for every eligible household member.

Code 45 is for all other combinations.

Screen *PrOut* gives you this code when you complete the Admin. block prior to transmitting data to the office.

Q 14A - This is a very important grid. If you fail to complete the details, the ARF will be returned to you and your work will **not** be booked in until it is completed. For each person on the Household Grid who was interviewed, enter their Person Number and age, record their title, their surname and their full initials.

PERSON NUMBER		AGE		TITLE	FULL INITIALS	SURNAME	NURSE VISIT AGREED	
							YES	NO
0	1	5	5	MR	MJ	RICHARDS	①	2

In the Admin. Block you will be asked to enter the title, full initials and surname of all productive respondents into the computer. Make sure you complete the ARF grid correctly, and transfer the details accurately onto the computer, otherwise things like blood test results could be sent to the wrong person.

Q 14B -   For each person not interviewed, give a full description of why you were unable to obtain an interview. It is very important to us to know as much as possible about why a person was not covered in this survey.

Q15 -   Record here full reasons why the household was not contacted/refused. Use this page also to record reasons why respondents refused to see the Nurse. This information is used to decide on whether to try again at a reissue.

Q16 -   For productive households only, record the number of self–completions obtained. You will be given the number to record at *SelfCI* in the Admin Block.

Q17-   For all unproductive households, give your best guess as to whether another interviewer calling back in a couple of weeks' time would get an interview. This information is used in deciding whether to reissue an address.

Observation Sheet
Complete Questions 18-21 for <u>all</u> addresses, other than those classified as deadwood at Question 2 (ie outcome codes 01-10). Complete from observation of the area in which the address is located.

Copy the information to the Admin block when you have finished with the household.

Q 18 -   Ring a code to indicate the type of area in which the address is located.

Q 19 -   Ring a code to indicate the predominant type of *buildings* in the immediate area of the address. If the address was on an estate, it would be the main type housing on the estate; if in a street, the type of property in that street.

Q 20 -   Ring a code to indicate the type of *accommodation* lived in by the household. For example, if your address is a whole house, but you find it is occupied by households occupying different flats, then it would be a code 06.

Q 21 -   Ring a code to indicate the ethnic mix of the immediate area of the address, eg the ethnic mix of the street in which the address is locate.

6.7   Adult Selection Procedure

In the unlikely event that you find a household which contains 11 adults (aged 16+) or more, you will have to follow an adult selection procedure. You should take the sheet in your supplies called the 'Adult List Sheet'. List all the persons aged 16 or over in the household, starting with the oldest and working down to the youngest. Then turn to the back page of your ARF. This gives an Adult Selection Chart. Find the column which gives the number corresponding to the number of adults in your household (eg 12). Look at the numbers below it. These are the numbers on the Adult List Sheet to eliminate.

Using the example of a 12-person household, you would eliminate those in rows 3 and 9 on the Adult List Sheet. You would cross them out on the Adult List Sheet, then enter the remaining 10 people in the Household Grid. These (and only these) are the ones you should attempt to interview.

6.8 Interviewer Sample Sheet (ISS)

This document will accompany your set of ARFs. Your supervisor's name and telephone number will be entered on the sheet. It will also tell you whether you are to be supervised in that Survey Month.

Complete this document as you work through your addresses and retain it carefully. It allows you to keep a full record of what you did. Any queries relating to work you sent to the nurse or to your pay can be sorted out.

The ISS is pre-printed with the Serial Number of each address in your point. Beside each Serial Number there are three rows, one for each possible household at the address. Record the location details of each household (if a multi-household address).

For each household record the final outcome of your attempts to interview. Take this from the ARF. In the next column record the number of people you interviewed. Then enter the number of people for whom an appointment was made to see the nurse. The information is summarised in the Admin block at the question called NRF. Then record the date on which you sent the nurse his/her Nurse Record Form for this household. Finally, enter the date on which you return the ARF and the date you transmitted your work for that address back to the office.

An example of a partially-completed ISS is shown overleaf.

6.9 Address List

In addition to the ARFs, you will be given a paper listing of all the sampled addresses in your survey point. This will also show the previous and next addresses to the sampled address, from the PAF file. This information is for you to use if you have any problems in locating an address. It will also help you to decide whether you need to interview at multiple households at an address. The basic principle is that if a household has a separate listing on the PAF file, then it has had a chance of being sampled for the survey, and so should not be treated as an additional household.

For example, say the sampled address is:
>   **15 Manor Road**

and the listing shows the previous and next addresses as:
>   *13 Manor Road* and
>   *17 Manor Road*

When you get to 15 Manor Road, you find that it is actually two flats, 15a Manor Road and 15b Manor Road. You can see from the listing that there is only one entry for 15 Manor Road, so you will need to interview at both 15a and 15b.

If, on the other hand, the sampled address had been:
>   **15a Manor Road**

and the listing had shown the previous and next addresses as:
>   *13 Manor Road* and
>   *15b Manor Road*

this would confirm that you only need to interview at 15a (15b was listed separately on PAF and therefore had a chance of being selected in its own right).

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THE HEALTH SURVEY FOR ENGLAND: 2001

INTERVIEWER SAMPLE SHEET

POINT | 1 | 2 | 3 | SURVEY MONTH | 0 | 1 | POSTCODE SECTOR | CA6

INTERVIEWER NAME | Jane Thornton | INTERVIEWER NUMBER | 3 | 0 | 2 | 4 | D | 2

To be supervised this month
Yes   No

SUPERVISOR NAME | Sandara Thomas | ✓ | | TEL NUMBER | 01783 251 421

Address serial number	H/hold serial number	Household location	Final outcome	If 41-42 Number interviewed	No. agreeing to nurse visit	Date NRF posted to nurse	Date ARF posted to office	Transmit date	Notes
01	1		41	2	2	12/01	12/01	15/01	
	2								
	3								
02	1		04			05/01	05.01	05/01	
	2								
	3								
03	1		42	3	2	15/01	15/01	15/01	
	2								
	3								
04	1								
	2								
	3								
05	1		23			05/01	05/01	05/01	
	2								
	3								
06	1	Basement flat	44	-	-	12/01	12/01	15/01	
	2	Grd floor flat	42	1	1	11/01	11/01	15/01	
	3	1st floor flat	41	5	4	09/01	09/01	15/01	
07	1								
	2								
	3								
08	1								
	2								
	3								

Please turn over

7.   INTRODUCING THE SURVEY

7.1   Notifying the Police

You, as the interviewer, are responsible for notifying the police in your area about the work both you and your nurse partner will be undertaking on this survey. You will be given a special form for this purpose. You will need to obtain all the relevant details from your nurse partner (eg make and registration number of car) so that you can complete this form. <u>Before</u> you start any work hand this form in at the police station in your area together with a copy of the advance letter, Stage 1 leaflet and Stage 2 leaflet.

7.2   Advance letters and Survey Leaflets

A letter describing the purpose of the survey is sent to all sampled addresses and a few days in advance of fieldwork. You have been given copies of the advance letter to use as a reminder. You have also been given a Stage 1 leaflet which gives further details about the survey. This should be given to <u>everyone</u> you interview. It should only be given out on the doorstep if you feel it will help to obtain a particular person's co-operation. Read it carefully. It will help you answer some of the questions people might have.

You have also been given Health Survey leaflets, which show some results from the survey. These are for you to use on the doorstep to help obtain co-operation, or to leave behind after the interview, as you feel appropriate.

You also have two copies of the Stage 2 leaflet, which the nurse will hand out. You may find this useful when answering questions. If necessary you may leave a Stage 2 leaflet with the respondent, if the respondent is very persistent in wanting information about the nurse visit. But it is better to leave the Stage 2 leaflet for the nurse to hand out.

7.3   Doorstep Introduction

The general rule is keep your initial introduction short, simple, clear and to the point.

The way the survey is introduced is vital to obtaining co-operation. Before you go out into the field make sure you know about your survey. Keep your explanation as short as possible, saying as little as you can get away with. This is the way in which interviewers who get the highest response tackle their doorstep introductions.

> **Show your identity card**
>
> **Say who you are**
>
> **Say who you work for**
>
> **Say that you are carrying out a '*very important Government survey about health.*'**

Only elaborate if you need to. Introduce a new idea at a time. Do <u>not</u> give a full explanation right away - you will not have learned what is most likely to convince that particular person to take part.

Concentrate on obtaining the interview. Do **not** mention measurements and the nurse visit. The letter sent in advance to sampled addresses refers only to an interview. It does <u>not</u>

mention measurements or a subsequent nurse visit. We do <u>not</u> want to risk losing an interview because a person is worried about being weighed or measured, or about seeing a nurse. These are decisions they can make later. The interview itself is very important, and we want this even if we do not get any measurements for a person. Our experience to date has shown that nearly everyone is willing to proceed from one stage of the survey to the next. But they may not have agreed to co-operate in the first place if they had been told about all the stages at the beginning.

Introduce the height and weight measurements when the interview has been completed. Introduce the nurse visit after those measurements have been carried out. Your initial task is to get the household involved so that they feel happy to continue through to the end. Occasionally you may feel that mentioning the measurements is likely to encourage a particular household to respond. In which case, you may of course do so.

Do <u>not</u> turn up with your stadiometer and scales. Leave your car somewhere where you can retrieve these. You will not require them until the end of the interview and they can look very off-putting.

You will want to interview as many people as possible on the same visit to a household. If it is not possible to see them at the same time, then you will need to arrange separate appointments. Try to see everyone in a household within the shortest possible period of time. As well as being easier for you, this will be a big help to your nurse partner.

Once you have identified how many people aged 16+ there are in the household, you know you have to interview all of them. If there are 1 or 2 children aged 0 to 15, you have to interview both of these. If there are three or more children in this age range, you will have to complete the Household Questionnaire (see section 10) before you will know which two you have to interview.

If there are two or more people to interview, it both saves time and helps to encourage co-operation if you are able to interview them in pairs (or even in threes or fours). However, you must be prepared to remain flexible, even if it means going back several times in order to interview everyone. This is explained more in Section 11.

7.4 'Thank You' Presents for Children and Young People

Given the large demand we are making on the household, particularly in 'child' households, we feel it is appropriate to make a small present to each of the children and young people helping with the survey. You will be given a selection of small 'lucky bags' that contain stickers and puzzles to complete for younger children (NB these are not suitable for children under 3), and some pens for older children. It is up to you to decide at what point in the interview to give the 'present'; make sure it is clear that all children will be given a 'present', whether or not they agree to all the measurements. In some cases you may also feel you should give a 'present' to a sibling not selected for the survey. This is fine. The pens are intended for older children - not for adults. It will occasionally be tactful to give an older young person (eg. someone aged 16/17) a present as well as his/her younger siblings. We have only a limited number of presents, so please do not be over-generous; each child should receive a pen or a lucky bag - not both.

Below is a list of things you might want to mention when introducing the survey. These are also included on your interviewer info card.

What you might mention when introducing the survey

- It is a national (Government) survey (on behalf of the Department of Health).

- It is a very important survey.

- It was set up as a result of a special recommendation in the government's White Paper "The Health of the Nation" and is also part of the current government's "Our Healthier Nation" White Paper.

- It is the largest national survey to look at the health of the general population. In 2001 about 21,000 people will take part.

- It is carried out annually.

- It provides the government with accurate and up-to-date information on the health of the population.

- It gives the Government information on health trends, and monitors how well the health targets set by the Government (in the White Paper "Our Healthier Nation") are achieved.

- It is used to help plan NHS services.

- The information is available to all political parties.

- The information will be needed by whichever government is in office.

- Results are published annually and reported in the national press.

- The survey covers the whole population, including people who have little contact with the health services as well as people who make more use of them.

- This year the survey also includes questions about children aged under 2, this age group has not been included in the survey before.

- To get an accurate picture, we **must** talk to all the sorts of people who make up the population - the young and the old, the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government's policies and those who do not.

- Young people might think that health services are not for them now - but they will want them in the future and it is the future that is now being planned.

- Old people might think that changes will not affect them - but health services for the elderly are very important and without their help in this survey valuable information for planning these will be lost.

- Each person selected to take part in the survey is **vital** to the success of the survey. Their address has been selected - not the one next door. No-one else can be substituted for them.

- No-one outside the research team will know who has been interviewed, or will be able to identify an individual's results or a results.

- The government only gets a statistical summary of everyone's answers.

7.5 Introducing Height and Weight Measurements

The relationship between general build and health is of great interest to the Department of Health. This is particularly so, as both the height and the weight of the population appear to have been changing very rapidly over the last two decades. These changes reflect the changes in the population's diet and lifestyle. This survey provides the only reliable source of data on the changes that are taking place. Since 1995 the Health Survey has been the main national source of information on children's heights and weights.

Explain that it will only take a very short time to do and that no one will be asked to undress.

7.6 Introducing the Nurse's Visit

Our target is to interview <u>and</u> measure everyone. The measurements carried out by the nurse are an integral part of the survey data and without them the interview data, although very useful, cannot be fully utilised.

Convincing interview respondents of the importance of the second stage of this survey is therefore an essential part of your work and should be taken as seriously as getting an interview in the first place. Your job is only complete when you have arranged an appointment for the nurse to make a visit.

The question called *Nurse* on the Individual Questionnaire gives an introduction to this second stage of the survey. Use this wording to start with. But sometimes you will need to provide further information in order to convince people of the importance of this stage. They may want to know more about what is involved. Some may be nervous of seeing a nurse and you will need to allay any fears.

Try to convince everyone that seeing a nurse is a vital part of the study and that it is non-threatening.

If the person is reluctant, use the arguments given in the box below to try to get them to change their mind:-

---

- Stress that by making an appointment to see the nurse the person is not committing themselves to helping with all, or any, of the measurements

- Explain that the nurse is the best person to describe what (s)he wants to do. The respondent can always change his/her mind after hearing more about it

- The nurse will ask for separate permission to carry out the various measurements

- No pressure will be put on the respondent to give blood. A blood sample is only taken if the respondent gives *written* permission at the time. It is the one of the last things the nurse will do during her/his visit

- We would still like a nurse to visit, even if a respondent says that (s)he will not want to consent to all of the measurements

---

Respondents and their GPs, if the respondent wishes, will be given their blood pressure readings, lung functionand the results of the blood tests. If you feel that knowing this will help you get an appointment for the nurse, please explain this. **However, be careful to**

avoid calling the nurse visit a 'health check' - it is not. One of the most common reasons given for respondents refusing to see the nurse is 'I don't need a medical check - I have just had one'. Avoid getting yourself into this situation. You are asking the respondent to help with a survey.

As with the doorstep introduction, say as little as possible in order to gain co-operation.

Information you may need to know if the respondent asks you questions about the nurse visit

- it is an integral part of the survey - the information the nurse collects will make the survey even more valuable

- the nurse is highly qualified (Grade E or above). They have all had extensive experience, working in hospitals, health centres etc and have also been especially trained for this survey

- if the respondent wants, (s)he will be given the results of the measurements carried out by the nurse, including the results of any blood test (age 11+ only). If (s)he likes, this information will also be sent to their GP.

- respondents are <u>not</u> committing themselves in advance to agreeing to everything the nurse wants to do. The nurse will ask separately for permission to do each test - so the respondent can decide at the time if (s)he does not want to help with a particular one. The nurse has to obtain **written** permission from a respondent before a blood sample can be taken

- the amount of blood (15ml) the nurse will take is tiny compared to the pint that blood donors give.

- we will <u>not</u> be testing for HIV, or any other viruses

- the equipment for taking blood is known as the Vacutainer system. It is safe and efficient. Fresh equipment is used for every sample

- over 60,000 people have already given blood samples on this survey

- their local medical ethics committee has been consulted and has given approval to the survey

---

Summary of nurse tasks and how to describe them to respondents

The various types of measurements the nurse will ask permission to carry out are listed on the next page. When describing the nurse visit to respondents do not go through all of these. For example, when asked about blood samples, mention the things people might already know about - for example a haemoglobin test to detect anaemia.

You have a copy of the Nurse Leaflet (Stage 2) which the nurse will be giving to all the people (s)he visits. This describes the purpose of each measurement. Read it carefully so that you can use the information it contains.

Measurement	Purpose/explanation
Blood pressure - (age 5+)	Both systolic and diastolic pressures will be taken, together with a pulse reading.
Waist and hip - (age 16+)	The waist to hip ratio is a measure of the distribution of fat over the body.
Demi-span - (age 65+)	An alternative to height for elderly people who may not be able to stand completely straight.
Length – (under 2)	Together with weight gives a measure of growth in infants.
Lung function – (age 7+)	Involves blowing into a special piece of equipment which gives a measure of respiratory health.
Saliva sample – (age 4+)	Children dribble down a straw, adults chew on a piece of dental roll. The sample is tested for cotinine which is a derivative of nicotine and shows recent exposure to tobacco either because they are a smoker or due to passive smoking.
Blood sample – (age 11+)	Up to two tubes of blood will be taken. The blood is analyses for the following:
IgE (age 11+)	This is a substance in the blood which is raised in some people who have allergies
House dust mite specific IgE (age 11+)	Indicates a possible allergy to house dust mites
Ferritin – (age 11-24)	this gives a measure of the level of iron in the body.
Haemoglobin – (age 11-24)	this is the red pigment in the blood which carries oxygen. If you have a low level of haemoglobin you are anaemic. Anaemia may be caused by a shortage of iron.

The blood will **not** be tested for any viruses, such as HIV (the AIDS test).

8.   LIAISING WITH YOUR NURSE PARTNER

It is vital that you and your nurse partner establish a good working relationship. Wherever possible we will arrange for you to attend the same briefing day. If this is not possible, you should arrange to meet up as soon as possible. The success of the survey depends on a good working relationship between the interviewer and the nurse. It is the interviewer's task to initiate this. You must contact **and meet with** your nurse partner before you start work. Respondents often want more information about the nurse. You may want to describe the nurse, so an elderly or concerned respondent knows who to expect.

Things you need to know about your nurse partner include:
- Make and registration number of her/his vehicle.
- Days and times of availability for the month ahead.
- Does (s)he work as a nurse in a hospital/clinic/in the community, as well as being a survey nurse?
- Does (s)he wear a uniform (the nurse makes her/his own decision about this)?
- How well do they know the area you are both working in?

8.1 Making Appointments for the Nurse Visit

You are responsible for making appointments for the nurse. To do this, you will need to be in close contact with your nurse partner so that you know when s/he is available to visit. You have both been given an Appointment Diary covering the relevant survey period. Go through this together before you start work. Note **carefully** the days and times on which the nurse is available to make a visit. If you get this wrong, you will not only probably lose the respondent but you will irritate your nurse. You will need to liaise frequently in order to update this information.

Ideally you will provide the nurse with an even spread of work and minimise the number of visits (s)he has to make to the area. But of course this might not always be possible.

Try to arrange for everyone in a household to be seen one after the other. Below is a table of the approximate length of the nurse visit based on the age of the respondent. These are only average times so it is important you check with your nurse if she feels she needs more or less time to see a respondent.

Age of respondent	Approx. length of nurse visit (mins)
Under 2	10-15
2-4	5-10
5-6	15
7-10	25
11-15	35
16-64	40
65+	45

You will know how long a nurse will need to get from one address to another if you are making appointments on the same day. Do **not** under-estimate these times.

When you have made an appointment for a household, give the respondents a completed Appointment Record card. Remember to always fill in the household serial number, in case any respondent has to telephone the office with a problem. If you have made appointments for individual people remember to write their name on the Appointment Record Card and note carefully the dates and times of each person's nurse appointment in your Appointment Diary and be sure to pass this information on to the nurse.

Point out to all respondents the notes at the bottom of the Appointment Record. These tell respondents that we would like them not to eat, drink, smoke or take part in vigorous exercise for half an hour before their appointment, and ask them try to wear light clothing. Adults aged 16 or over are asked not to wear tight clothing, as the nurse will be measuring waist and hip. Light clothing makes it much easier to get accurate measurements.

Make sure your nurse is given good warning of all appointments you have made. Telephone appointments through to your nurse the same day or immediately the next day. A very important part of your job is keeping the nurse fully informed about the outcomes of your attempts to interview people and to arrange for the follow-up nurse visit.

Send the nurse the completed Nurse Record Form for a household as soon as you have finished work there (see Section 8.3). Do not wait until you have a few NRFs, send them immediately. Also if you send a batch of NRFs together (more than 3), split them between envelopes or make sure you weigh them because they become too heavy for standard postal

rates and this delays delivery to the nurse. If you have set up nurse appointments before you have completed all interviewing in the household, telephone through the interim appointments. You should telephone the nurse regularly to tell her/him what (s)he should be expecting from you. This is especially important if you have made a nurse appointment for someone within the next day or two, to give the nurse time to prepare her work.

8.2   Accompanying the Nurse

You may come across a situation where you feel that the nurse might not get a response, or might have other problems with the respondent, unless you accompanied them. If you feel this is the case, obtain clearance from your Area Manager to accompany the nurse.

8.3   The Nurse Record Form (NRF)

The nurse has a list of the addresses in the point being covered. (S)he needs to know the outcome of your visits to each address (including any at which no interview can be attempted because they are vacant, etc). If there is more than one household at an address (s)he needs to know the number of households and the outcome for each of these. If an appointment has been made, (s)he needs full details.

This information is communicated via the Nurse Record Form (NRF). The Nurse Record Form (NRF) is the nurse's equivalent of your ARF, and is used for households where you have made an appointment for the nurse to visit.

It is your responsibility to prepare one of these for each **address/household** in your sample. Your sample pack contains a set of pre-labelled NRFs.

As soon as you have finished your work at a productive household where at least one person agreed to see the nurse, make out the NRF and send it to the nurse (even if you have already told him or her by telephone of appointments you have made).

Completing the NRF
It is your responsibility to complete the sections on page 1 and 2 of the NRF. Pages 3 and 4 are for the nurse to complete. Enter your name/number and that of the nurse at the top of the first page. Enter the telephone number. If there is more than one household at the address, describe the location of the household covered by that NRF.

If the NRF relates to Household 1 at an address, use the pre-labelled NRF. If the NRF relates to household 2 or 3, copy the address, postcode and serial number details for the household in the box provided.

Pass onto the nurse any useful tips you can about how to find the address, if this is difficult.

Completing Part A
1.   Complete the **Interviewer Outcome Summary** box:

      If you have arranged at least one appointment for the nurse, **ring code A**, and complete Part A. If there are no appointments, **ring code B** and forward the NRF to the nurse.

2.   Enter the date on which you conducted the **household interview.**

3.   Copy from ARF Question 9 the **total** number of persons in the household age 16 or over, 15-2 and under 2.

4.   Complete the grid at Questions 4 and 5 on page 2. The Admin. block has a screen called *NRF*. This shows you exactly what to enter here. Complete the NRF from Individual Questionnaire screen as you go along, following the instructions. When you complete the Admin Block check your entries on the NRF. This tells you exactly what to enter into these grids.

At Question 4 complete one row for **every person in the household aged 16+** regardless of whether or not they agreed to be interviewed or agreed to see the nurse. The nurse needs to know who is resident in that household, and who co-operated with the survey and who did not. If there are more than ten adults in a household, list only those selected for the survey (ie those recorded in the Household Grid - these are the only ones the *NRF* screen will give you). There is only space for 6 adults. If there are 7 or more you will need to make out another NRF.

At Question 5 complete one row for each **eligible child under 16** – the children selected for interview by the computer program. The screen *NRF* will only show these.

Make sure you enter household members in the same order as they appear in the screen called *NRF* in the Admin block. It is **vital** that for a particular person the Person Number the nurse uses is **identical** to the Person Number assigned by the computer to that person.

For each person:
- enter their Person Number
- enter their full name and title (eg Mr. John Anderson)
- circle a code to indicate their sex (1= male, 2=female)
- their age at the date of the Household interview
- ring code 1 if that person agreed to see the nurse
- ring code 2 if you interviewed that person but they refused to see the nurse
- ring code 3 if that person was not interviewed
- enter the appointment date and time

For each eligible child age 0-15 you also need to enter the following details at grid 5.
- enter the Person Number of each "parent" living in the household
- for each "parent" ring code 1 if they are the natural or adoptive parent or code 2 if they are someone who has legal parental responsibility for the child (this is based on the questions *Par1/Par2* in the household grid). This again is given on screen *NRF*. It is VITAL you enter this information correctly. The nurse will use this information in obtaining consents to measure children and it is only these who legally have the right to give consent.
- For infants the nurse also needs to know if they aged under 6 weeks or not. Infants under 6 weeks old will not have a length measurement taken. *NRFInf* in the admin block will tell you what to code here.

Examples of completed pages 1 and 2 of the NRF are shown overleaf (not a very satisfactory household but it has been filled in to show a variety of outcomes).

In some instances, you will find that you have to make an appointment for some household members to see the nurse in advance of other household members. In other cases, you will make a nurse appointment for the same day, or the day following, your visit. In both these cases, you are likely to have to tell the nurse about this appointment in advance of sending

her/him the NRF. If this is the case, fill in the appropriate details on the NRF and telephone the nurse to inform them of the appointment. Read out the information about the respondent/s from the NRF, and give her/him the date of the household interview. The nurse has a form called the **Interim Appointment Record,** it is a copy of the page on the NRF with Q4 and Q5. The nurse will fill in the respondent's information onto the Interim Appointment Record sheet, including the person number/s of the adult/s who claim legal parental responsibility for any children who are to be seen by the nurse. The nurse will use this until s/he receives the NRF from you. Always make sure you get the nurse to read back the **person number and name** to you so that you are both sure the information has been transferred correctly. The nurse will check the details on the NRF against the Interim Appointment Record when it arrives.

8.4   *Transmitting Information to the Nurse*

In most cases, the information the nurse needs to carry out the nurse visit, ie names, ages etc, will be transmitted to the nurse automatically via modem. You simply connect to the host machine, the necessary information is extracted and made available to the nurse when (s)he connects to the host machine later.

So, once you have made an appointment for the nurse, you should:

1. Connect to the host machine to transmit the details to the nurse
2. Complete a NRF and forward this to the nurse as usual (it is important to have a paper record, both as a back-up and to allow checks later)
3. Telephone the nurse to inform her/him of the appointment date and time.

The system works as long as there is a gap of at least two days between the interviewer transmitting the details and the nurse visit. If the gap is less than two days, the nurse is able to enter the details directly into CAPI, either from the paper NRF or from the Interim Appointment Record which (s)he will have completed with you over the telephone. We wish to avoid this happening wherever possible, because there is far less risk of error if the information is transmitted automatically. If interviewers transmit their work promptly, we ought to be able to use the automatic data transfer system in over 90% of cases.

It is therefore vital that you connect to the host machine as soon as possible after making a nurse appointment. You do not need to have completed all work at a household, or to have done the admin block for a household, in order to transmit the nurse details. You simply connect up, transmit, and the host machine will take only the information it needs to pass to the nurse.

Remember, it is still important to make the nurse appointment for as soon as possible after the interview. If the nurse information has not been automatically transferred, the nurse can enter the details manually.

National Centre *for* Social Research

P2127

HEALTH SURVEY FOR ENGLAND:2001
NURSE RECORD FORM (NRF)

SLOT NAME:	
RETURN NO:	
FINAL OUTCOME:	

Interviewer name: **Hugo First**   No: | 1234C5

Nurse name: **Eleanor Rigby**   No: | 5678N5

ADDRESS LABEL

```
POINT: 095                        FEB G
ADD/HH: 02  1   J

35 NORTHAMPTON SQUARE
LONDON
EC1V 0AX
                                  FA: 5
```

HOUSEHOLD LOCATION DETAILS

Off St. John Street.
On the corner of Wyclif Street &
Northampton square

TELEPHONE NUMBER
020 1234 5678

USEFUL TIPS

1.	INTERVIEWER OUTCOME SUMMARY		INTERVIEWER TO DO	NURSE TO DO
	At least one nurse appointment made	(A)	Complete PART A below and on page 2	Complete PART B on pages 3 and 4
	No nurse appointments made	B	Send NRF to Nurse	Return NRF to Office

PART A: TO BE COMPLETED BY INTERVIEWER

		DAY		MONTH		YEAR	
2.	DATE OF <u>HOUSEHOLD</u> INTERVIEW CONDUCTED:	1	2	0	1	0	1

3. <u>TOTAL</u> NUMBER OF PERSONS IN HOUSEHOLD:

NUMBER OF PERSONS 16+	0	2
NUMBER OF PERSONS 2-15	0	0
NUMBER OF INFANTS 0-1	0	1

4. COMPLETE GRID BELOW FOR **ALL** PERSONS **AGED 16 OR OVER** IN HOUSEHOLD

PERSON NUMBER	FULL NAME & TITLE (MR/MRS/MS)	SEX 1=male 2=female	AGE	AGREED NURSE	REFUSED NURSE	NO INTER-VIEW	APPOINTMENT DATE	APPOINTMENT TIME
0 1	Mr David Graham	(1) 2	3 5	1	2	(3)		
0 2	Mrs Angela Graham	1 (2)	3 0	(1)	2	3	15 Jan 2001	16:15
		1 2		1	2	3		
		1 2		1	2	3		
		1 2		1	2	3		
		1 2		1	2	3		

5. COMPLETE GRID BELOW FOR CHILDREN **AGED 0-15** SELECTED FOR SURVEY

CHILD PERSON NUMBER	FULL NAME	SEX 1=male 2=female	AGE	AGREED NURSE	REFUSED NURSE	NO INTERVIEW /PARENT	APPOINTMENT DATE	APPOINTMENT TIME
0 3	Mr Jake Graham	(1) 2	0 3	1	2	(3)		

IF AN INFANT, ARE THEY AGED UNDER 6 WEEKS?   Yes 1   No 2

	PERSON NUMBER	TYPE			PERSON NUMBER	TYPE	
PARENT 1	0 1	Parent / Legal Parental Responsibility	(1) 2	**PARENT 2**	0 2	Parent / Legal Parental Responsibility	(1) 2

CHILD PERSON NUMBER	FULL NAME	SEX 1=male 2=female	AGE	AGREED NURSE	REFUSED NURSE	NO INTERVIEW /PARENT	APPOINTMENT DATE	APPOINTMENT TIME
0 4	Ms Lucy Graham	1 (2)	0 0	(1)	2	3	15 Jan 2001	16:00

IF AN INFANT, ARE THEY AGED UNDER 6 WEEKS?   Yes 1   No (2)

	PERSON NUMBER	TYPE			PERSON NUMBER	TYPE	
PARENT 1	0 1	Parent / Legal Parental Responsibility	(1) 2	**PARENT 2**	0 2	Parent / Legal Parental Responsibility	(1) 2

9. INTRODUCTION TO THE QUESTIONNAIRES

The survey consists of two CAPI questionnaires.
- Household Questionnaire
- Individual Questionnaire (includes pen and paper self-completion questionnaires)

The Household Questionnaire must be completed before you carry out an individual interview. You cannot open an Individual Questionnaire until there is a **complete** Household Questionnaire.

An Individual Questionnaire should be completed for each adult in the household and for sampled children. The CAPI program allows you to interview up to 4 persons concurrently in one session.

Most of the instructions appear on the screen, but the rest of this section gives further information about some questions. The questions are referred to by question names. These are the names which appear *on the bottom half of the screen* either to the left or above the space where the answer to the question is entered.

You also have a set of *National Centre* Laptop Instructions. These are to help you use the laptop and the CAPI program. Please read them. If you have mislaid your copy, request a new set from Brentwood.

10. HOUSEHOLD QUESTIONNAIRE

This questionnaire consists mainly of a household grid. This grid establishes: (a) who lives in the household, (b) who are the parents of any children, and (c) the relationships of everyone to one another. The grid is followed by some questions about the household as a whole.

Wherever possible, complete the Household Questionnaire with the household reference person or his/her spouse or partner. It will be useful if other household members are present at the time so you can ensure you obtain correct dates of birth, etc. If neither the household reference person nor spouse/partner is available for the duration of the field work period, you can complete the Household Questionnaire with any responsible adult. However this is not ideal as there are some questions which will only come up if the householder answers the Household Questionnaire.

10.1 Introductory Questions

AdrCheck

This is a very important check to ensure that you have selected the right serial number for that household and to make sure that you are not interviewing at an incorrect address. This check will only work if you check with the respondent that you are at the address that is typed on the ARF address label. When the respondent confirms the address, key in the first 10 digits from the first line of the address from the label on the ARF. If the address and serial number do not match, you will be given a warning. If you have chosen the wrong serial number for that address, exit via Admin. and select the correct serial number. Do **not** continue.

If you have selected the correct serial number, the computer will pass you to *DateOK* which asks you to confirm the date based on the laptop's internal calendar. Every 4 to 6 weeks you should check that the date and time on your laptop is correct. This is done by selecting "D" for "Set /Check date and time" at the Action Menu.

Please note that once you have entered them, the address details are not stored with the questionnaire in the computer, so the respondent does not need to worry about confidentiality.

10.2   The Grid

This part of the Household Questionnaire establishes basic information about the composition and structure of the household. Make every effort to complete the grid correctly from the start. In particular, check:

- that you have not omitted any household member
- that you have not included anyone who is not really a member of the household
- that you have the correct date of birth/age for everyone, as much of the subsequent filtering (especially in the nurse visit) depends on this

The order in which you enter the respondents is not crucial, but you (and the nurse) will find it easier later if they are entered roughly in age order, with the Head of Household first. At the very least, you should try to enter the details of parents before you enter those of children.

Before you leave the grid, make sure that you are happy with the information in it. Once you have left the grid and gone into the rest of questionnaire there are restrictions on the changes that you can make to the grid. What to do if you do find errors later is described in section 10.4.

Person numbers

Person numbers are allocated automatically by the program. The Person Number that each individual ends up with is a vital part of the survey Serial Numbering. It is a survey of individuals and each interviewed person must be uniquely identified. It is also vital that all documents and information about that person can be correctly linked together. The **Person Number in the Household Grid** is the number that should be used for that person on **all** documents.

Name

You only need to use first names (the name that they are normally known by) and **not** surnames on the grids. The full names will be written on the ARF. If someone does not want to give you their first name, enter their initials instead (but first names are preferable if possible).

Sex, DoB, AgeOf

The date of birth is an important piece of information. For example, with the respondent's permission, we can use it to link into their national health records. We also use it to check person numbers on documents. We shall be checking this information with each respondent at the start of the interview, but you should nevertheless make every effort to enter the correct date of birth in the household questionnaire. Children less than 1 year should be recorded as 0 years old. If a DoB is not known, enter "don't know". We hope to pick it up in the Individual Questionnaire interview.

Marital

The aim is to obtain the legal marital status, irrespective of any *de facto* arrangement such as a couple living together (this is established in another question called *Couple*). The only qualification to this aim is that you should not probe the answer "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).

A person whose spouse has been working away from home for over six months, for example on a contract overseas or in the armed forces, should still be coded as 'married and living with husband/wife' if the separation is not permanent.

Par1, Par2

This question **must always** be read out. Do not make assumptions. This is a very important question as it helps us to establish the person, or people, who have legal responsibility for the child in the household.

Do not attempt to define *legal parental responsibility*. This is not necessarily the same as acting *in loco parentis*. It is up to the person concerned to say whether or not they have this legal right. If they are doubtful, then encourage them to say "No". The responsibility must be on a **permanent** basis.

If there is no person who is the parent or has legal parental responsibility (eg a schoolchild who is boarding with a family or living with their brother or sister), enter code 97 at both Par1 and Par2. If there is only one "parent" in the household, enter code 97 "Not a household member" at Par2.

Relationships between household members

It is important to always ask this question about every household member, even though the relationships might seem obvious. You should never make assumptions about any relationship.

Treat relatives of cohabiting members of the household as though the cohabiting couple were married, unless the couple is a same-sex couple. That is, 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 'other non-relative'.

'Other relatives' include cousins, nieces, nephews, aunts and uncles.

Note the need to separate natural children from adopted children. This is for two reasons:

 (i) to establish whether the "parent" is a parent (in the legal sense) or someone with legal parental responsibility.

 (ii) to establish blood relationships between household members which are of interest when analysing the data on health conditions

You need to be aware that this may be sensitive information in some households, and that is why we have a showcard for this question. If possible, try to avoid children looking over their parents' shoulders when they answer this question.

If you have doubts about any relationship, record as much information as possible in a note.

10.3 The Rest of the Household Questionnaire

HoHNum

This question establishes who is the head of household. Remember the following rules:

- In a household containing only a couple (married or living together), and children under 16, the male partner (husband) is always the HoH.

- In all situations where there are other relatives in the household, or where some of the household are unrelated you should ask:

 "*In whose name is the house (flat) owned or rented?*"

- Except that a husband (or male partner) always takes precedence, the person named in reply is the HoH.

Try to establish who is the Head of Household without asking it in these terms. Find out who is responsible for owning or renting the property, and then work out head of household from the relationships of the people in the household.

HiHNum

In addition to the head of household you will also establish the Highest Income Householder, which is then used to determine the Household Reference Person (HRP). If there is more than one Householder and they have equal income, then the Household Reference Person is the eldest. Details about income and employment will now be collected for the Household Reference Person.

If there is only one Householder (established at *HHldr*) they are automatically the HRP.

Tenure1, JobAccom, LandLord, Furn1

Tenure1 is asking for the formal, legal tenure of the household. If, for example, the respondent is a widow living in a house bought by her son (in his name) who is living elsewhere, she should be coded as living rent-free even though she may regard herself as an owner-occupier. Similarly, a household which is paying a contribution to upkeep but not a formal rent should be coded as rent-free. This could arise, for example, if a parent living in a 'granny flat' as a separate household, but paid a contribution to general household expenses.

Only code people as 'buying with the help of a mortgage or loan' if they have a mortgage for buying their home. Some people who have paid off their mortgage and are effectively outright owners make an arrangement with the lender to continue to pay a small amount of 'mortgage' as payment for the lender for keeping the deeds. They should be coded as outright owners.

People who own their home with a lease are counted as owners. It does not matter that they pay ground rent.

'Shared ownership' means paying partly for a mortgage and partly rent so that, if the person moves, (s)he will get some of the proceeds from the sale of the property, according to how much of the original cost has been paid off. Include people who have paid off the mortgage portion.

People who live rent-free do not always regard themselves as doing so, so particular care is needed in dealing with such cases. The sorts of 'grey areas' you might encounter include:

- Someone living in a 'granny flat' owned in someone else's name. (Code as rent-free, unless a formal rental arrangement exists.)
- Someone living in the property of a deceased partner which is held in trust. (Code as rent-free.)
- A divorced/separated person living in the house owned solely by her/his ex-partner who no longer lives there. (Code as rent-free if owned solely in the ex-partner's name; code as owner if house is owned in the name of both partners.)

Please also note that some people may think they live rent-free when they do not, eg people whose total housing costs are met through Housing Benefit. Housing Benefit is paid directly to the landlord by the DSS, and does not go via the tenant.

People in 'tied accommodation' should be coded as renters (code 4) or rent-free (code 5), depending on whether or not they pay any rent. This group includes people whose accommodation goes with their job, eg Church employees, caretakers, army personnel, council tenants whose accommodation goes with their job, some farmers. People in tied accommodation who pay rent are classified as private renters, irrespective of who they are renting from.

Unusual schemes/arrangements:
- **Co-ownership**. This is the joint ownership of residential properties (eg blocks of flats) by a group of people who have formed a registered co-ownership society. These schemes started in the 1970s but new legislation was passed in the 1980s to stop new societies from being started.
- **Housing co-operatives**. These should be coded as renting from a housing association (code 4 at *Tenure1* and code 2 at *LandLord*)
- **Housing Action Trusts**. These are set up by local authorities and the properties rented are still owned by local authorities; their tenants are renting from a local authority.
- **Rents to Mortgages scheme**. These are schemes available to council tenants whereby a tenant has the right to buy a share of their home for roughly the same price as the rent. These should be coded as 'shared owners' here and 'local authority' at type of landlord.
- **Private sector leasing**. The Council leases private property for several years and lets it out to tenants. The landlord in the is case is the immediate landlord (ie the local authority) rather than the ultimate owner of the property.
- **Home Income Plans and Retirement Home Plans**. These are where outright owners raise a loan on the security of the house for a regular income. They should be coded as outright owners.
- **Schemes for mortgage defaulters**. In these cases, the property reverts to the lender and a rent is paid instead of a mortgage. Code as renters.

JobAccom should be coded as 'yes' if the accommodation goes with the job of somebody who is currently a household member, or who is *temporarily* not a member of the household. If the accommodation used to go with the job of someone in the household, but this is no longer the case, code 'no'.

At *LandLord*, the following rules apply:
- If property is let through an agent, the question refers to the owner, not the agent.
- If the respondent does not know who the landlord is, use code 7 (other private individual) rather than coding 'don't know'
- Code 1 (local authority) includes people renting from Housing Action Trusts
- Use code 5 only if the respondent and landlord were friends *before* they were tenant and landlord, not if they have become friendly since then.

At *Furn1*, the category 'partly furnished' no longer has any legal significance; any letting which is not explicitly 'furnished' will be classified legally as 'unfurnished'. We retain 'partly furnished' here to ensure that respondents do not mistakenly include lettings with, say, curtains but nothing else provided as 'furnished'. However, do not use 'partly furnished' simply because the respondent thinks that the furniture is inadequate.

Bedrooms
Every dwelling must have at least one bedroom, ie a room where a person sleeps. A bedsit will have one bedroom. Count as bedrooms those rooms the respondent considers to be bedrooms.

Heaters

Only include types of heating that are actually inside the accommodation. We only want to know about those heating and cooking sources which are believed to affect respiratory conditions so electricity is not included.

HeaType

Code 5 -   this covers gas fires inside a chimney place and ones linked via a fixed flue to take fumes outside the building.

Code 6 -   use this code if the appliance is free-standing (eg a portable calor gas fire) or is not in a chimney place or does not have a fixed flue.

Damp, Fungus

These questions ask about condensation and mould occurring during the winter, in any room other than the bathroom and/or toilets. Include any mention of condensation, even if the respondent says it is only a temporary condition when the heating is turned on at the beginning of winter etc.

SmkTecs

This question is asked of all households. Please note we do not need to know the number or location of the smoke detectors. We only need to know if they have any installed (ie attached to a wall or ceiling) and that they are, as far as the respondent is aware, currently working.

The following questions are only asked if there is a child in the household in a specific age group:

ChldGats

This question is asked of households where there is at least one child aged between 4 months and 4 years. It does not include gates used to keep pets in/out of rooms. Play pens are not included.

SocCvrs

This question is asked of households where there is at least one child aged between 4 months and 3 years. If the respondent does not know what a socket cover is, then code as a "don't know".

MedCup

This question is asked of households where there is at least one child aged between 4 months and 6 years. Remember to probe for places where other people in the household, apart from the respondent, may store their medications. Medications stored in the fridge should be code as "Elsewhere" unless they are stored on shelf in the fridge which is at least 5 feet/1.5 metres above floor level.

PasSm, NumSm

These questions refer to exposure to tobacco smoke in the home. They are therefore concerned only with people who smoke **inside** the house or flat. Therefore, if someone only smokes in the garden, they should be excluded. Include anyone who smokes inside the home on most days, even if they are not a household member.

Note the question is about **most** days.

Car, NumCars

"Normally available" includes vehicles used solely for driving to and from work and vehicles on long-term hire. It excludes vehicles used solely in the course of work and those hired form time to time.

SrcInc

Code the sources of income for the HOUSEHOLD REFERENCE PERSON AND SPOUSE/PARTNER only. Don't include income for other adults in the household.

JntInc

This first income question asks for the income, BEFORE deductions for income tax, NI etc, of the HOUSEHOLD REFERENCE PERSON AND SPOUSE/PARTNER.

Don't include any income of other household members at this question.

If the respondent only knows the NET income, probe for an estimate of the income before deductions. If they can't estimate gross income, code the amount of the net income, and explain this in a CAPI note (Ctrl M).

HHInc

At this question we want the TOTAL income of the household, ie. including any income of other household members, as well as the household reference person and spouse/partner.

Occupation details of Household Reference Person (HRP)

Please note:
- if the HRP has answered the Household questionnaire and given his/her own occupation details, the occupation details will not be asked again at the end of the HRP's Individual questionnaire
- if another household member (eg. spouse) has answered the Household questionnaire and given the job details of the HRP, then the occupation details *will* be asked at the end of the HRP's Individual questionnaire

This set of questions deals with what the Household Reference Person was doing in the seven days ending on the Sunday preceding the interview. If the HRP's occupational status has changed since that date, we are interested in **the reference week only**, even though the temptation is to talk about what the respondent is doing currently.

Order of responses:

Note the order of the responses - if a respondent is doing more than one of these activities at the same time, you should code the one which comes nearest the top of the list. Thus, being a student takes precedence over all other activities, as long as the respondent is a full-time student. People studying part-time should be coded according to their main activity. Those on vacation should be counted as being in full-time education if they are planning to return at the next opportunity (ie are not taking a year out). If return depends on exam results, assume that they get the results and code them as 'going to school or college full-time'.

Paid work:

It should be left to the respondent to decide whether or not (s)he is in 'paid work', but it must be paid work to count. 'Paid work' at this question means any work for pay or profit done in the reference week. It is to be included, however little time is spent on it, so long as it is paid.

Temporarily sick or on leave:

Someone who was temporarily sick or on leave from a job in the reference week should still be coded as in paid work. Longer-term absences are a little more complicated. If the total absence from work (from the last day of work to the reference week) has exceeded six months, then a person is classed as in paid work only if full or partial pay has been received by the worker during

the absence, and they expect to return to work for the same employer (ie a job is available for them).

Career breaks:
In some organisations, employees are able to take a career break for a specified period and are guaranteed employment at the end of that period. If a respondent is currently on a career break, (s)he should be coded as being in paid work only if there is an arrangement between the employer and employee that there will be employment for the employee at the end of the break. This is not dependent on his/her receiving payment from the employer during the break. Leave it up to the respondent to define whether or not (s)he has a job to go back to.

Seasonal employment:
In some industries/geographical areas (eg agriculture, seaside resorts), there is a substantial difference in the level of employment from one season to the next. Between 'seasons', respondents in such industries should not be coded as being in paid work. (However, note that the odd week of sick leave during the working season would be treated like any other worker's occasional absence, and coded as being in paid work.)

Casual work:
If a respondent works casually for an employer, but has not worked for them during the reference week, (s)he should be coded as not being in paid work, even if (s)he expects to do further work for the employer in the future.

Unpaid work:
Respondents should be coded as 'doing unpaid work for a business that you/a relative owns' if their work contributes directly to a business, firm or professional practice owned by themselves and/or relatives, but who receive no pay or profits. Unpaid voluntary work done for charity etc, should not be included here.

Training schemes:
People on Government Training Schemes may count themselves as being in paid work, but they should be coded as 'on a Government scheme for employment training'. The main schemes which are running at the moment are Youth Training and Training for Work (used to be called Employment Training or Employment Action).

Looking for paid work or a Government training scheme:
'Looking for paid work or a Government training scheme' may cover a wide range of activities, and you should not try to interpret the phrase for the respondent. Those looking for a place on a government scheme should only be coded as such if the search is active rather than passive. In other words, a respondent who has not approached an agency but who would consider a place if an agency approached her/him, should not be coded as looking for a scheme.

Intending to look for work but prevented by temporary sickness or injury:
'Intending to look for work but prevented by temporary sickness or injury' should only be used if the sickness/injury has lasted for less than 28 days. If it has lasted longer than this, code as 'doing something else'.

Permanently unable to work because of long-term sickness or disability:
'Permanently unable to work because of long-term sickness or disability' should only be used for men under 65 and women under 60. Those older than this should be coded as 'retired', 'looking after the home or family' or 'doing something else', as appropriate.

Retired:
'Retired' should only be used for people who retired from employment at around retirement age, or who were permanently sick prior to reaching retirement age.

At *HFtPtime*, let the respondent decide whether the job is full-time or part-time. Unusually for *National Centre* surveys, we are not defining it for them in terms of the number of hours worked in a week.

At *HNEmplee*, we are interested in the size of the 'local unit of the establishment' at which the respondent works in terms of total number of employees. The 'local unit' is considered to be the geographical location where the job is mainly carried out. Normally this will consist of a single building, part of a building, or at the largest a self-contained group of buildings.

It is the total number of employees at the respondent's workplace that we are interested in, not just the number employed within the particular section or department in which (s)he works.

If a respondent works from a central depot or office (eg a service engineer) base, the answer is the number of people who work at or from the central location. Note that many people who work 'from home' have a base office or depot that they communicate with. It may even be true of some people who work 'at home' (eg telecommuter who retains a desk or some minimal presence in an office). If it doubt, accept the respondent's view of whether or not there is a wider establishment outside the home that they belong to for work purposes.

10.4   Adding and Deleting Household Members

While you are filling in the household grid for the first time, you can make any changes you like. It sometimes happens, however, that you only discover later in the interview that you have been given incorrect information for the grid.

Once you have left the grid and gone into the rest of the Household Questionnaire, there are restrictions on the changes that you can do to the grid.

To change the people in the household grid, go to the question **SizeConf**, which asks you to confirm the number of people in the household. There are 3 codes -
  1   'Yes' (household grid members are correct);
  2   'No - more people';
  3   'No - fewer people'.

*   **Adding a household member:** Select code 2 'No - more people' at *SizeConf*. This takes you back to the last *More* question in the household grid. Change this from 'no' to 'yes', and continue by completing details of the person you wish to add to the grid.

*   **Deleting a household member from the grid:** Select code 3 'No - fewer people' at *SizeConf*. This takes you to a new screen, which displays the people you have entered in the grid so far. You then select the person who you wish to delete from the grid.

        Once you have deleted the person, other household members get 'moved up' the grid to fill the person number originally allocated to the person you have deleted.

        Warnings will be displayed if you try to delete someone you have coded as Household Reference Person or as responsible for answering the Household Questionnaire. If you made an error in entering the person you originally coded as Household Reference Person (and you want to delete them from the grid), you will need to go back through the questionnaire and identify the correct Household Reference Person

If you discover that the person answering the Household Questionnaire was not really a member of the household, you will need to go back through the Household Questionnaire asking the questions of a household member (HRP or spouse).

* **PLEASE NOTE: once you have begun allocating household members to Individual Questionnaire sessions, you will not be able to change the household grid in this way.** If you discover errors after this point, use <Ctrl> + <M> to make a note to explain what happened.

* **Changing other information in the grid:** You cannot change the *dates of birth* given in the grids once you have started the rest of the Household Questionnaire. At the start of the Individual Questionnaire, you will be asked to check the date of birth directly with each respondent. You may find at that stage that the date of birth given in the household grid was incorrect. Do **not** go back into the household grid. Leave the information in the grid as it is and make absolutely sure that the information *in the Individual Questionnaire* is correct. **Use <Ctrl> + <M> to make a note to explain what happened.** The computer will subsequently update the information in the household grid.

Other information in the grid (e.g. marital status) can be changed at any point if you should later discover an error.

11.   SETTING UP SESSIONS

11.1   *Joint or Concurrent Interviewing*

This survey differs from many of the surveys that the *National Centre* carries out in that several persons in a household are interviewed. Ideally, we would want you to carry out the interviews with the different people in the household one after the other. However, this can be time consuming, and can put respondents off - they do not want to sit around waiting while the rest of the household are being interviewed. Carrying out a joint or concurrent interview may prove the best way of obtaining co-operation.

Therefore, in order to make the survey as "respondent-friendly" as possible, we feel that, where appropriate, you should carry out joint interviews. The CAPI program allows up to four people to be interviewed at the same time (*in the same session*). You allocate the respondents to sessions at the end of the Household Questionnaire.

Remember you do not **have to** do four people at the same time. The computer allows you to say "no-one else" once you have allocated the required number of people to a session. (Once you have said "no-one else", it will stop asking you for names).

Once you have set up a session in the Household Questionnaire, and Individual Questionnaire is created for that session. You open the Individual Questionnaire by pressing <Ctrl + Enter> and highlighting the session you wish to open. You can open as many individual questionnaires as you like per household questionnaire.

DO NOT go back to the Household Questionnaire and add more people to a previous session. Instead set up a new session.

There are some rules about who you can and cannot interview together. These all relate to children 12 or under.

You can:

* 　　have a session which only collects information about children aged 0-12 (in which case the parent will be present answering the questions)

* 　　have a session which includes a child (or children) aged 0-12 as long as one of the other members of the session is aged 18 or over

Basically we want you to collect information about children aged 12 or under from their parent or guardian - not from other household members.

Be sensitive in your choice of people to be interviewed together. Make sure that everyone is happy with the situation. Remember cross-generational interviews might be difficult. Avoid, if possible, interviewing a teenager with an over-bearing parent. We want people to tell us the truth about themselves and they may be reluctant to disclose some information about themselves in front of all or some household members.

11.2　Allocating Individuals to Sessions

At *EndDisp* press <Ctrl> + <Enter> to bring up the parallel block. Select "Individual_Session [1]" from the parallel block. This is an empty session into which you can allocate the people you want to interview.

On the screen it will display the people, with their person numbers, in the household eligible for interview. If there are more than two children in a household it will display the two children selected to take part in the survey. To allocate the respondents to a session enter their person number at *AllocP*. When you have finished allocating people to a session enter '97'. This indicates that there are no more people to go in that session. You can interview up to 4 people in one session.

At *SessConf* you will be asked to confirm that you have the right people allocated to that session, the names of the selected respondents will be displayed on the screen. It is important that you check it is correct. Once you enter '1' to confirm that the session set up is correct you **cannot** go back and change it. If you have entered the wrong people into a session press '2' . You can then change the people you have allocated to that session.

Once you have confirmed the session set up, you can then go on to carry out the individual interviews.

To set up another session, press <Ctrl> + <Enter> to bring up the parallel blocks. There will be a new empty individual session in the parallel block. Select this and continue with the allocation procedure as above.

12.　INDIVIDUAL QUESTIONNAIRE

Once you have completed the Household Questionnaire try to conduct an individual interview with:

- all adults (aged 16+) and up to two children (aged 0-15)

These interviews should be conducted with the respondent in person, except for children aged 0-12. Questions for these children should be addressed to a parent, although the child should be present. If there is no parent in the household, they should be addressed to the person acting *in loco parentis*. The rules for seeking permission to interview children are set out in Section 6.2.

If someone drops out of the Individual Questionnaire before you complete it use the following rules:

*   *they drop out before you complete the general health, accidents and disability modules* treat them as unproductive and give them the appropriate outcome code (a refusal normally)

*   *they complete at least the general health, accidents and disability modules* code them as partially productive (outcome code 52).

At the end of the breathing module you can abort (or suspend) the interview for a particular individual. If you chose suspend/abort here, the respondent will be asked no more questions. If you are able to go back later and collect the rest of the information from the respondent, go back into that interview session, go to the 'Suspend/abort' question and change to *code 1 continue*. If the respondent drops out after this break point, code all remaining questions in the questionnaire as refusal (CTRL + R) from then on.

12.1   The Structure of the Questionnaire

The individual questionnaire is divided into a number of modules, below is the ordering of the modules:

- General Health (including use of health and dental services)
- Fruit and vegetable consumption
- Disabilities
- Accidents
- Respiratory problems and allergies (Breathing module)
- Smoking
- Drinking
- Employment
- Other classification questions (ethnicity and education)
- Self completions
- Measurements
- Consents

The content of the questionnaire is covered in detail in the rest of this section. If a question or module is specific to an age group this will be indicated in the text.

12.2   Introductory Questions

AdResp

If the respondent is aged 0-12 you are asked to say which respondent will be answering on their behalf. This should be a parent or, if there is no parent in the household, the person who is acting *in loco parentis*.

12.3   General Health Module

The section starts with a question asking for the date of birth, the following questions cover general health, visits to the GP and practice nurse for all respondents. For respondents aged under 2 there also questions about use of child health services. For respondents aged 2 and over there are questions about use of dental services and wearing glasses/contact lenses.

OwnDoB, OwnAge

The date of birth of each respondent is a vital piece of information. For example, we are using it to check person numbers on documents. Although you have already entered it in the Household Questionnaire, it may have been provided by someone else. **Always** ask for it again and check their age. Do not copy it from the Household Questionnaire.

If you enter a date of birth which is different to that given in the household grid, you will be given a warning. Make absolutely sure that you now have the right date of birth and suppress the warning. Do not go back to change the household grid - you will not be able to change the date of birth in the household grid. As long as it is correct in the Individual Questionnaire, the computer will update the Household Questionnaire with that date.

If someone does not know their date of birth or refuses to tell you, use the following rules:

    i)   if you obtained a DoB in the Household Grid, use this one and enter a note (<Ctrl> + <M>) to this effect.

    iii)   if the DoB is not in the Household Grid, use the Don't Know and Refused codes. You will be asked to get an age estimate or to make an estimate yourself.

What should you do if someone has a birthday between completion of the household grid questionnaire and the Individual Questionnaire?

Once sampled for the survey by the household grid, it is the **age at the time of the Household Questionnaire** that determines the questions and self-completion document that you administer and what measurements the nurse should take. If a child has been sampled and has crossed an age threshold between completion of the Household Questionnaire and the Individual Questionnaire, the Individual Questionnaire routing will treat the child as their age at the time of the Household Questionnaire. You simply follow the routing as directed by the program. If a child aged 12 at the household grid has become 13 by the time you carry out the Individual Questionnaire, you should still ask the parent to answer on behalf of the child, and CAPI will direct you to do this.

IllsM, More, LimitAct

Use probes to obtain fuller details of an illness, disability or infirmity. For example, someone may say, "I had an operation to sort out my feet." This does not tell us what was wrong with "my feet". Probe, "Can you explain a bit more?" etc. Only enter information about one condition at the first **IllsM** then use the "Anything else" probe in order to record any other problems and to ensure that all long-standing illnesses are recorded. There is a maximum of six **IllsM** slots. When you have finished entering all the conditions, a further question will ask if any illness limits the respondent in any way. This is a yes/no response only.

LastFort

This is asked of everyone, and asks about any short-term health issues that affected people in the last two weeks.

NDocTalk

Include visits to the surgery, home visits and telephone consultations. Include talking to a doctor at a district health authority clinic (eg a family planning clinic), or talking to a doctor while abroad.

Exclude talking to a doctor at a hospital. Exclude contacts only with receptionists, nurses or practice nurses (there is a separate question about contacts with the practice nurse). Exclude social chats with a doctor who happens to be a friend or relative.

The contact could have been made on behalf of another adult household member (but note the instruction to exclude consultations made on behalf of those aged under 16, as these will be covered later). Consultations made on behalf of people outside the household should be excluded.

Those who did talk to a doctor in the preceding fortnight are asked a set of questions about each time they did so (up to a maximum of 9 consultations, in reverse chronological order).

Infant health services:
The following set of questions are only asked of children aged under 2 years.

HlthVisit

This includes contacts with the Health Visitor in the home or in a clinic.

DevChk

The first development check up is usually around 6 to 8 weeks, we don't need to know if they are about to have a check up. Most parents will know whether their child has had a development check up. If they do not understand the term, then code this as a "Don't know".

CClinic

Do not count visits to a child health clinic for a development check up. Again if a parent does not understand the term, then code this as a "Don't know".

12.4   *Fruit and vegetable consumption*

This is a new question module that has been developed by the *National Centre* for inclusion in the Health Survey for England 2001. The questions are intended to monitor the population's consumption of fruit and vegetables and to allow fruit and vegetable consumption to be expressed in terms of portions eaten per day. The current intention is that these questions will be included in the Health Survey every year. The information collected through this module will become the main national reference for fruit and vegetable consumption.

In order to obtain a measure of daily consumption, the questions ask respondents about how much fruit and vegetables they ate yesterday. The definition of yesterday is 24 hours from midnight to midnight.

This module is asked of all respondents aged 5 and over. Although respondents aged 5-12 do not answer of their own behalf, due to the nature of the questions it is particularly important that they should be present during this module and encouraged to contribute information. In particular, this may be necessary if the child has been at school the previous day.

What is a portion?
We have adopted the following definition of a portion:

Food Type	Portion size
Vegetables and pulses	2 tablespoons
Salad	1 cereal bowlful
Medium-sized fruit (e.g apple)	1 fruit
Small fruit	2 fruits
Very small fruit and berries	1 average handful
Very large fruit (e.g melon)	1 average slice
Large fruit (e.g. grapefruit)	½ fruit
Dried fruit	1 tablespoon
Fruit salad, stewed fruit etc	2 tablespoons
Fruit juice	1 small glass (150ml)

NB: For calculating portion sizes only one portion or less of pulses or fruit juice was included in the total amount consumed. Also portion sizes for vegetables, vegetables in composites, frozen fruit and fruit in composites were calculated as 3 tablespoons.

These definitions are used in the questions themselves. The questions do not use the term 'portion'. This is deliberate: partly in order to keep the questions as simple as possible and also in case people have an idea about the number of portions of fruit and vegetables they should be eating. For these reasons, please do not use the term 'portion' during the interview.

What counts as fruit and vegetables?

We know that there are some foods that respondents may not be sure whether to include as fruit and vegetables. Most of the questions state whether or not to include certain foods. However, it is important that interviewers are clear about what should and shouldn't be included. Some of the main **inclusions and exclusions** are detailed below:

Potatoes are **not** included as vegetables for the purposes of this module. This is because they consist mainly of starch and do not have the nutritional content of other vegetables. Yams, cassavas and eddoes should also be excluded for this reason.

Pulses are included. The definition of pulses is all kinds of beans, lentils and peas, including chickpeas and baked beans. Nothing else counts as a pulse. Some respondents may think rice and couscous are pulses but they are not and should not be included.

Nuts are **not** included.

VegSal

This question includes an instruction **not** to include potato, pasta and rice salad and salad in a sandwich. Other salads which are not made mainly from vegetables (e.g. couscous salad) should also be excluded. Although salads can vary a lot in weight and volume they should all be treated in the same way at this question and *VegSalQ.* Salads made **mainly** from beans or other pulses, can **either** be included at this question **or** at *VegPul* –please make sure they are not recorded twice.

VegPul

Small amounts of pulses (such as, red kidney beans eaten as part of chilli con carne) should not be included. The definition of pulses is all kinds of beans, lentils and peas. However, respondents may think, in particular of garden peas etc, as vegetables rather than pulses. For our purposes, they can **either** be included at this question **or** at *VegVeg* – please make sure they are not recorded twice.

VegDish

This question asks about dishes made mainly of vegetables and pulses. Don't include any dishes where vegetables or pulses are not the **main ingredient**. Vegetable soups should not be included (even if they are home made).

FrtDrnk

This question states that cordials, fruit-drinks and squashes should not be included. Some of the main brand names that should be excluded are Sunny Delight and JuiceUp.

FrtFrt, FrtQ, FrtMor, FrtOth, FrtNotQ

These questions are about the consumption of **fresh** fruit. Don't include fruit salads, fruit cocktails, fruit pies, cooked or stewed fruit and other similar types of foods at this question. They should be included under either *FrtFroz or FrtDish.* For each different kind of fruit which the respondent ate yesterday, use **coding list A** to code the size of this fruit at *FrtFrt.* The next question *FrtQ* collects information about the amount of each type of fruit the respondent ate yesterday in terms of whole fruits, slices or handfuls depending on the size coded at *FrtFrt.* There is capacity to record up to 15 different types of fruit but each should be entered at a separate *FrtFrt.* If the fruit mentioned by the

respondent is not on the coding list – record the name of this fruit at *FrtOth* and the amount the respondent ate at *FrtNotQ*. Please note that fruit (such as rhubarb and quince) which cannot be eaten raw are not on this list as they are likely to have been eaten cooked and should therefore be recorded at *FrtDish*.

FrtDry

Don't include small amounts of dried fruit in cereals, cakes etc.

FrtDish

This question asks about dishes made mainly of fruit, such as fruit pie and fruit salad. Cooked or stewed fruit should also be recorded at this question. Don't include any dishes where vegetables or pulses are not the **main ingredient**. Fruit yoghurts should not be included.

VegUsual, FrtUsual

These questions give respondents the opportunity to say whether their consumption of fruit and vegetables on the previous day is more, less or about the same as usual. Although this information is useful, it is not used directly to estimate consumption and so there is no need for respondents to be particularly concerned to give a precise answer to these questions.

IT IS VERY IMPORTANT THAT FOODS ARE NOT COUNTED MORE THAN ONCE.

Although, the fruit and vegetable categories in the questions and the question ordering have been designed in order to minimise the risk of this happening, some overlap between categories is unavoidable (e.g. **VegPul** and **VegVeg**). However, there is no need to be particularly concerned about ensuring that each food gets recorded at the 'correct' question. The information will be aggregated to estimate the average number of portions of fruit and vegetables per day. Our main concern is that nothing gets counted twice as this will mean that our estimate will be too high.

Entering amounts:

If a respondent has eaten any fruit or vegetables you will be asked to record the amount eaten (at VegPulQ, VegSalQ, VegVegQ, VegDishQ, FrtDrnkQ, FrtFrtQ1-Q15, FrtDryQ, FrtFrozQ, FrtOthQ). The measures used are tablespoons, cereal bowlfuls, small glasses, slices and handfuls. Some of these questions include further definitions of these measures which can be read out to respondents if they ask for clarification or seem to be having difficulty answering.

We are interested in the amount of food the respondent actually ate – so, for example, if they ate some boiled vegetables we want to know the amount of boiled vegetables they ate – not the amount of raw vegetables.

Half amounts are allowed, so for example, if respondent says they had 2 and a half tablespoons of vegetables, this should be enter as 2.5. Only answers ending in .0 or .5 are permitted.

12.5 Disability Module

This section is asked of/about respondents age 10 and over.

Temporary disabilities should not be included - for example, a sprained ankle. The survey definition of "temporary" is anything expected to last less that one year in total.

Some people may also say that on a "good" day, they have no problems but on a "bad" day they cannot do something. If the "bad" days are rare, then the problem should be counted as a disability. But if the respondent regularly has "bad" days, count this problem as a disability.

DisIntA and DisAbA

Note that Card H includes the words, where appropriate, "with walking aid if normally use", "with hearing aid, if normally worn" and "with glasses or contact lenses if normally worn". There are separate questions to establish what people can do without these aids.

Glasses

There is a similar question to this as part of the General Health module (*GIWear*). However both questions should be asked as they wording is slightly different. If the response to this question is inconsistent with that at *GIWear* then a check will be displayed.

Problem

At this question we want to establish the underlying causes of the disabilities identified as troubling the respondent. If the problem is not a health condition but, say, the result of an accident, say so and describe what causes the disability. For example, "had leg amputated after car accident". If it the problems arise from a health condition, try to establish its exact name, for example Osteo-arthritis, Parkinson's Disease.

If the respondent was born with the problem, please record this.

To help us understand the cause of the problem, there are a series of follow-up questions:

TrigAcc, TrigIll and ProbChk

If you establish as a result of *TrigIll* that all or some of a respondent's problem arose because of an illness, check whether or not you recorded the details and name of this illness at Problem. If not, record it at *ProbChkO.*

12.6   Accidents Module

This section is asked of/about all respondents. Reduction of accidents is a key target of the government's health policies.

This module asks first about accidents that were serious enough for the respondent to see a doctor or go to hospital in the last six months (major accidents). Details are gathered about the most recent such accident suffered by each respondent.

The module then asks about accidents which caused the respondent to suffer pain or discomfort for 24 hours or more, but about which they did not see a doctor or go to hospital, in the last month (minor accidents). Details are then gathered about the **two** most recent such accidents suffered by each respondent.

DrAcc (major accidents)

All types of accident that resulted in the respondent seeing a doctor or going to hospital should be included. Do not include accidents where the respondent only consulted a doctor over the telephone or visited a chemist. Use the list below as a guide to deciding whether something qualifies as an accident or not.

INCLUDE
*   Accidents outside the UK
*   Consultation delayed because seriousness of accident not initially appreciated
*   animal/insect bites or stings
*   swallowing foreign objects
*   burns or scalds
*   accidental inhalation of smoke or fumes

* sports injuries
* injury to back and other muscles from lifting heavy object or other strenuous activity

EXCLUDE
* telephone only consultations with doctor or hospital
* deliberate swallowing of harmful substances (eg drug over-dosing)
* other forms of self-inflicted harm
* harm arising from attacks by other persons
* where harm is limited to shock or other psychological damage only
* stroke/heart attack/epileptic fit/etc - if no accidental injury to external part of body occurred as a result of blackout
* recurrence of symptoms arising from previous accident affecting for example back or other muscles

Axi (minor accidents)

Include here accidents leading to telephone only consultations with doctor or hospital here, if the pain or discomfort lasted at least 24 hours.

DrWyr, AxWyr

Code 5 includes all parts of the school/college premises, other than gymnasiums, sports centres or playing fields. For example, the school car park, kitchens, changing rooms, etc.

DrFal, AxFal

Include all types of fall, including falling off a bike (as opposed to being knocked off it). Falling down as a result of a blackout would count as a fall.

DrCar, AxCar

Count as a moving motor vehicle both those used on and off road. Thus, farm vehicles and construction site vehicles count. A motor vehicle should be taken as something that moves from place to place and has a driver, This includes trains, planes, helicopters and boats with engines, provided they were moving at the time.

Some vehicles have a dual use - they can be used to transport people about but they can also be used as a piece of machinery. Such equipment should only be counted here as a moving vehicle if the accident related to its capacity as a transporter. If the accident related to the machinery aspect of the vehicle, then the accident should be treated as an accident involving mechanical equipment (see *DrTul*). For example, if someone was assembling a tower crane and it collapsed, this should be treated as an accident that involved mechanical equipment (See *DrTul*) not a moving vehicle. But if they were run over by a crane when moving around, then it would be an accident involving a moving motor vehicle. Similarly, if someone fell into the works of a combine harvester, this would be a mechanical equipment accident.

DrBik, AxBik

Include as non-motor vehicle:

* sailing boats
* canoes, etc
* horse-drawn vehicle
* wheelchairs, include ones with motors

Do not include accidents involving non-moving vehicles.

DrTul, AxTul

Include household and gardening appliances - knives, drills, garden forks - and also vehicles if they were not moving at the time - for example, falling over a child's bicycle or cutting oneself while working on a car. As a rule of thumb, if someone was using the implement/appliance at the time of the accident, count it as causing the accident. For example, if someone fell off a ladder. However, the implement/appliance has to be the cause of or instrumental to the accident. Therefore do not include here accidents which are unrelated to a piece of equipment being used at the time.

DrSpt, AxSpt

Was the accident the result of taking exercise or playing sport?

Gardening and ordinary, everyday walking should be excluded. Hiking, rambling, mountain walking should be included as a sport. If necessary, include walking using special footwear as a sport and with ordinary footwear as not a sport.

Horse riding is a sport. Do not count as a non-motor vehicle.

DrInj, AxInj

"Broken bones" includes hairline fractures. In most cases a broken bone will lead to the respondent seeing a doctor or going to hospital. For this reason if you code Broken Bone as part of the questions about minor accidents you will be asked to check if this accident should be re-coded as a major accident.

DrBdy, AxBdy

"Face" is the part of the head not covered by the scalp.

DrNDA, AxNDA

By "normal daily activities" we mean whatever is normal for the respondent. So, for example, if someone has a disability and cannot carry shopping, then carrying shopping is not part of the normal daily activities and they cannot be prevented from doing it by having an accident.

DrTOW, DrTNN, AxTOW, AXTNN

If more than one spell off due to same accident, count total time off.

If the accident happened during, say, a holiday, then do not count the time incapacitated during the holiday as time off work or school. Count as time off, time not spent at school or work which the respondent would otherwise have spent there.

If someone's normal daily life was already disrupted by another event, such as an illness or another accident, do not count the accident under discussion as causing loss of normal daily activities, unless it extended the disruption time

DrWrk, Axwrk

Include all accidents which occurred at the respondent's workplace. If the respondent has a travelling job, his or her base (which may be home) counts as normal workplace. Accidents occurring while at work but not at normal workplace should have been coded at **DrWyr** according to location.

DrBone

If a respondent reports breaking a bone in an accident (at *DrInj*) then they will be asked to indicate

which bone(s) they broke. Use the show card to help you code the bone that was broken. The skeleton on the show card is labelled with the anatomical and lay terms for the bones of the body. A broken "Hip/pelvis/illeum" is a very rare fracture. Please check with the respondent and suppress the check if they confirm it is correct.

DrBrk

This question is a check that the respondent has not broken a bone as a result of an other incident, and is asked even if a respondent does **not** report an accident (at **DrAcc**) nor breaking a bone in an accident (at **DrInj**).

12.7 Respiratory problems (Breathing module)

This module deals with wheezing, asthma, chest infections in early childhood; runny/blocked noses; hay fever; itching and eczema. It also referred to as the Breathing module.

In this module do **NOT mention the terms asthma, rhinitis, hay fever, dermatitis or eczema EXCEPT where they are specifically part of the question text.**

In this module it is particularly important that you obey the following rules (which apply to most questionnaires most of the time):

1.   The question should be repeated exactly as it appears on the screen. If there is an ambiguity or misunderstanding, repeat the question emphasising the wording, but do not change the wording.

2.   Try to get the respondent to give a definite answer. If the respondent does not understand a yes/no question even after it is repeated, code it as Don't know.

3.   On other questions, if the respondent does not know the exact answer, get their best guess.

4.   For some questions an explanation may be given. Most of these are given as interviewer instructions on the screen, but some further instructions are listed below.

EverW

Wheezing can be described as:

> *a whistling sound whether high or low pitched, and however faint*

No distinction is made between those who wheeze during the day and those who only wheeze at night. **DO NOT MENTION ASTHMA.**

Dib

Among younger children the symptoms of breathing problems are different to those experienced by adults. They are more likely to have general breathing problems rather than specifically wheezing or whistling. For this reason the questions for children aged 4 and under first ask about "difficulty in breathing". If the response to this question is "No" only then will the question about "wheezing and whistling" be asked (at *Cwheeze)*.

Attak

Up to this point you are asked to say "wheezing and whistling" in full. From now on whenever you see *wheezing/whistling* use either wording as appropriate for your respondent.

ConDr

If the respondent does not understand what asthma is or is unsure, code as Don't Know. In this

context, a Doctor is a licensed medical practitioner. Exclude other therapists, e.g. homeopaths.

TrtWze and TrtWh

Codes 5 and 6 are for all sorts of doctors seen at hospital outpatients, including the junior doctor.

Bronc/BrcInf

A "serious chest illness" is anything that is considered serious by the respondent. If the respondent is hesitant because they are unsure whether it was serious, then, as a guide, if the illness resulted in the child being seen by a doctor or going to hospital then it was "serious".

HayFe

The term hay-fever should not be explained. If the respondent is unsure or does not understand, then code as Don't Know.

DrySK

"Generally dry skin" is not elaborated upon.

Exxma

Eczema is not explained. If the respondent does not understand the question, then code as "Don't know".

12.8 Smoking Module

Smoking is an important risk factor in many diseases, especially cardiovascular disease - and the section on smoking will enable us to examine the relationship between smoking patterns and disease. The data collected here will allow us to discover what proportion of the population is exposed to this risk factor, and how it relates to other risk factors such as heavy drinking or high blood pressure.

The questions are the same as previous years and this will also allow us to monitor over time whether smoking habits change.

Avoid reminding respondents of the health risks of smoking in case it biases their replies.

We are interested in looking at ordinary tobacco which is smoked. Ignore any references to snuff, chewing tobacco or herbal tobacco. Include hand rolled cigarettes.

8-17 year olds
It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have been put into self-completion format for 8 to 17 year olds. Those aged 16-17 have a set of questions similar to those answered by adults. The 13-15 olds have a simplified set of questions, and the 8-12 year olds have just a few very simple questions.

18/19 year olds
If a respondent is 18 or 19 and is in a situation where you feel that you would be likely to get more accurate information by their completing the self-completion booklet than by answering questions in front of parents, ask them to complete the Young Adult booklet rather than the Adult Booklet. If you are interviewing an 18/19 year old, CAPI will ask you at the beginning of the smoking section whether or not you wish to administer a Young Adult self-completion booklet. If you opt to do so, this respondent will be routed past the smoking and drinking questions within CAPI. However, as the self-completion does not gather as much information as the interview, you should

continue with the interview if you have no reason to suppose that there is pressure on the 18/19 year old to "cover up".

Please be doubly aware of the importance of keeping the self-completion booklets hidden from other household members during and after completion. Try to stop parents from looking at young people's responses by stressing the confidentiality of the exercise and/or keeping them otherwise occupied while the young person is completing the questionnaire.

SmokEver

By ever smoked, we mean even just once in the respondent's life.

DlySmoke, WkndSmok, RolDly, RolWknd

If roll-ups are smoked, ask first if they can estimate the number of cigarettes smoked a day. If they cannot estimate this, enter code 97 at *DlySmoke* and record number of roll-ups smoked at *RolDly and RolWknd.*

If respondent can only offer a range smoked each day, try to reach an estimate.

CigType, CigBrand, Tar, TarEst

This is set of questions attempt to assess the strength of the respondent's usual brand of cigarettes. If (s)he smokes more than one brand, take the one smoked most often.

You have been given a coding list which lists the most common cigarette brands, and from this list you should assign a four-digit code. It is ordered alphabetically by brand name, and alphabetically by type within brand name.

If you are unable to find a four-digit code which matches the respondent's usual brand, enter '9997', and you will then be asked to enter the tar level of the usual brand. This is usually printed on the side of the packet, along with the nicotine content. Be careful not to confuse the two. Tar level is only ever given in whole numbers, whereas nicotine content can have a decimal point. Try to get the tar level from the packet if appropriate, and if this is not possible, code this at *TarEst*. You may find that cigarettes bought abroad don't always have the tar level on the pack.

NumSmok

If the ex-smoker cut down gradually over time, find out the number they used to smoke at peak consumption.

PregRec

"Pregnant in the last 12 months" means any stage of pregnancy at any time in the last year.

FathSm, MothSm

If the respondent did not live with their natural mother or father, ask about the "father" or "mother" figure - ie the people who brought them up. In situations where the respondent spent part of their childhood in one family and part in another family (such as after a divorce, etc), treat as having lived with a smoker parent if this occurred in one "family".

12.9   Drinking Module

The information collected here will be used to look at the relationship between drinking habits and health. We are only interested in alcoholic drinks - not in non-alcoholic or low alcohol drinks. Make sure that the respondent is aware of this. This is why we exclude canned shandy (which is very low in alcohol). However, shandy bought in a pub or made at home from beer and lemonade

does have a reasonable alcohol content and so is included.

8-17 year olds

As with smoking, 8-17 year olds (and 18-19 year-olds at your discretion) are asked about drinking in their self-completion booklet which is presented near the end of the interview.

NBeer, NBeerQ etc

This is the first of a series of questions, each set asking about a different group of drinks, and how often they are drunk. You will ask first how much normal strength beer, stout, cider or shandy is drunk in the last 12 months and then how much was drunk on a drinking day. These questions are repeated for each type of drink. Then, for each type of drink, you will also ask the respondent about their drinking in the previous seven days.

As in previous years, we are asking respondents to answer separately about 'normal strength' beer/stout/cider, and 'strong' beer/stout/cider. 'Strong' has been defined as at least 6% alcohol by volume, and some examples are given as part of the question (eg Tennants Extra, Carlsberg Special Brew, Diamond White cider). Some respondents will not know whether they drank strong or normal beer/stout/cider. In such cases, assume that it was normal strength.

For each group of drinks read out the full description. We are interested in the frequency of drinking all types of drink in a category - so if someone says that they drink gin once a month and vodka three or four times a week, ask them to tell you how often they drink any kind of spirit. If the respondent says that the amount they drink on any one day varies greatly, ask them to think of the amount they would drink most often.

Again, the amount refers to the whole group of drinks, not to a particular drink within a group.

For beer/stout/cider/shandy, the amount is coded in half pints, so any answers given in pints will need to be multiplied by two before entering eg 3 pints of shandy = 6 half pints. With beer you also have the option to code in small cans, large cans or bottles if the respondent answers in this way. If the respondent tends to drink cans/bottles and halves in a usual drinking occasion, then enter both on the questionnaire.

If a respondent drinks bottled beer CAPI will ask for the brand name. Where possible, try and get specific names and ask for the size of the bottle. For example, 'Carlsberg Special Brew 550ml'.

Spirits are recorded in singles - so if the answer is given in doubles multiply it by two before entering. A nip or a tot should be treated as singles. Miniature bottles contain two singles, a normal bottle contains 27 singles, half a bottle contains 14 singles. If someone gives a different measure, eg "I have a couple of spoonfuls of brandy in my coffee" then ascertain the size of spoon and use <Ctrl> + <M> to make a note.

For wine the answer is in glasses:

A carafe or 70cl standard bottle	= 6 glasses
Half a bottle	= 3 glasses
1/3 or ¼ bottle	= 2 glasses
Litre bottle	= 8 glasses
Half a litre bottle	= 4 glasses
1/3 of a litre bottle	= 3 glasses
¼ of a litre bottle	= 2 glasses

Sherry is usually drunk in small glasses, but if it is drunk in schooners this counts as two glasses. One bottle of fortified wine is 14 small glasses.

There is a separate question about 'alcopops', eg alcoholic lemonade.

AlcOtA
There are some drinks that people like to think are non-alcoholic such as Ginger Wine or Peppermint cordial. These should be included, if mentioned, under *AlcOt.*

WhichDay
If a drinking session continued beyond midnight, code the day on which it started.

12.10 Employment Classification Module

- If the Household Reference Person (HRP) has answered the Household questionnaire and given his/her own occupation details, the occupation details will not be asked again at the end of the HRP's Individual questionnaire
- If another household member (eg. spouse) has answered the Household questionnaire and gave the job details of the HRP, then the occupation details *will* be asked at the end of the HRP's Individual questionnaire

This set of questions deals with what the respondent was doing in the seven days ending on the Sunday preceding the interview. If the respondent's occupational status has changed since that date, we are interested in **the reference week only**, even though the temptation is to talk about what the respondent is doing currently.

Order of responses:
Note the order of the responses - if a respondent is doing more than one of these activities at the same time, you should code the one which comes nearest the top of the list. Thus, being a student takes precedence over all other activities, as long as the respondent is a full-time student. People studying part-time should be coded according to their main activity. Those on vacation should be counted as being in full-time education if they are planning to return at the next opportunity (ie are not taking a year out). If return depends on exam results, assume that they get the results and code them as 'going to school or college full-time'.

Paid work:
It should be left to the respondent to decide whether or not (s)he is in 'paid work', but it must be paid work to count. 'Paid work' at this question means any work for pay or profit done in the reference week. It is to be included, however, little time is spent on it, so long as it is paid.

Temporarily sick or on leave:
Someone who was temporarily sick or on leave from a job in the reference week should still be coded as in paid work. Longer-term absences are a little more complicated. If the total absence from work (from the last day of work to the reference week) has exceeded six months, then a person is classed as in paid work only if full or partial pay has been received by the worker during the absence, and they expect to return to work for the same employer (ie a job is available for them).

Career breaks:
In some organisations, employees are able to take a career break for a specified period and are guaranteed employment at the end of that period. If a respondent is currently on a career break, (s)he should be coded as being in paid work only if there is an arrangement between the employer and employee, that there will be employment for the employee at the end of the break. This is not

dependent on his/her receiving payment from the employer during the break. Leave it up to the respondent to define whether or not (s)he has a job to go back to.

Seasonal work:

In some industries/geographical areas (eg agriculture, seaside resorts), there is a substantial difference in the level of employment from one season to the next. Between 'seasons', respondents in such industries should not be coded as being in paid work. (However, note that the odd week of sick leave during the working season would be treated like any other worker's occasional absence, and coded as being in paid work).

Casual work;

If a respondent works casually for an employer, but has not worked for them during the reference week, (s)he should be coded as not being in paid work, even if (s)he expects to do further work for the employer in the future.

Unpaid work:

Respondents should be coded as 'doing unpaid work for a business that you/a relative owns' if their work contributes directly to a business, firm or professional practice owned by themselves and/or relatives, but who receive no pay or profits. Unpaid voluntary work done for charity etc, should not be included here.

Training schemes:

People on Government Training Schemes may count themselves as being in paid work, but they should be coded as 'on a Government scheme for employment training'. The main schemes which are running at the moment are Youth Training and Training for Work (used to be called Employment Training or Employment Action).

'Looking for paid work or a Government training scheme' may cover a wide range of activities, and you should not try to interpret the phrase for the respondent. Those looking for a place on a government scheme should only be coded as such if the search is active rather than passive. In other words, a respondent who has not approached an agency but who would consider a place if an agency approached her/him, should not be coded as looking for a scheme.

Intending to look for work but prevented by temporary sickness or injury:

'Intending to look for work but prevented by temporary sickness or injury' should only be used if the sickness/injury has lasted for less than 28 days. If it has lasted longer than this, code as 'doing something else'.

Permanently unable to work because of long-term sickness or disability:

'Permanently unable to work because of long-term sickness or disability' should only be used for men under 65 and women under 60. Those older than this should be coded as 'retired', 'looking after the home or family' or 'doing something else', as appropriate.

Retired:

'Retired' should only be used for people who retired from employment at around retirement age, or who were permanently sick prior to reaching retirement age.

12.11 Other Classification Questions

EthnicI/EurCult/MixCult/BlaCult/IndCult/OthCult

At *EthnicI* code the group to which the respondent considers s/he belongs. Never attempt any judgement of your own, even if the respondent refuses or is unable to answer the question.

EurCult-OthCult are different follow up questions about the respondent's cultural background,

depending on the answer given at *EthnicI*. Note you should code all that apply.

Qual, QualA, OthQual, QualB

Make sure that the respondent has properly looked at the showcard and told you **all** the qualifications they have that are listed on it. Enter all codes for all of these. If in doubt about a qualification record it as "Other Qualification" at *OthQual and QualB*. If a respondent has a degree at *QualA,* they will not be asked *QualB*.

When filling in other educational qualifications at *QualB*, always type in the full name. Please do not use initials and abbreviations, these are often very difficult to interpret.

12.12 Presentation of Self-Completion Booklets

The self-completion booklets are as follows:

Title	Age group	Colour	Contents
Adult	18+	Green	Drinking experiences, General health (GHQ-12 and SF 12), social support, incontinence, contraceptive pill and HRT
Young Adult	16-17	Pink	Smoking, Drinking, Drinking experiences, General health (GHQ-12 and SF 12), social support, incontinence and contraceptive pill
13-15	13-15	Blue	Smoking (shorter version), Drinking (shorter version), General health (GHQ-12)
8-12	8-12	Yellow	Smoking (shorter version), Drinking (shorter version), Bicycle helmets

Make sure that you enter the serial number (including the person number) correctly on all self-completion booklets. Check your entry on the booklet against the display on screen *ScIntro/SCIntCh.*

Explain how to complete the booklet.

SCCheck

Look through <u>all</u> the booklets when returned to see if fully completed. Encourage respondents to complete any missing answers by saying something like "did you miss this one by mistake?"

SComp5A

Code who was present in the room while the booklet was completed. Remember to INCLUDE yourself.

General Points about Self-Completions

- Encourage respondents to fill out the questionnaire on their own (without interference from, or discussion with, others in the room)

- Encourage respondents to answer <u>all</u> the questions.

- Make sure that you are present in the room while respondents complete the booklets. This will help to ensure that respondents answer the questions as accurately and as honestly as possible.

Smoking and drinking

It can be difficult to get people to tell the truth about smoking and drinking, and this is especially true for younger people particularly if you are interviewing with all the family there. Therefore, some of the questions on smoking and drinking from the interview have been put into self-completion format. The 16-17 year olds are asked a series of questions similar to those asked in the CAPI program of adults. As explained earlier, this Young Adult booklet should also be given to 18/19 year olds if you feel better quality information would be collected by so doing. 13-15 and 8-12 year olds have simplified smoking and drinking sections.

For the 16-17 year olds and the 13-15 year olds, the section on drinking is probably the most complex part of the self-completion. You can help the respondent out if they are having difficulty, but take care to preserve the anonymity of the respondent's information.

Note that the second part of the grid is slightly different for the two age groups. The 16-17 year olds get asked "How much have you usually drunk on any one day?" AND how much they drank on their heaviest drinking day in the last week - like the CAPI question. The 13-15 year olds get asked "How much did you drink in the last 7 days?".

Adult self-completion

If the respondent does not drink alcohol, or drinks less than once or twice a year, CAPI will instruct you to cross out the Drinking Experiences questions before handing over the booklet. Explain to the respondent that the first page of questions is not relevant to them.

12.13 Measurements

Detailed protocols of how to take height and weight measurements are appended to these instructions. It is **vital** that you learn to administer these protocols properly and systematically. You are responsible for providing the official statistics on the population's height and weight. If you have any problems in either administering the protocols or with the equipment, contact your Supervisor or Area Manager immediately.

In this section we describe who is eligible, the type of site required to take the measurements and how to complete this section of the questionnaire.

You should be able to measure the height and weight of most of the respondents. However, in some cases it may not be possible or appropriate to do so. Do not force a respondent to be measured if it is clear that the measurement will be far from reliable but whenever you think a reasonable measurement can be taken, do so. You are asked to record the reliability of your measurement at *RelHiteB and RelWaitB*. Examples of people who should **not** be measured are:

- Chairbound respondents.

- If after discussion with a respondent it becomes clear that they are too unsteady on their feet for these measurements.

- If the respondent finds it painful to stand or stand straight, do not attempt to measure height.

- If an elderly respondent is too stooped to obtain a reliable measurement.

- Pregnant women are not eligible for weight as this is clearly affected by their condition.

- Children under the age of 2 years do not have a height measurement taken.

For small children, there is an option to weigh them held by an adult. In this case, you weigh the adult on his/her own first and then the adult and the child. You should enter both weights, and the computer will calculate the child's weight.

If the respondent is not willing to have his/her height or weight measured, for example saying that they are too busy or already know their measurements, code as **Refused** at *RespHts/RespWts* and code the reason for refusal at *ResNHi* or *ResNWt*. DON'T use the 'Not attempted' code for these cases.

It is strongly preferable to measure height and weight on a floor which is level and not carpeted. If all the household is carpeted, choose a floor with the thinnest and hardest carpet (usually the kitchen or bathroom).

Read the preamble at the question called *Intro*. If further explanation is required, say that although many people know their height and weight, these measurements are not usually up to date or are not known with the precision required for the survey. The reason for wanting to know accurate heights and weights is in order to relate them to other health measures.

If the height or weight is refused or not attempted, the respondent is asked to estimate their height or weight. You are given a choice of whether to enter their estimate in metric or imperial measurements.

RelHite and RelWaitB

You are asked here to code whether you experienced problems with the measurement and, if you did, to indicate whether you felt the end result was reliable or unreliable. As a rough guide, if you think the measurement is likely to be more than 2 cms (3/4 inch) from the true figure for height or 1 kg (2 lbs) from the true figure for weight, code as unreliable.

Birthweight

The natural mother of each child selected for the survey is asked for the child's birthweight, even if that child is not included in the current session. If the birthweight is lower than 2.5kg, she is asked whether or not the child was born prematurely. If so, she is also asked how many weeks early the child was born. Accept an estimate if she is unsure, but say so in a note.

Measurement Record Card

When you have taken the respondent's height and weight, offer the respondent a record of his/her measurements. Make out a Measurement Record Card and give it to the respondent. There is room on the Measurement Record Card to write height and weight in both metric and imperial units if the respondent wants both. The computer does the conversion for you.

12.14 The Nurse

Nurse

This is the first place that the nurse visit is introduced in the CAPI. Be careful to read out exactly what is on the screen. Only read the section after "IF ASKED FOR MORE DETAILS" if the respondent probes for more details. Information about the nurse visit is covered in the stage leaflet and you can refer respondents to this section. Remember try not to get into a discussion about the different measurements, it is better to leave nurse to answer these questions.

12.15 The National Health Service Central Register

The National Health Service has a central register, and we would like to flag the names of respondents on this. As the survey is planned to continue for many years, it will be useful to be

able to follow up what happens to respondents in the future. For example, looking ahead into the future, we can be informed when a respondent dies and of the cause of their death. This information, linked to the information obtained in the survey, could be extremely helpful to future medical researchers.

However, as this may seem off-putting to the respondent we have worded the question about flagging on the NHS register in a more general way. If the respondent refuses permission, please say why they did so.

It is important to understand that the only information that the *National Centre/*UCL give to the NHS Register is the respondent's full name, date of birth and address, and the fact that (s)he has taken part in the survey. The respondent's details are already on the register, they are put their when they receive their NHS number. We could ask for respondents NHS number but not mant people are likely to know this. For this reason we ask for other details which will help us identify them on the register.

No other information is given, not even the serial number used by the interviewer. A totally different case number is allocated to ensure anonymity.

When the respondent dies, the NHS Register provides the Health Survey team with a replica of the respondent's Death Certificate (something that is publicly available). The information on the Death Certificate is then attached to the data file.

The NHS Register also receives information about certain diseases, notably cancer. It is possible that we will request that information in the future. The procedure would be identical to that outlined above. We will not be able to do this until we have the permission of the British Medical Council, who are primarily concerned with data confidentiality and other ethical issues.

NHSCRSig

In previous years of the Health Survey it was only necessary to obtain verbal consent to pass a respondents details on to the NHS register. Since 2000 we are also required to obtain written consent.

There are two forms for consent;
- Adults (age 16 and over)   White form
- Children (age 0 to 15)   Cream/Yellow form

Make sure that you enter the serial number correctly on the forms. Check the number against the display on screen. Write in the name of the respondent on the form and ask them to sign and date the form. For children you will need to write in the name of the child's parent or guardian and the child's name. The form is signed by the parent or guardian.

If a respondent gives permission at *NHSCR* but refuses to give signed permission at *NHSCSig*, please remember to code this as "Signed consent not obtained" otherwise the office will expect to get a signed consent form.

TPhone

Collect the telephone number and write on the ARF. You will later need to key it into the Admin block.

FstNm/NewNm

The NHS central register sometimes has trouble locating the records of HSE respondents because in previous years we recorded only their title, initials and surname on the computer. This question

has been added to allow us to record the first name also.

If you used an abbreviation or initial or spelled the name incorrectly in the household grid, you should ensure that the name entered here is correct and complete. For example, if you entered 'Jim' at the household grid but the respondent's full name is 'James', code 2 'No' at *FstNm* and enter 'James' at *NewNm.*

The computer will not allow you to accidentally delete a name from this screen. If the name field is left blank, it will instruct you to re-enter what was originally there.

12.16 The Admin Block

AdmNote
This question allows you to make notes that will appear on the Address menu.

Choice
Until you have finished completely with everyone in the household, you should enter 1 for 'RETURN TO MENU' here.

When you have finished completely with the household, enter 5 for 'COMPLETE ADMIN DETAILS'.

You are asked to complete a few administrative questions and if the household is:

fully productive   you complete the ARF and NRF.

partially productive you enter the outcome codes of the unproductive household members and then complete the ARF and NRF.

fully unproductive   you enter the outcome code for the household and complete the ARF

Not all of the following questions will be displayed, they are dependent on whether the household is productive or un-productive. It is important that you following the instructions on the screen. You will be asked to either record information from the ARF into the CAPI, or information in the CAPI onto the ARF.

IOut
This screen summarises the outcome codes for all individuals in the household. If an interview was carried out, the individual outcome code will be filled in for you. For unproductive individuals in the household, you should enter an outcome code from the list on the screen.

PrOut
If you have completed all interviewing at the household, the question called *PrOut* will appear and tell you which final outcome code for the household to enter on the ARF.
Unout
If the household is unproductive you should enter a code from the ARF. You will be asked to confirm the code is correct at *UnConf.* For refusal outcome codes you will also be asked to code the reason for refusal at *ReasRef.*

AdNum, ChNum, InfNum
If the household is unproductive, record at these questions the **total** number of adults, children

and infants in the household (ie not just the ones selected for interview).

Letter
Copy this from the ARF.

HHSelec
This question is a prompt to check if you carried out a household selection.

NOFHH
Copy this from the ARF question 3. If you entered "Yes" at *HHSelec* then you must enter a number greater than 1 at this question.

ExHHold
Please note that if there are extra households at an address you will need to open these extra households at the **Household menu** before you can code the current household as completed. You will not be able to return the work until this is done.

SelecDig1-3
If there are more than 4 households at an address, you will have carried out a selection procedure. You are asked to enter the selection numbers ie the numbers on the right hand side of the grid at Q8 on the ARF.

TNC
Take this number this from the front sheet ARF.

AdrConf
This lets us know whether or not we need to amend our records in the office.

NRF
Use this question to fill in and check on the NRF the Interviewer Outcome Summary code on page 1 and the grid on page 2.

It is important that for children (0-15 years) that you record the parent number and parent type on the NRF.

Use this information if you have to telephone through an appointment to your nurse and to complete the NRF.

NRFInf
For respondents under the age of two, you should also code if they are aged under 6weeks or not. The nurse needs this information so that she knows which measurements she will be taking and so the equipment she needs to carry.

NoNurse
If there is no work for the nurse to do at this household, you will be instructed to ring code B at the Interviewer Outcome Summary on the NRF. You should still send the NRF to the nurse even if there is no work at that address.

AskName
Type in the full name of the main contact person for the household, from the front of the ARF.

ConfName

Once you have coded 1 to indicate that the name is correct, the answer to *AskName* will be hidden to ensure confidentiality.

Ttl/OthTitle/Initl/Surname

For all productive individuals in the household enter the title, full initials and surname, from ARF. This information will be used for generating GP and respondent letters, and for any flagging on the NHS Central Register. Please be sure to type names correctly. Initials should be entered in capitals; surname should have a leading capital.

ConfGrid

Check that you have typed in all names accurately, and that you have type in the correct name for each person number. Once you enter code 1 (Names correct), the names will be hidden to ensure confidentiality.

AreaType - EthMix

Copy this from the appropriate questions on the ARF.

NIOut

NIOut allows you to check that you have completed all the individual outcomes at Q12 of the ARF. Remember to complete the details of productive and unproductive individuals at Grids A and B at Q14.

IntDone

Do not say 'yes' until you have finished completely with **all** persons in the household.

13.   RETURNING WORK TO THE OFFICE

Transmit CAPI work immediately at the end of each day's work. You must not wait until a household is complete before returning your work, as the nurse needs to be able to pick up her/his work daily, and (s)he cannot do that unless you have returned yours. You do not need to have completed the admin for a household before transmitting - it is more important to transmit promptly.

Paper work and ARFs must also be returned promptly, and you should aim to send those in at least twice a week. Paper work and ARFs should not be sent back until a household is completed.

Even if your nurse's appointments are not imminent, it is very important that work is returned promptly, for two reasons. Firstly, it gives plenty of time for the information to be transmitted to the nurse, and there will be time to sort out any problems. Secondly, we need information from your work to help us deal with any abnormalities detected by the nurse tests. Occasionally, we find something potentially life-threatening. Delays in getting in touch with the GP/respondent could be very serious.

Before returning work for a household, check all paper documents for correct serial numbering and completion - the ARF, the Self-Completion questionnaires and the NHSCR consent forms. Bring your Interviewer Sample Sheet up-to-date. Collate documents in person number order.

Before returning work:
- Make sure you have a Backup copy of your most recent work.
- Connect up your modem
- Select 'T' for Transmit/Return data to HQ **from the Action menu**, and follow the instructions on the screen.

CAPI questionnaire data will be transferred back to the office via the modem. Remember you still need to return the paper documents.

Return work in two separate envelopes:

- ARFs/NHSCR consent forms
- Self-completions (to be posted at same time as the ARF)

THIS IS IMPORTANT. THE PROCESSING OF PAY CLAIMS MAY BE DELAYED IF THIS PROCEDURE IS NOT FOLLOWED.

At the end of your assignment, check that you have accounted for all your addresses on the Interviewer Sample Sheet.

When your assignment is completed, make your last return of work as follows:

- Make sure that you have taken a Backup of your most recent work.

- Do your last Return-of-work via modem, by selecting 'T' for 'Transmit/Return data to HQ' from the Action menu. Follow the instructions on the screen.

- Then carry out the 'End of Assignment clear-out' routine by selecting 'E' from the Action menu. This routine requires the use of the **Backup disk** for the last time.

- Return to Brentwood in **two** separate envelopes, posted at the same time:

    (a)   the last batch of ARFs
           the last batch of NHSCR consent forms
    (b)   the last batch of Self-Completion Questionnaires
           back-up disk

YOUR ASSIGNMENT IS NOT COMPLETE UNTIL THIS PROCEDURE HAS BEEN CARRIED OUT. THE ADMIN FEE WILL NOT BE PAID UNTIL THE BACKUP DISK HAS BEEN RECEIVED.

14.   ANY PROBLEMS

If you have any problems with the survey itself, or with the questionnaires, contact any of the research team at the *National Centre*. If you have a problem with your equipment or supplies, talk to your Area Manager.

You are provided with incident report forms. Please complete one of these if anything untoward occurs while you are in a respondent's home, or there is anything which you would like to be recorded.

APPENDIX A: PROTOCOL FOR TAKING HEIGHT MEASUREMENT

A.   THE EQUIPMENT

You are provided with a portable stadiometer. It is a collapsible device with a sliding head plate, a base plate and three connecting rods marked with a measuring scale.

Please take great care of this equipment. It is delicate and expensive. Particular care needs to be paid when assembling and dismantling the stadiometer and when carrying repacking it in the box provided.

- Do not bend the head or base plate
- Do not bend the rods
- Do not drop it and be careful not to knock the corners of the rods or base plate pin
- Assemble and dismantle the stadiometer slowly and carefully

The stadiometer will be sent to you in a special cardboard box. Always store the stadiometer in the box when it is not in use and always pack the stadiometer carefully in the box whenever you are sending it on by courier. Inside the box with the stadiometer is a special bag that you should use for carrying the stadiometer around when you are out on assignment.

The rods

There are three rods marked with a measuring scale divided into centimetres and then further subdivided into millimetres. (If you are not familiar with the metric system note that there are ten millimetres in a centimetre and that one hundred centimetres make a metre). The rods are made of aluminium and you must avoid putting any kind of pressure on them which could cause them to bend. Be very careful not to damage the corners of the rods as this will prevent them from fitting together properly and will lead to a loss of accuracy in the measurements.

The base plate

Be careful not damage the corners of the base plate as this could lead to a loss of accuracy in the measurements.

Protruding from the base plate (see diagram overleaf) is a pin onto which you attach the rods in order to assemble the stadiometer. Damage to the corners of this pin may mean that the rods do not stand at the correct angle to the base plate when the stadiometer is assembled and the measurements could be affected.

The head plate

There are two parts to the head plate; the blade and the cuff. The blade is the part that rests on the respondent's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and down the rods. The whole unit is made of plastic and will snap if subjected to excessive pressure. Grasp the head plate by the cuff whenever you are moving the headplate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

Fig A.1. STADIOMETER ASSEMBLY

Ballbearing lock system

Base Plate Pin

Head Plate Cuff

Arrowhead points to edge you must take reading from

Base plate
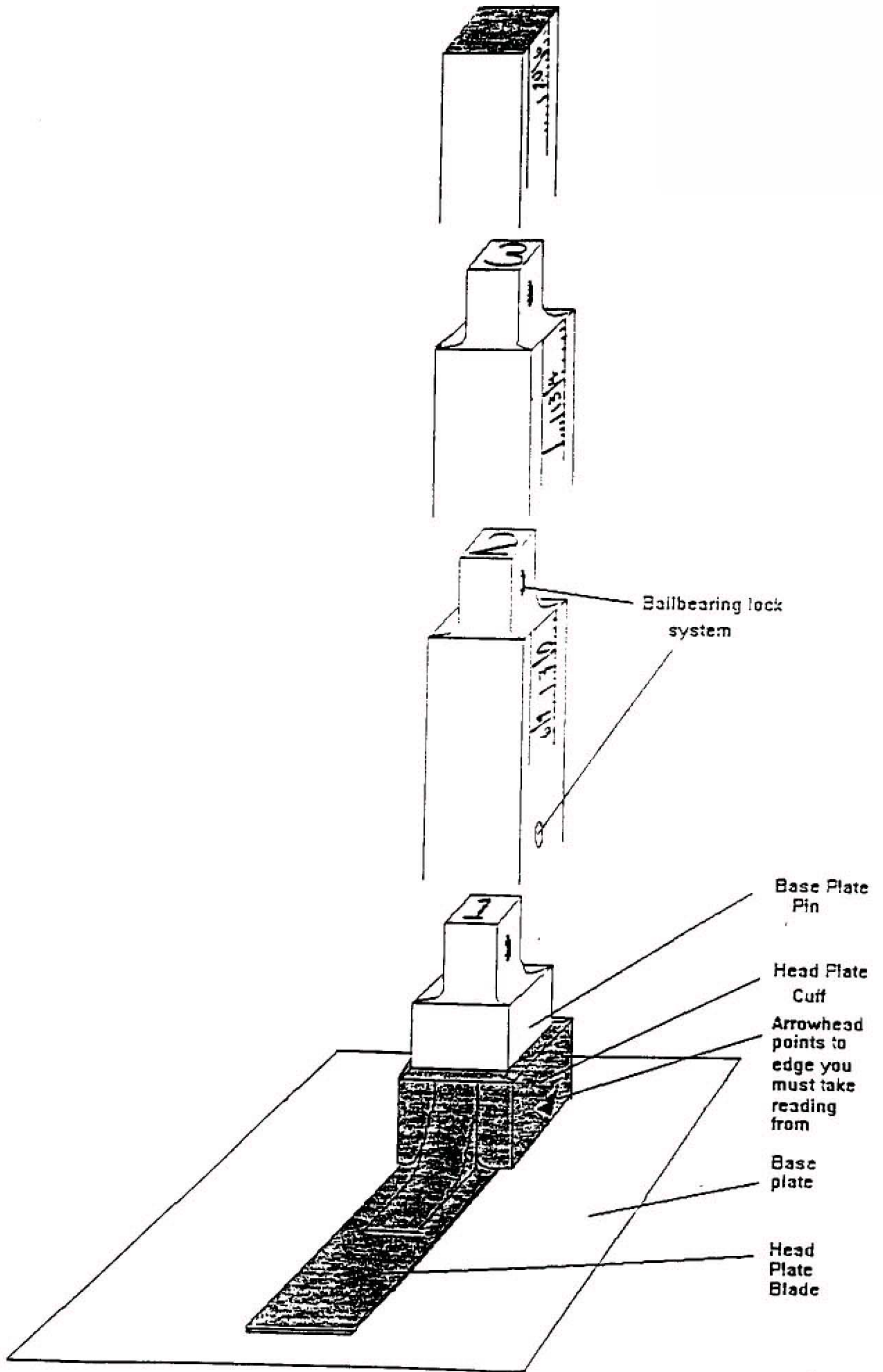
Head Plate Blade

Assembling the stadiometer (See figure A.1.)

You will receive your stadiometer with the three rods banded together and the head plate attached to the pin so that the blade lies flat against on the base plate. Do not remove the head plate from this pin.

Note that the pin on the base plate and the rods are numbered to guide you through the stages of assembly. (There is also a number engraved onto the side of the rods, this is the serial number of the stadiometer). The stages are as follows:

1. Lie the base plate flat on the floor area where you are to conduct the measurements.

2. Take the rod marked number 2. Making sure the yellow measuring scale is on the right hand side of the rod as look at the stadiometer face on, place rod 2 onto the base plate pin. It should fit snugly without you having to use force.

3. Take the rod marked number 3. Again make sure that the yellow measuring scale connects with the scale on rod 2 and that the numbers run on from one another. (If they do not check that you have the correct rod). Put this rod onto rod number 2 in the same way you put rod 2 onto the base plate pin.

4. Take the remaining rod and put it onto rod 3.

Dismantling the stadiometer

Follow these rules:-

1. Before you begin to dismantle the stadiometer you must remember to lower the head plate to its lowest position, so that the blade is lying flat against the base plate

2. Remove one rod at a time

B.   THE PROTOCOL - ADULTS (16+)

1. Ask the respondent to remove their shoes in order to obtain a measurement that is as accurate as possible.

2. Assemble the stadiometer and raise the headplate to allow sufficient room for the respondent to stand underneath it. Double check that you have assembled the stadiometer correctly.

3. The respondent should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The respondent's back should be as straight as possible, preferably against the rod but NOT leaning on it. They should have their arms hanging loosely by their sides. They should be facing forwards.

4. Move the respondent's head so that the Frankfort Plane is in a horizontal position (ie parallel to the floor). The Frankfort Plane is an imaginary line passing through the external ear canal and across the top of the lower bone of the eye socket, immediately under the eye (see diagram). This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, ie the top back half. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.

5. Instruct the respondent to keep their eyes focused on a point straight ahead, to breath in deeply and to stretch to their fullest height. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer headplate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.

6. Ask the respondent to step forwards. If the measurement has been done correctly the respondent will be able to step off the stadiometer without ducking their head. Make sure that the head plate does not move when the respondent does this.

7. Look at the bottom edge of the head plate cuff. There is a green arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres, that is in the form 123.4, at the question *Height*. You may at this time record the respondent's height onto their Measurement Record Card and at the question *MbookHt* you will be asked to check that you have done so. At that point the computer will display the recorded height in both centimetres and in feet and inches. At *RelHiteB* you will be asked to code whether the measurement you obtained was reliable or unreliable.

8. Height must be recorded in centimetres and millimetres, eg 176.5 cms. If a measurement falls between two **millimetres,** it should be recorded to the **nearest even millimetre.** Eg, if respondent's height is between 176.4 and 176.5 cms, you should round it down to 176.4. Likewise, if a respondent's height is between 176.5 and 176.6 cms, you should round it up to 176.6 cms.

9. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

C. THE PROTOCOL - CHILDREN (2-15)

The protocol for measuring children differs slightly to that for adults. You must get the co-operation of an adult household member. You will need their assistance in order to carry out the protocol, and children are much more likely to be co-operative themselves if another household member is involved in the measurement. If possible measure children last so that they can see what is going on before they are measured themselves.

Children's bodies are much more elastic than those of adults. Unlike adults they will need your help in order to stretch to their fullest height. This is done by stretching them. This is essential in order to get an accurate measurement. It causes no pain and simply helps support the child while they stretch to their tallest height.

It is important that you practice these measurement techniques on any young children among your family or friends. The more practice you get before going into the field the better your technique will be.

1. In addition to removing their shoes, children should remove their socks as well. This is not because the socks affect the measurement. It is so that you can make sure that children don't lift their heels off of the base plate. (See 3 below).

2. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.

3. The child should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child's back should be as straight as possible, preferably against the

rod, and their arms hanging loosely by their sides. They should be facing forwards.

4. Place the measuring arm just above the child's head.

5. Move the child's head so that the Frankfort Plane is in a horizontal position (see diagram). This position is as important when measuring children as it is when measuring adults if the measurements are to be accurate. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.

6. Cup the child's head in you hands, placing the heals of your palms either side of the chin. Your fingers should come to rest just under the ears. (See diagram).

7. Firmly but gently, apply upward pressure lifting the child's head upwards towards the stadiometer headplate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle: you must keep it in the Frankfort plane. Explain what you are doing and tell the child that you want them to stand up straight and tall but not to move their head or stand on their tip-toes.

8. Ask the household member who is helping you to lower the headplate down gently onto the child's head. Make sure that the plate touches the skull and that it is not pressing down too hard.

9. Still holding the child's head, relieve traction and allow the child to stand relaxed. If the measurement has been done properly the child should be able to step off the stadiometer without ducking their head. Make sure that the child does not knock the head plate as they step off.

10. Read the height value in metric units to the nearest millimetre and enter the reading into the computer at the question "Height." At the question "MbookHt" you will be asked to check that you have entered the child's height onto their Measurement Record Card. At that point the computer will display the recorded height in both centimetres and in feet and inches.

11. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

**REMEMBER YOU ARE <u>NOT</u> TAKING A HEIGHT
MEASUREMENT FOR CHILDREN UNDER 2 YEARS OLD**

D.   HEIGHT REFUSED, NOT ATTEMPTED OR ATTEMPTED BUT NOT OBTAINED

At *HtResp* you are asked to code whether the measurement was taken, refused, attempted but not obtained or not attempted. If for any reason you cannot get a height measurement, enter the appropriate code at this question and you will automatically be routed to the relevant follow up questions (*ResNHi* and *NoHitM*) which will allow you to say why no measurement was obtained.

E.   ADDITIONAL POINTS - ALL RESPONDENTS

1. If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (eg those with protruding bottoms) then give priority to standing upright.

2. If the respondent has a hair style which stands well above the top of their head, (or is wearing a turban), bring the headplate down until it touches the hair/turban. With some hairstyles you can compress the hair to touch the head. If you can not lower the headplate to touch the head,
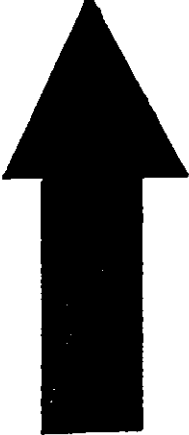
and think that this will lead to an unreliable measure, record this at question *RelHite.* If it is a hairstyle that can be altered, eg a bun, if possible ask the respondent to change/undo it.

3. If the respondent is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case.

FRANKFORT PLANE CARD
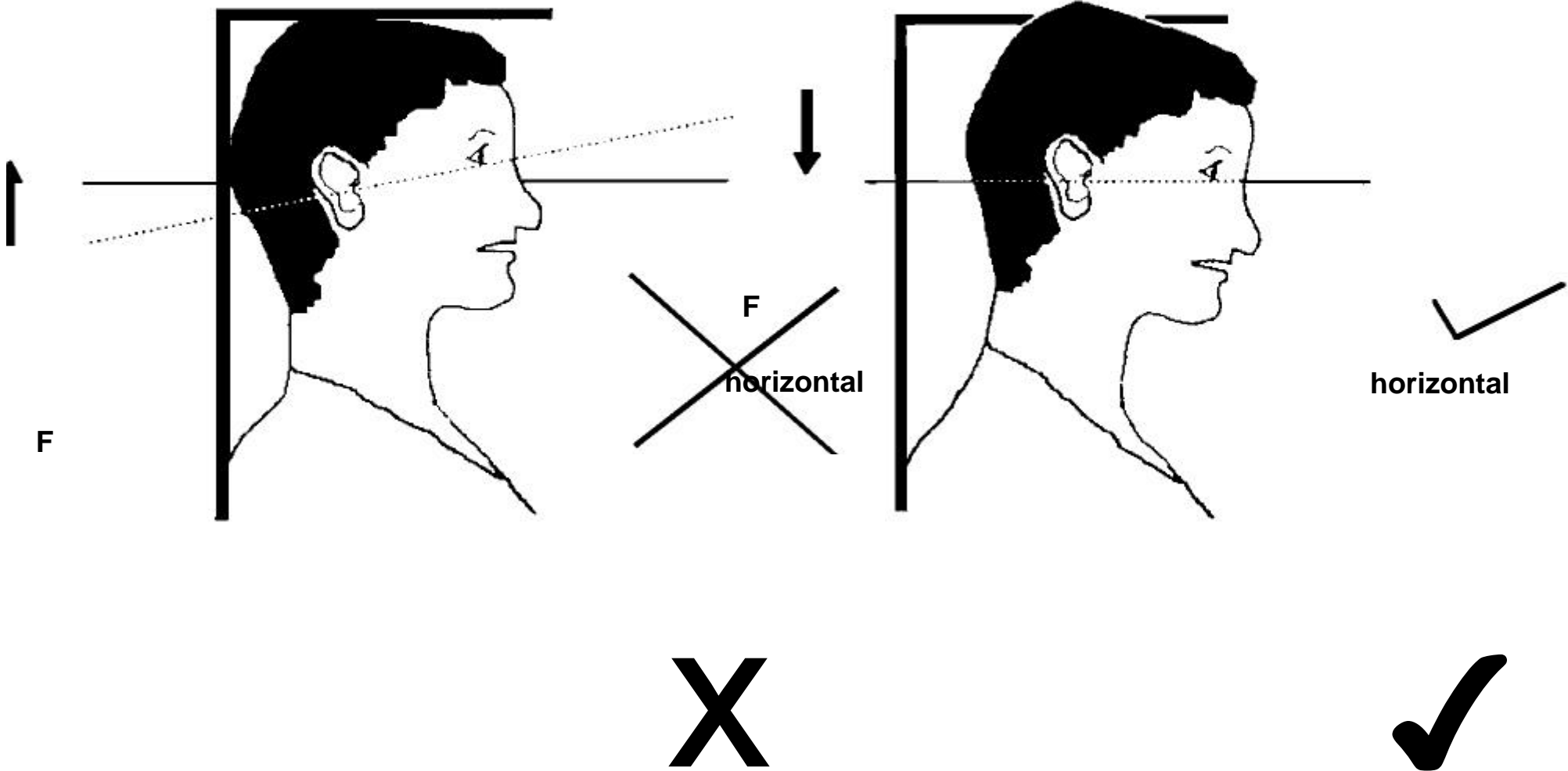
MEASURING CHILDREN'S HEIGHT

horizontal

STRETCH
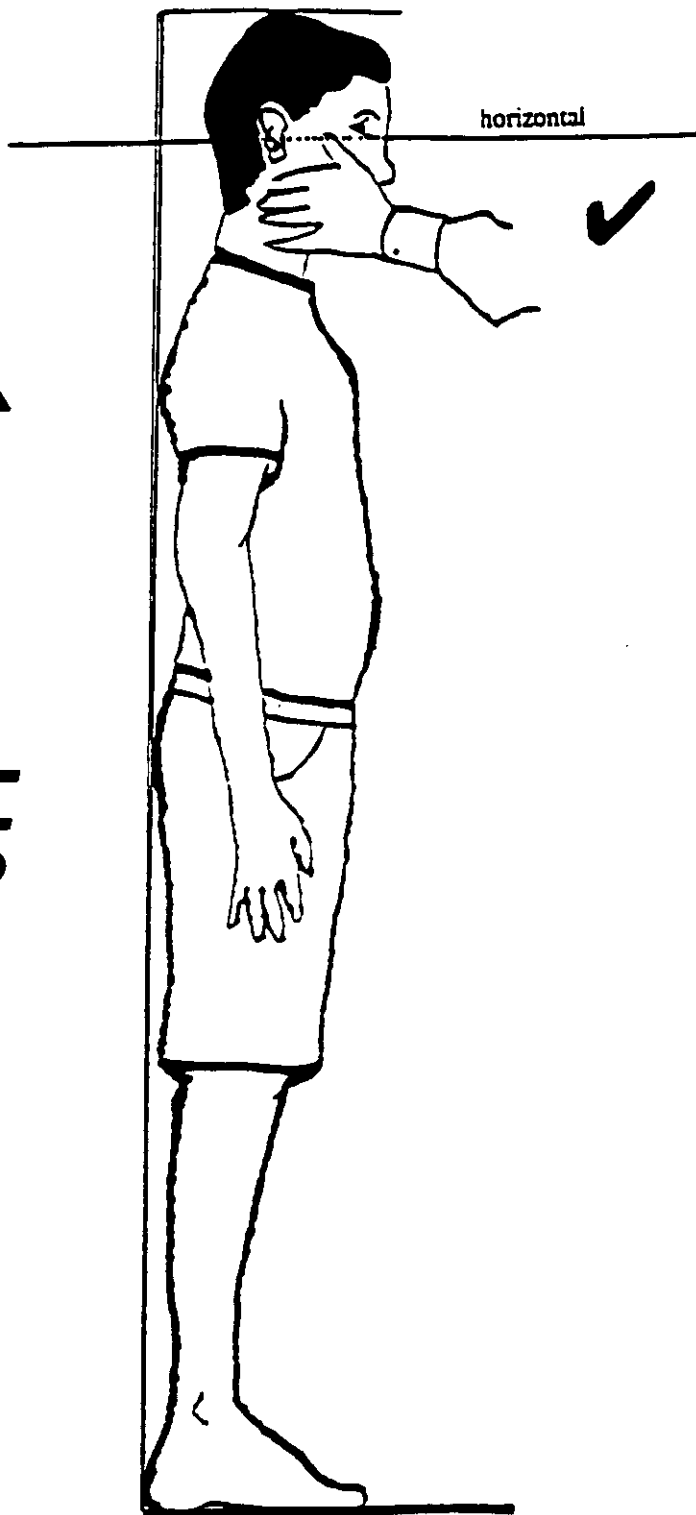
① MAKE SURE
HEAD
IN
FRANKFORT
PLANE

② APPLY GENTLE
UPWARD
PRESSURE

APPENDIX B: PROTOCOL FOR TAKING WEIGHT MEASURMENTS

A.   THE EQUIPMENT

There are five different types of scales used on the Health Survey. They differ in the type of power supply they use, where the weight is displayed and the way the scales are turned on. Before starting any interviewing check which scales you have been given and that you know how they operate.

Soehnle Scales

- These scales come in two different versions. Both work in exactly the same way, but one has a "remote display" (ie the weight reading is shown on a separate handset), while the other shows the weight reading window on the scales.

- The Soehnle scales are turned on by pressing the top of the scale (eg with your foot). There is no switch to turn the scales off, they turn off automatically.

- The scales take 1 x 9v rectangular MN1604 6LR61 batteries.

Seca 850

- These scales display the weight in a window on the scales.

- The Seca 850 is switched on by pressing the top of the scales (e.g. with your foot). There is no switch to turn the scales off, they turn off automatically.

- The scales take 4 x 1.5v AA batteries.

Seca 870

- These scales display the weight in a window on the scales.

- The Seca 870 is switched on by briefly covering the solar cell (for no more than one second). The solar cell is on the right hand side of the weight display panel. **NB** You may experience difficulties switching the scales on if there is insufficient light for the solar cell. Make sure that the room is well lit.

- The scales have an fixed battery which cannot be removed.

Tanita THD-305

- These scales display the weight in a window on the scales.

- The Tanita is switched on by pressing the button on the bottom right hand corner of the scales. The scales will automatically switch off after a few seconds.

- The scales take 4 x 1.5v AA batteries.

When you are storing the scales or sending them through the post please make sure you remove the battery to stop the scales turning themselves on.
(This does not apply to the Seca 870 scales)

Batteries (Soehnle, Seca 850 and Tanita)

It should not be necessary to have to replace the batteries, but always ensure that you have some spare batteries with you in case this happens. If you need to change the battery, please buy one and claim for it. The batteries used are commonly available.

The battery compartment is on the bottom of the scales. When you receive your scales you will need to reconnect the battery. Before going out to work, reconnect the battery and check that the scales work. If they do not, check that the battery is connected properly and try new batteries. If they do still not work, report the fault to your Area Manager.

The reading is only in metric units, but as for height, the computer provides a conversion. If the respondent would like to know their weight in stones and pounds you will be able to tell them when the computer has done the calculation.

WARNING

The scales have an inbuilt memory which stores the weight for 10 minutes. If during this time you weigh another object that differs in weight by less than 500 grams (about 1lb), the stored weight will be displayed and not the weight that is being measured. This means that if you weigh someone else during this time, you could be given the wrong reading for the second person.

So if you get an identical reading for a second person, make sure that the memory has been cleared. Clear the memory from the last reading by weighing an object that is more than 500 grams lighter (ie a pile of books, your briefcase or even the stadiometer). You will then get the correct weight when you weigh the second respondent.

You will only need to clear the memory in this way if:

a)   You have to have a second or subsequent attempt at measuring the same person

b)   Two respondents appear to be of a very similar weight

c)   Your reading for a respondent in a household is identical to the reading for another respondent in the household whom you have just weighed.

B.   THE PROTOCOL

1.   Turn the display on by using the appropriate method for the scales. The readout should display 888.8 (1888 for the Seca 870) momentarily. If this is not displayed check the batteries, if this is not the cause you will need to report the problem to the *National Centre* at Brentwood. While the scales read 888.8 do not attempt to weigh anyone.

2.   Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, loose change and keys.

3.   Turn the scales on with your foot again. Wait for a display of 0.0 before the respondent stands on the scales.

4.   Ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Arms should be hanging loosely at their sides and head facing forward. Ensure that they keep looking ahead - it may be tempting for the respondent to look down at their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.

The posture of the respondent is important. If they stand to one side, look down, or do not otherwise have their weight evenly spread, it can affect the reading.

5.   The scales will take a short while to stabilize and will read 'C' until they have done so. (The

Seca 870 displays alternate flashing lines in the display window). If the respondent moves excessively while the scales are stabilizing you may get a false reading. If you think this is the case reweigh, but first ensure that you have erased the memory.

6.   The scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading into the computer at the question *Weight* before the respondent steps off the scales. At question *MBookWt* you will be asked to check that you have entered the respondent's weight onto their Measurement Record Card. At that point the computer will display the measured weight in both kilos and in stones and pounds.

WARNING

The maximum weight registering accurately on the scales is 130kg (20½ stone). (The Seca 870 can weigh up to a maximum of 150kg or 23 ½ stone). If you think the respondent exceeds this limit code them as "Weight not attempted" at *RespWts.* The computer will display a question asking them for an estimate. Do not attempt to weigh them.

Additional Points

If you are using one of the scales that has the read out on a handset, it is possible that skirts, coats and legs can obstruct the beam between the receiver and the transmitter and prevent a reading. Try to ensure that the respondent and their clothing are positioned so as to avoid this.

Pregnant women do not have their weight measured. For women respondents aged 16-49, the computer displays a question asking them whether they are pregnant and then enforces the appropriate routing. If you have a respondent aged under 16 who is obviously pregnant, code as "Weight not attempted" at *RespWts* and "Other - specify" at *NoWaitM.*

Weighing Children

You must get the co-operation of an adult household member. This will help the child to relax and children, especially small children are much more likely to be co-operative themselves if an adult known to them is involved in the procedure.

Children wearing nappies should be wearing a dry disposable. If the nappy is wet, please ask the parent to change it for a dry one and explain that the wetness of the nappy will affect the weight measurement.

In most cases it will be possible to measure children's weight following the protocol set out for adults. However, if accurate readings are to be obtained, it is very important that respondents stand still. Ask the child to stand perfectly still - "Be a statue." For very young children who are unable to stand unaided or small children who find this difficult you will need to alter the protocol and first weigh an adult then weigh that adult holding the child as follows:-

    a)   Code as "Weight obtained (child held by adult)" at *RespWts*

    b)   Weigh the adult as normal following the protocol as set out above. Enter this weight into the computer at *WtAdult.*

    c)   Weigh the adult and child together and enter this into the computer at *WtChAd.*

The computer will then calculate the weight of the child and you will be asked to check that you have recorded the weight onto the child's Measurement Record Card at *MBookWt.* Again the computer will give the weight in both kilos and in stones and pounds.

Weight refused, not attempted or attempted but not obtained

At *RespWts* you are asked to code whether the measurement was taken, refused, attempted but not obtained or not attempted. If for any reason you cannot get a height measurement, enter the appropriate code at this question and you will automatically be routed to the relevant follow up questions (*ResNWt* and *NoWaitM*) which will allow you to say why no measurement was obtained.

APPENDIX C: PRACTICE INTERVIEW CHECK-LETTERS

The following check-letters will be needed to access the HSE 2001 practice interviews (P2127 PRACTICE).

Extra households at an address are given the next check letter in alphabetical sequence (remembering that i, o, and u are not used). So for address 01, the checkletter for Household 1 is H, the checkletter for household 2 will be J and for Household 3 will be K).

If you want to do more practice interviews, open second and third household questionnaires for any of the practice serial numbers.

Serial	Check letter
100011	H
100021	T
100031	E
100041	Q
100051	B
600061	Q
600071	B
600081	M
600091	Y
600101	J

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600091	Y
600101	J

P2137

THE HEALTH SURVEY FOR ENGLAND: 2001

NURSE INSTRUCTIONS

1.   BACKGROUND AND AIMS

'The Health Survey for England' is the title of a series of annual surveys commissioned by the Department of Health. Their objective is to monitor trends in the nation's health.

The Government's health strategy for improving life quality involves 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 its effects.

Before the Health Survey for England, little systematic information was available about the state of the nation'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 health overall. Even the wider-ranging surveys do not provide measures of change over time.

Before the Health Survey for England began, therefore, we did not have a clear picture of the health of the country as a whole, or of the way it may be changing. It was not 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.

But good information is vital 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. A major health survey carried out on a continuous basis to monitor the country's state of health, provides that information so that trends over time can be noted and appropriate policies planned.

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

In summary, the survey aims to:

- obtain good population estimates of particular health conditions and associated risk factors
- monitor change overall and among certain groups
- monitor indicators of progress towards the goals of the Government's health strategy
- inform policy on preventive and curative health

It is expected that the series will continue indefinitely.

2.   THE SURVEY

The Health Survey for England is currently being carried out by the *National Centre for Social Research* and the Department of Epidemiology and Public Health at University College London Medical School (UCL) through their Joint Health Surveys Unit.

It is a large survey with fieldwork carried out continuously throughout the year. Since 1995 children aged two and over have been included in the survey, as well as adults. This year, for the first time, those aged less than two will also be eligible.

In the 2001 survey we will be doing a full general population sample, aiming to interview around 17,000 adults and 4,000 children living in private households.

The survey focuses on different health issues in different years, although a number of core questions are included every year. Topics will be brought back at appropriate intervals in order to monitor change.

In 2001, the 'special topic' modules included are disability, accidents, breathing and allergy problems (for example asthma, hayfever and eczema). There is also a newly designed module on fruit and vegetable consumption, though it is hoped that this will become a regular core module.

The fruit and vegetable consumption module is designed to establish how much fruit and vegetables people are eating and to evaluate the success of the government campaign to encourage people to eat at least 5 portions a day. Research suggests that anti-oxidant rich fruit and vegetable can aid in the prevention certain cancers and heart disease. The Health Survey will provide baseline data on the current consumption of fruit and vegetables among the population and allow the consumption to be monitored over time to look for changes.

Questions on disability and accidents were included in last year's Health survey. Disability can significantly reduce the quality of life. It particularly affects the elderly. By monitoring the prevalence of disability, the effectiveness of changes in service delivery can be ascertained.

Accidents are a major cause of death in England and are the most common cause of death in people under 30 years. They are also a very important cause of illness and disability. Few accidents are due purely to chance. The survey is designed to obtain better information on the range of accidents that occur to people and the short and long-term effect of these accidents. Over time the Survey will monitor the effectiveness of policies to reduce accidents.

There is increasing public and medical concern about ill-health and distress caused by asthma. Until the Health Survey first covered this topic in 1995, there was very little reliable information on the extent of this problem in the population as a whole. Health Survey data both provides this information and allows us to measure any increase or decrease in this condition. Other related allergy problems, such as hayfever, eczema and rhinitis will also be covered.

Information about the survey, its objectives and design have been circulated to a Multi-Centre Research Ethics Committee and all Local Research Ethics Committees. These are the bodies that approve the ethical aspects of medical research. Committee members represent medical, professional and patient interests. They have confirmed that they are happy with the ethical aspects of this study.

3. THE *NATIONAL CENTRE* AND UCL TEAM

3.1 The research team

In 1993 the *National Centre for Social Research* and the UCL Department of Epidemiology set up The Joint Health Surveys Unit in order that their joint expertise could be utilised in

undertaking health surveys.

The UCL Department of Epidemiology and Public Health is one of the leading academic departments of public health. It was awarded a star, equivalent to the top rating of 5, in the UFC (Universities Funding Council) research excellence assessment exercise. The main thrust of the Department's work has been in cardiovascular disease, diabetes and dental health. It has also conducted studies in mental health, neuro-epidemiology, cancer and chronic respiratory disease.

The members of the research team for the Health Survey for England 2001 are:

National Centre	**UCL**
Bob Erens	Dr. Paola Primatesta
Gillian Prior	Vasant Hirani
Clare Tait	Barbara Carter-Szatynska
Lisa Calderwood	

3.2 The Survey Doctor

Dr. Paola Primatesta of UCL is the 'Survey Doctor'. Dr Primatesta is responsible for providing nurses with medical support and for liaising with GPs in respect of measurement or blood sample abnormalities which are detected as a result of this survey.

3.3 The Fieldwork Team

Each nurse will be supported in her/his area by a local fieldwork team consisting of the Area Manager, a nurse supervisor and a Health Survey manager. The nurse supervisor is the person you should consult if you have any queries about your equipment, how to use it in the field or any other problems you might have relating to carrying out the interview and measurements. The nurse supervisor will from time to time accompany you in the field. The Health Survey manager manages interview work on the Health Survey within each field area (including allocation of work to interviewers, fieldwork progress), and will work with the nurse supervisor to oversee nurse progress. The supervisors are there to help you do your job to the best of your ability - please consult them whenever you feel you need help. The names of your supervisors are listed in the separate Project Administration notes.

4. SUMMARY OF SURVEY DESIGN

The 2001 Health Survey consists of a sample of people living in private residential accommodation in England. The sample – around 13,700 addresses has been selected from the Postcode Address File.

There are two parts to the survey, an interviewer-administered interview (Stage 1), and a visit by a nurse to carry out measurements and take a blood sample (Stage 2). Co-operation is entirely voluntary at each stage. Someone may agree to take part at Stage 1 but decide not to continue to Stage 2. However, response to date has been high at both stages. We expect this to continue.

The interviewer and nurse assigned to a survey point (19 addresses) will work together as a team.

An advance letter is sent to each selected address briefly explaining the survey and its purpose. Two other information leaflets given out by the interviewer and the nurse provide the respondent with greater detail.

All people aged 16+ and up to two children aged 0-15 at an address are to be interviewed. Some addresses will contain more than one household. Everyone interviewed, irrespective of their age, is then eligible for a nurse visit. Interviewers carry out interviews at all households at an address (unless there are more than three, in which case three are selected at random for the survey).

Fuller details of the sample are given in Section 12. See Section 5 for information about associated documents.

4.1   The interviewer visit

Interviews are administered using Computer-Assisted Personal Interviewing (CAPI).

For each household there is a short **Household Questionnaire** that establishes who is resident and collects some basic facts about them and the household. For each selected individual respondent there is an **Individual Questionnaire**, which includes a short self-completion section for those aged 8 and over. Towards the end of the interview, each person's height and weight are measured. If the respondent would like a record of their height and weight measurement, the interviewer prepares a Measurement Record Card.

At the end of the interview, the second stage of the survey is introduced (if applicable) and the interviewer arranges an appointment for the nurse to visit a few days later.

4.2   The nurse visit

In 2001, nurse visits will be carried out with all interviewed respondents. The measurements taken will vary with the age of the respondent.

A nurse will be allocated to each sample point to work with the interviewer.

After carrying out the interview, the interviewer makes an appointment for the nurse to visit the respondent. The nurse calls on the respondent in their home in order to ask a few questions about any prescribed medicines that are being taken; immunisations they have received (if under two years of age) and nicotine replacements used in the last week (if aged 16 or over). The nurse then carries out a series of measurements: blood pressure (age 5+), infant length (age less than 2, but at least 6 weeks), waist and hip measurements (age 16+), demi-span (age 65+), lung function (age 7+) and saliva sample (age 4+). If the respondent wishes to be given the results of the measurements, the nurse enters this information onto their Measurement Record Card.

Respondents aged 11+ will be asked to provide a small blood sample, subject to written permission from the respondent. Two tubes of blood are required from those aged 11-24, and just one from those aged 25+. The blood samples are sent to the laboratory attached to the Royal Victoria Infirmary in Newcastle upon Tyne for analysis. Details of these analyses are given in Section 27.

With the respondent's permission, blood pressure readings, lung function recording and the results of the blood tests will be sent to their GP. This information will also be given to the respondent, if they so wish.

4.3 Summary of data collected

To summarise, the survey process is as follows:

> Household questionnaire
>
> Individual interviews with:
> - all adults (max. 10)
> - up to two children
>
> Height and weight measurements
>
> Nurse visit

Some items of information are limited to particular age groups. The table below summarises the data to be collected:

INTERVIEWER VISIT

QUESTIONNAIRE ITEMS	RESPONDENT
Household information	Household Reference Person/spouse
General health	All ages
Use of Health and dental services	All ages
Fruit and vegetable consumption	5 years upwards
Disability	10 years upwards
Accidents	All ages
Respiratory problems	All ages
Smoking and drinking	8 years upwards
Employment status, educational background	16 years upwards
General Health in self-completion questions	13 years upwards
Height	2 years upwards
Weight measurement	All ages

NURSE VISIT

Details of prescribed drugs	All ages
Immunisations	Under 2 years
Nicotine replacement products	16 years upwards
Blood pressure	5 years upwards
Waist and hip circumferences	16 years upwards
Demi-span	65 years upwards
Infant length	Under 2 years, and at least 6 weeks
Lung function	7 years upwards
Saliva sample	4 years upwards
Blood sample	11 years upwards

BLOOD ANALYTES

IgE	11 years upwards
House dust mite specific IgE	11 years upwards
Ferritin	11-24 year olds
Haemoglobin	11-24 year olds

SALIVA ANALYTE

Cotinine	16 years upwards

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5.   SURVEY MATERIALS

The following is a list of documents and equipment you will need for this survey. Before starting work, check that you have received the following supplies.

Document	Colour
Nurse Identity Card	
Nurse Sample Sheet	Pink
Nurse Record Forms (NRFs)	Cream
(these will be sent to you by your interviewer partner)	
Consent Booklet	Blue
Sets of labels for blood tubes	Red
Drug coding booklet	Yellow
Immunisations show card	White
Appointment Diary	White
Interim Appointment Record Form	Orange
Stage 2 Survey Leaflet	Pink
Information for Children Leaflet	Green
Information about EMLA cream	White
Measurement Record Card	Yellow
Broken Appointment Card	White
Nurse response form A	Lilac

Equipment
Pilot Bag checklist
British National Formulary (BNF), September 2000 version (turquoise)
Dinamap 8100
Demi-span tape
Insertion tape
Skin marker pen
Rollameter baby measure mat
Frankfort plane card
Spirometer, cardboard mouthpieces and calibration syringe
Thermometer and probe
Saliva collection materials - plain 5ml tube and wide bore straw, and dental rolls
Vacutainer equipment (for blood sample)
Other blood sample equipment - see Protocol for taking blood in Section 27

The equipment is described in more detail later in the sections on the measurement protocols.

6.   NOTIFYING THE POLICE

The interviewer with whom you will be working will notify the police about the survey and inform them that the two of you will be working in the area. This is particularly important now that under 2 year olds are also eligible to take part. Your interviewer partner will need to collect some details about your car so that (s)he can fill in the necessary details on the letter to be left with the police.

You can then tell respondents that the police know all about the survey. Some respondents find this very reassuring, and some will telephone the police to check that you are a genuine survey worker before agreeing to see you.

7.   LIAISING WITH YOUR INTERVIEWER PARTNER

You and your interviewer partner will need to work very closely together, so a good working relationship is essential. In order to help forge this it is important that you meet each other. If possible, you should arrange to **meet up** before you start work. The interviewer has been told to make contact with you to set this up. Contact your Area Manager if you do not know who your interviewer partner is.

The formal lines of communication between you and your interviewer are described in the next section. The informal lines are equally important. An important part of the interviewer's job is to keep you fully informed about the outcomes of all his/her attempts to interview people, whether or not they are productive. We want to minimise the length of time between the interview and your visit. You will therefore need to talk to each other frequently by telephone. Make sure you let your interviewer know the best times to get in touch with you.

You and your interviewer have both been given an **Appointment Diary** covering the relevant survey period. You should go through this together before you start work. Let the interviewer know the days and times on which you are available for appointments to see respondents. Make sure you keep a careful note of the times you give her/him. You will need to liaise frequently in order to update this information. **Never** put the interviewer in the situation where (s)he makes an appointment for you in good faith, only to discover you have a prior commitment. If you are working on HSE for the first time you must contact your nurse supervisor before agreeing early dates of the month with your interviewer partner because your supervisor will be assisting you on your first visit.

Give the interviewer as much flexibility as possible for making appointments. People lead very busy lives nowadays. They are doing something to help us and may not give it the greatest priority.

The interviewer will do everything possible to provide you with an even flow of work and to minimise the number of visits you have to make to an area, but this will be limited by respondent availability. Discuss with the interviewer the time you will need to travel to the area so that he/she can take account of this. Plan together how best to make this appointment system work.

The interviewer will try, where possible, to arrange for everyone in a household to be seen one after the other on the same visit. The table below shows the estimated average time required to carry out the nurse visit with individuals of different ages. The interviewers have also been given the same information. You will of course also need some time to introduce yourself to the household and generally set up equipment. These estimates are likely to vary slightly from nurse to nurse and with different respondents of the same age.

Age of respondent	Approx. length of nurse visit (mins)
Under 2	10-15
2-4	5-10
5-6	15
7-10	25
11-15	35
16-64	40
65+	45

Information about each household and details of appointments that have been made will be passed to you by the interviewer by telephone and on a Nurse Record Form (see Section

12.4). The interviewer has been asked to give you good warning of all appointments made for you. Use the Interim Appointment Record Form to help you collect, over the telephone, all the information you need.

Make sure the interviewer knows the best times to reach you by telephone. If you want more than two days' notice, tell the interviewer so that she/he can phone through other appointments too.

8. WHAT THE INTERVIEWER HAS TOLD RESPONDENTS ABOUT YOUR VISIT

The interviewer introduces your visit at the end of the interview by reading out the following:

There are two parts to this survey. You have just helped with us with the first part. We hope you will also help us with the second part. The second part of the survey is a visit by a qualified nurse to ask a few more questions and to carry out some measurements. I would like to make an appointment for the nurse to come round and explain some more about what is required. May I suggest some dates and times and see when you are free?

The box on the below shows the general points given to interviewers to help them answer questions about your visit.

Information you may need to know if the respondent asks you questions about the nurse visit

it is an integral part of the survey - the information the nurse collects will make the survey even more valuable

the nurse is highly qualified (Grade E or above). They have all had extensive experience, working in hospitals, health centres etc and have also been especially trained for this survey

if the respondent wants, they will be given the results of the measurements carried out by the nurse, including the results of any blood test (age 11+ only). If they like, this information will also be sent to their GP.

they are <u>not</u> committing themselves in advance to agreeing to everything the nurse wants to do. The nurse will ask separately for permission to do each test - so the respondent can decide at the time if they do not want to help with a particular one. The nurse has to obtain **written** permission from a respondent before a blood sample can be taken

the amount of blood (no more than 15ml) the nurse will take is tiny compared to the pint that blood donors give.

we will <u>not</u> be testing for HIV, or any other viruses

the equipment for taking blood is known as the Vacutainer system. It is safe and efficient. Fresh equipment is used for every sample

over 50,000 people have already given blood samples on this survey

their local medical ethics committee has been consulted and has given their approval to the survey

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If a person is reluctant, the interviewer is asked to stress that all they wish to do is to make an appointment for you to go and explain what is involved. They point out that by agreeing to see you they are not necessarily agreeing to take part in all, or any, of the tests. We hope your general professional approach will convince nervous respondents more effectively than can an interviewer.

At the end of the interview each respondent is given a green Stage 1 Survey Leaflet by the interviewer. The leaflet briefly describes the purpose of your visit and copy of it will be in your pack. You will be giving respondents a green Stage 2 Survey Leaflet. The Stage 2 leaflet describes in greater detail the measurements and tests involved in the nurse visit.

Appointment Record Card
The interviewer will give each respondent an Appointment Record Card. This confirms the appointment time and reminds them that we would like them to avoid eating, smoking, drinking alcohol or doing any vigorous exercise for 30 minutes before you arrive. It also asks them to wear light, non-restrictive clothing and to find their medicine containers. If you will be visiting a respondent of less than 2 years old, the parent will be reminded to have the relevant Child Health Record Book available for reference. A copy of the Appointment Record Card is in your supplies for information.

9.   ACHIEVING A HIGH RESPONSE RATE

9.1   *The importance of a high response rate*

The response rate to the nurse to date has been very good and we want keep this up. Past experience shows that this requires continuous hard effort. A high response rate at both stages of the survey is crucial if the data collected are to be worthwhile. Otherwise, we run the risk of getting findings that are biased and unrepresentative, as people who do not take part are likely to have different characteristics from those who do. Keeping respondent co-operation through to this important second stage of the survey is therefore vital to its success.

9.2   *"You won't want to test me . . ."*

Some people think that they are not typical (they are old, they are ill, they are young and healthy, and so on) and that it is therefore not worthwhile (from both your and their point of view) to take part in the survey. You will have to explain how important they are. The survey must reflect the *whole* population, young and old, well and ill. We need information from all types of people, whatever their situation. If someone suggests that you see someone else instead of them, explain that you cannot do this, as it would distort the results.

Our target is to interview <u>and</u> measure all eligible respondents. The measurements carried out by the nurse are an integral part of the survey data and without them the interview data, although very useful, cannot be fully utilised.

9.3   *Health is interesting and important*

People are interested in health and are concerned about it. This is a high profile survey on a topical issue. Survey reports receive wide press coverage. In any case, your respondents have already co-operated with the first part of the survey, and have agreed to see you.

Most of these will be looking forward to your visit and will be keen to help. But some may have become reluctant to co-operate, perhaps because they have become nervous. You will need to use your powers of persuasion to reassure and re-motivate such people, it is vital that they take part.

9.4   *Respondents are not patients*

Your previous contact with the public as a nurse will normally have been in a clinical capacity. In that relationship, the patient needs the help of the professional. Your contacts with people in the course of this survey will be quite different. Instead of being patients, they

will be people who are giving up their leisure time to help us with this survey. You need their help to complete your task. The way you deal with them should reflect this difference.

They are under no obligation to take part, and can decline to do so - or can agree, but can then decline to answer particular questions or provide particular measurements. But of course we want as few as possible to decline, and we rely on your skills to persuade them to participate.

10. WHAT TO DO ON INITIAL CONTACT

10.1 Keep your introduction short

While you will need to answer queries that respondents may have, you should keep your introduction short and concise. As already noted, some of the people you approach may be hesitant about continuing with the survey, and if you say too much you may simply put them off. The general rule is keep your initial introduction short, simple, clear and to the immediate point. An example of how to introduce yourself on the doorstep is given below.

> Show your identity card
>
> Say who you are:
>
> *"I am a nurse called …."*
>
> Say who you work for:
>
> *"I work for The National Centre for Social Research"*
>
> Remind respondents about your appointment :
>
> *" A few days ago you saw an interviewer about the Health Survey for England and (s)he made an appointment for me to see you today."*

For most people this will be enough. They will invite you in and all you will have to do is explain what your visit will cover and what you want them to do. Others will be reluctant and need further persuading. Build on what has gone before. Be prepared to answer questions about the survey. Some respondents may have forgotten what the interviewer told them about the survey's purpose or about what your visit involves. You should therefore be prepared to explain again the purpose of the survey. You may also need to answer questions, for example, about how the household was sampled. Some points you might need to cover are shown in the following box.

Only elaborate if you need to, introducing one new idea at a time. Do <u>not</u> give a full explanation right away - you will not have learned what is most likely to convince that particular person to take part. Do not quote points from the boxes except in response to questions raised by the respondent.

Be careful to avoid calling your visit a "health check". One of the most common reasons given for respondents refusing to see the nurse is "I don't need a medical check - I have just had one". Avoid getting yourself into this situation. You are asking the respondent to help with a survey.

- *who you are working for* – the *National Centre for Social Research* and UCL
- *who the survey is for* - for the government (it has been commissioned by the Department of Health)
- *why the survey is being carried out* (see Sections 1 and 2)
- *what you are going to do* (see Section 4.2)
- *how the respondent was selected* - it was the <u>address</u> that was selected. Addresses in this area were selected from the Postcode Address File. This is a publicly available list of addresses to which the Post Office delivers mail. The addresses have been picked at random from areas across the country in order to get a good representation of the groups in which we are interested. Once an address is selected, we cannot replace it with another address. Otherwise we would no longer have a proper sample of the population.
- *the confidential nature of the survey* – individual information is not released to anyone outside the research team.
- *how much time you need* - this varies a bit but it is best to allow around 30 minutes for each person plus another 15 minutes per household (to put equipment away and so on). Respondents aged 65+ will take a bit longer.

10.2   Being persuasive

It is essential to persuade reluctant people to take part, if at all possible.

You will need to tailor your arguments to the particular household, meeting their objections or worries with reassuring and convincing points. This is a skill that will develop as you get used to visiting respondents. If you would like to discuss ways of persuading people to take part, speak to your Nurse Supervisor (or your Area Manager).

10.3   Broken appointments

If someone is out when you arrive for an appointment, it may be a way of telling you they have changed their mind about helping you. On the other hand, they may have simply forgotten all about it or had to go out for an urgent or unexpected reason.

In any case, make every effort to re-contact the person and fix another appointment. Start by leaving a **Broken Appointment Card** at the house saying that you are sorry that you missed them and that you will call back when you are next in the area. Add a personal note to the card. Try telephoning them and find out what the problem is. Only telephone respondents if you are confident that you can deal with the situation on the telephone, as it is easier for respondents to refuse or try to put you off re-visiting on the telephone than it is face-to-face. Allay any misconceptions and fears. Make them feel they are important to the success of the survey. A chat with your interviewer partner might help. (S)he might be able to give you an indication of what the particular respondent's fears might be, and may have notes that would tell you when would be the most likely time to find the respondent at home. Keep on trying until you receive a definite outcome of some sort.

10.4   The number of calls you must make

You are asked to keep a full account of each call you make at a household on page 3 of the **Nurse Record Form** (see Section 17.1). Complete a column for each call you make, include telephone calls to the household as well as personal visits. Note the exact time (using the 24-hour clock) you made the call, and the date on which you made it. In the notes section keep a record of the outcome of each call - label your notes with the call number.

You must make at least **4 personal visits per respondent** before you can give up. Each of these calls must be at different times of the day and on different days of the week. However, we hope you will make a lot more than four calls to get a difficult-to-track down respondent. If you fail to make contact, keep trying.

What you might mention when introducing the survey

*   It is a national (Government) survey (on behalf of the Department of Health).

*   It is a very important survey.

*   It was set up as a result of a special recommendation in the government's White Paper "The Health of the Nation"

*   It is the largest national survey to look at the health of the general population. Around 20,000 people will take part this year.

*   It is carried out annually.

*   It provides the government with accurate and up-to-date information on the health of the population.

*   It gives the Government information on health trends and monitors how well the health targets set by the Government are achieved.

*   The information from the survey cannot be obtained from any other source.

*   It is used to help plan NHS services.

*   The information is available to all political parties.

*   The information will be needed by whichever government is in office.

*   Results are published annually and reported in the national press.

*   The survey covers the whole population, including people who have little contact with the health services as well as people who make more use of them.

*   To get an accurate picture, we **must** talk to all the sorts of people who make up the population - the young and the old, the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government's policies and those who do not.

*   Young people might think that health services are not for them now - but they will want them in the future and it is the future that is now being planned.

*   Old people might think that changes will not affect them - but health services for the elderly are very important and without their help in this survey valuable information for planning these will be lost.

*   Each person selected to take part in the survey is **vital** to the success of the survey. Their address has been selected - not the one next door. No one else can be substituted for them.

*   No-one outside the research team will know who has been interviewed, or will be able to identify an individual's results.

*   The government only gets a statistical summary of everyone's answers.

11. INTRODUCING YOUR MEASUREMENT TASK

11.1 The introduction

The interviewer will have introduced your visit, but has been told to give only a brief outline of what it is about. (S)he will have told respondents that you are the best person to explain what your visit is about.

So, before you make any measurements, you will need to explain what you hope to do during your visit and to reassure nervous respondents that every stage is optional.

Respondents and their GPs, if the respondent wishes, will be given their blood pressure and lung function readings, and the results of the blood test (by letter).

11.2 The Stage 2 Leaflet

A copy of this leaflet **must** be given to all respondents **before** you start doing any measurements. It describes what you will be doing and sets out the insurance implications of allowing the information to be passed to GPs.

Give the **Stage 2 Leaflet** to respondents after you have explained what you are going to do and the order in which you wish to see them. Ask them to read it while you get your equipment ready. This will give them something to do, allow them time to read it and you time to sort yourself out. Be prepared to answer any questions they may have at this point.

There is a **child information sheet** for use with younger respondents who may find the Stage 2 leaflet difficult to understand.

12. THE SAMPLE

12.1 Sample design

The sample has been drawn from the publicly available Postcode Address File. This file includes all the addresses in England to which the post office delivers and which receive 50 or fewer letter per day.

13,680 addresses have been selected, clustered into 720 postcode sectors (i.e. 19 addresses per sector). The sample has been designed so that each quarter's sample is fully representative of the population of England.

Each month 60 postcode sectors will be covered. All respondents will be eligible for a nurse visit.

The interviewers first task is to make contact at each sampled address and identify how many households are resident. In most cases there will be only one household at address, but occasionally an address will contain two or more households (eg a house may be split into flats which are not separately identified by the address file). All households (up to a maximum of three) will be included in the survey (if there are more than three, the interviewer will randomly select three for the survey).

All persons aged 16 or over (up to a maximum of 10) and up to two children aged 0-15 will be interviewed.

The interviewer will arrange an appointment for you to call. In some cases, however, the respondent will refuse to co-operate with this second stage.

The interviewer will provide you with full details of the appointments made, households at which none co-operated or households where no one was eligible. If you come across someone who originally refused to take part in the interview stage but has subsequently changed their mind, try and persuade him/her to see the interviewer in person. Explain that without the information obtained at the interview stage, the measurements obtained by the nurse will have little meaning. Do <u>not</u> take measurements from a respondent until they have been interviewed in person by the interviewer.

12.2   Serial Numbers

Each address/household/person in the survey has been assigned a unique identity number. This number is called the Serial Number. It allows us to distinguish which documents relate to which person. It is made up of different components:

Point number   a three-digit number for the sampling point (postcode sector). All addresses you will have in a month will have the same point number.

Address number   a two digit number for the address sampled from the postcode file.

Household number   one-digit number for each sampled household at the address (number 1, 2 or 3).

The Point number, Address number and Household Number (plus a check letter - see below) are all found on the address label at the top of the Nurse Record Form which the interviewer sends you (see Section 12.4). For example:
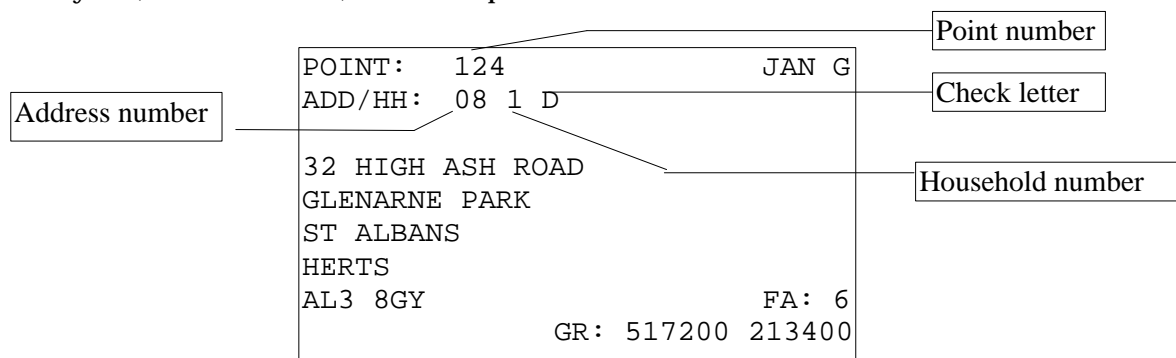
GR is the Ordnance Survey grid reference for the address. This is to help those in rural areas to locate addresses.

Check letter (CKL)   a letter of the alphabet which allows the computer to check that a correct serial number has been entered

Person number   a two-digit number assigned by the computer to each person in a household. Each person in a household is given a person number, whether or not they are interviewed. There is no particular order in which they are assigned by the computer to people within a household.

The Person Number is the number beside the name on page 2 of the Nurse Record Form (NRF). An example of pages 1 and 2 of the NRF is provided at the end of Section 12. In this example Mrs Sarah Collins is person number 02. Her full serial number is: 124 08 1 D 02

The serial number of the respondent must be recorded on all documents for that respondent.

Great care must be taken to ensure that the correct serial number for a particular person is used. It is vital that the information the interviewer collects about someone is matched to the information you collect about them. If the wrong serial numbers are entered on documents or on blood samples, data from one person will be matched with that of someone else.

In the few cases where the interviewer finds more than one household at an address, address details for the second and third households will be hand-written onto the NRF by the interviewer, rather than on a printed label.

12.3   Nurse Sample Sheet (NSS)

At the start of each month's fieldwork you will be given a list of the issued addresses in the point you and your interviewer are covering. You will also be given a Nurse Sample Sheet (NSS). This tells you the postcode sector or area in which you will be working and its point number.

The NSS is divided into rows; one for each address sampled (up to 19). These have been numbered 01 to 19. The purpose of this sheet is to let you keep account of the work you receive from the interviewer. At the end of the interviewer's fieldwork period you should be able to account for all addresses on your NSS. Keep your NSS for a couple of months after you finish your month's fieldwork, as they are sometimes useful when sorting out a query from the office.

Each address row has been subdivided into three, to allow for up to three households at an address (see above). Where there is only one household at an address, that household is automatically Household No. 1. If there are additional households to be covered, the interviewer will have given these Household Serial Numbers 2 and 3.

12.4   Nurse Record Form (NRF)

You will receive this document from your interviewer.

You will receive a **Nurse Record Form (NRF)** for each issued addresses (even if there is no work for you to do). If there is just one household at a sampled address, you will receive one NRF. If the interviewer finds two or more productive households at an address you will receive one for each sampled household. Each time you receive an NRF enter the date of receipt on your NSS.

At the end of your assignment, you should have received information about all issued addresses from the interviewer. Check that all addresses have been dealt with by the interviewer-nurse team, and that none has been missed by either of you.

The Nurse Record Form has two functions. It tells you the outcome at the household of the interviewer's attempts to obtain interviews and arrange appointments for you. It is also the form on which you report to the office how successful you have been at those households where appointments have been made for you.

The NRF will arrive with pages 1 and 2 completed by the interviewer. At the top of page 1 you will find the address, the household serial number, the location of the household within the address (if there is more than one household living there), any tips about the household location or the occupants that the interviewer feels you might find useful, the household's telephone number, if known, and the name of the main contact person.

In the box labelled **Interviewer Outcome Summary** the interviewer will have ringed code A

if there is something for you to do at that household, or code B if there is no work for you to do.

If code B is ringed, all you need to do is to note the outcome of that address on your NSS, open the serial number in CAPI and enter code 3 at ScrOut, and return the NRF to the office.

If code A, the interviewer will have completed Part A on pages 1 and 2 of the NRF. (S)he will have:

- entered the date on which (s)he conducted the household interview at that household.
- recorded the total number of persons living in that household - regardless of whether or not they were interviewed and whether or not they agreed, or are eligible, to see you. This provides you with some background information on the size of the household.
- completed the grids at Questions 4 and 5 on page 2. In the grid at Question 4 details of up to **six** household members aged 16+ will be entered. In the unlikely event that there are more than 6 adults in a household the interviewer will continue on a second copy of the NRF.
- ringed code 1, 2, or 3. **Contact only those persons for whom <u>code 1</u> has been ringed** - these are the household members who agreed both to be interviewed <u>and</u> to see you. Code 2 will be ringed if the person was interviewed but refused to see you. Code 3 will be ringed if the person could not be interviewed (they were mentally incapable, refused, etc). In the column to the left of each person's name is their **Person Number**. Whenever you enter a serial number for that person you must use this and <u>only</u> this Person Number.
- in the grid at Question 5 there will be details of children in the household selected for the survey. If they are less than 2 years old, then the interviewer will code whether they are also under 6 weeks. This will inform whether or not you need to bring the Rollameter Baby Measure Mat. The person number of each selected child's parent(s) will also be recorded, alongside whether they are an actual parent or whether they have legal parental responsibility. If you see a code 97 in the box for person number for the parent this means there is either no or only one parent in the hosuehold.

You complete the rest of this form (see Section 17). An example of pages 1 and 2 of a NRF completed by the interviewer is shown on the following pages.

Occasionally you will find that someone in the household with code 2 (Refused nurse) or code 3 (No interview) ringed decides they want to co-operate after all. If they are code 2 (ie refused nurse visit) you **can** take the measurements, as these people have already completed a full interview. Make a note on the NRF explaining what has happened. If they are code 3 (ie not interviewed) you **cannot** take any measurements. Under no circumstances must you ever measure an individual before an interviewer has completed a full interview on CAPI.

12.5   Interim Appointment Record Form

This two-sided form is for you to keep by the telephone. Complete a form when your interviewer telephones through an appointment. It will ensure that you remember to collect all the information you need. Take it with you when you keep the appointment.

Check that you have down the correct Point, Address and Household numbers (including the check letter) by reading them back to the interviewer.

It is also important to record the date of the interviewer's household interview. This information is necessary to allow the computer to calculate the respondent's age at the time of the interviewer visit. Without it, the computer will not be able to work out which route to

take through the schedule and you will not be able to do that interview. It is vital, therefore, that you get this information from the interviewer.

Page 2 of the Interim Appointment Record Form is identical to page 2 of the NRF. Be very careful to write each person in the correct row, and to enter them in ascending order of person number. Ask the interviewer to tell you the Person number of each person before you enter their details. This way you will avoid listing them in the wrong order.

You will, of course, eventually receive a NRF from the interviewer. The NRF replaces the Interim Appointment Record Form. Check it against the NRF and query any discrepancies with the interviewer - is it you or the interviewer who is wrong? Sort it out. The important thing to remember is that the Person number assigned to someone **by the interviewer** is the number that **must be used on every document and every blood tube for that person**.

P2127

SLOT NAME:	
RETURN NO:	
FINAL OUTCOME:	

HEALTH SURVEY FOR ENGLAND:2001

NURSE RECORD FORM (NRF)

Interviewer name: **Wendy House**   No: | 1234C6 |

Nurse name: **Annette Curtain**   No: | 5678N6 |

ADDRESS LABEL

```
POINT: 124                         JAN G
ADD/HH: 08  1 D

32 HIGH ASH ROAD
GLENARNE PARK
ST ALBANS
HERTS
AL4 8GY                            FA: 6
                   GR: 517300 21300
```

HOUSEHOLD LOCATION DETAILS

High Ash Road is off Hampstead Drive
No. 8 is next door to the post office

TELEPHONE NUMBER
020 1234 5678

USEFUL TIPS

The eldest child is a bit hyperactive!!

1.	INTERVIEWER OUTCOME SUMMARY		INTERVIEWER TO DO	NURSE TO DO
	At least one nurse appointment made	(A)	Complete PART A below and on page 2	Complete PART B on pages 3 and 4
	No nurse appointments made	B	Send NRF to Nurse	Return NRF to Office

PART A: TO BE COMPLETED BY INTERVIEWER

		DAY		MONTH		YEAR	
2.	**DATE OF <u>HOUSEHOLD</u> INTERVIEW CONDUCTED:**	1	2	0	1	0	1

3.   <u>TOTAL</u> NUMBER OF PERSONS IN HOUSEHOLD:

NUMBER OF PERSONS 16+	0	3
NUMBER OF PERSONS 2-15	0	1
NUMBER OF INFANTS 0-1	0	1

4. COMPLETE GRID BELOW FOR **ALL** PERSONS **AGED 16 OR OVER** IN HOUSEHOLD

PERSON NUMBER	FULL NAME & TITLE (MR/MRS/MS)	SEX 1=male 2=female	AGE	AGREED NURSE	REFUSED NURSE	NO INTER-VIEW	APPOINTMENT DATE	APPOINTMENT TIME
0 1	Mr Peter Collins	(1) 2	3 8	1	(2)	3		
0 2	Mrs Sarah Collins	1 (2)	3 4	(1)	2	3	15 Jan 2001	16.30
0 3	Mr Norman Bates	(1) 2	6 7	(1)	2	3	15 Jan 2001	17.00
		1 2		1	2	3		
		1 2		1	2	3		
		1 2		1	2	3		

5. COMPLETE GRID BELOW FOR CHILDREN **AGED 0-15** SELECTED FOR SURVEY

CHILD PERSON NUMBER	FULL NAME	SEX 1=male 2=female	AGE	AGREED NURSE	REFUSED NURSE	NO INTERVIEW /PARENT	APPOINTMENT DATE	APPOINTMENT TIME
0 4	Mr Robert Collins	(1) 2	1 0	(1)	2	3	15 Jan 2001	16:00

	Yes No
IF AN INFANT, ARE THEY AGED UNDER 6 WEEKS?	1 2

PARENT 1 — PERSON NUMBER 0 2 — TYPE Parent / Legal Parental Responsibility — (1) 2   **PARENT 2** — PERSON NUMBER 9 7 — TYPE Parent / Legal Parental Responsibility — 1 2

CHILD PERSON NUMBER	FULL NAME	SEX 1=male 2=female	AGE	AGREED NURSE	REFUSED NURSE	NO INTERVIEW /PARENT	APPOINTMENT DATE	APPOINTMENT TIME
0 5	Miss Jane Collins	(1) 2	0	(1)	2	3	15 Jan 2001	16:15

	Yes No
IF AN INFANT, ARE THEY AGED UNDER 6 WEEKS?	1 (2)

PARENT 1 — PERSON NUMBER 0 1 — TYPE Parent / Legal Parental Responsibility — (1) 2   **PARENT 2** — PERSON NUMBER 0 2 — TYPE Parent / Legal Parental Responsibility — (1) 2

> **WHAT DO I DO IF A RESPONDENT HAS A BIRTHDAY BETWEEN THE INTERVIEWER AND NURSE VISIT?**
>
> The age of the respondent is 'frozen' at the time the interviewer has made her/his visit and administered the household questionnaire. The age that has been **entered on the NRF** by the interviewer is the age you must use. This means that even if an individual has had a birthday which moves them into a category where they would have had a particular measurement you **do not do that particular test**. For example, if a respondent was 5 weeks old at interview but becomes 7 weeks by your visit, do not take infant length measurement even though (s)he is over 6 weeks and under 2 years old when you see him/her. If respondents query this or ask you to perform the measurement/test you must explain to them that you are not able to because the age of the individual is based on the **age at interview**. The computer will automatically calculate which measurements you should take in this situation.

13. OBTAINING CONSENT TO INTERVIEW MINORS

The rules to follow depend on whether the minor is aged 16/17 years or is between 0-15 years of age. **Never break any of these rules**.

16/17 year olds: Apart from gaining consent from the respondent, you do not need parental consent to interview someone of this age. If the respondent lives with their parent(s), out of courtesy, advise the parents what you will be doing. You will however need parental consent to take blood from this age group.

0-15 year olds: For children aged 15 and under, the interviewer will have obtained information on which of the people living in the household are their parents, or have legal parental responsibility on a permanent basis, for them. This information is recorded on the Nurse Record Form (NRF) in order that you know in advance of your visit who to speak to, to obtain permission to interview and measure a child.

The term 'parent' means the child's natural or adoptive parent. All other people who claim parental status have been classified on the NRF as having legal parental responsibility.

Verbal consent to interview and measure someone aged 0-15 has to be obtained from someone with legal parental responsibility. If this is not forthcoming, then you cannot interview/measure that child. The agreement of the child should of course also be sought.

Always give priority to someone defined as a parent when obtaining permission. If possible, when seeking consent obtain it from the mother.

If disagreement arises between parents and/or parent and child about whether or not to co-operate, always respect the wishes of the non co-operator.

14. CARRYING OUT THE INTERVIEW

14.1 Who to interview

You can only interview and measure respondents who have completed a full individual interview with the interviewer. Respondents must have completed this interview **before** you see them.

14.2   Interviewing children

The rules for obtaining consent to interview and measure children are given above.

For children of all ages (0-15) you should always ensure that a parent is present during your interview. This is both to protect the child and yourself.   You will also require their presence in order to obtain written consents during the interview.

Children **aged 13-15** were interviewed personally by the interviewer. Treat them in the same way whilst referring to their parent(s) as appropriate.   Information about younger children was collected direct from the parent at the interview stage, although the child was present and children aged 8 upwards were asked to complete a self-completion questionnaire.

14.3   Interview documents

The Nurse Schedule is on computer (CAPI). As well as the computer schedule, you will use one other document during the interview itself: the **Consent Booklet**. The Consent Booklet contains the forms the respondent has to sign to give written consent for:

- blood pressure readings to be sent to their GP (child or adult)
- lung function readings to be sent to their GP (child or adult)
- a sample of blood to be taken
- the results of the blood sample analyses to be sent to their GP
- a small amount of blood to be stored for possible future analyses

The Consent Booklet also contains the despatch note that accompanies the blood sample tubes when they are sent to the laboratory.

The Nurse Schedule and the Consent Booklet are designed to work together. Full instructions on completion of the two are given in Sections 15 and 16.

14.4   General tips on how to use the documents/computer program

Read out the questions in the Nurse Schedule **exactly as worded**. This is very important to ensure comparability of answers. You may think you could improve on the wording. Resist the temptation to do so. Enter the code number beside the response appropriate to that respondent indicating the answers received or the action you took.

Some questions take the form of a 'CHECK'. This is an instruction to you to enter something without needing to ask the respondent a question. The convention is that, if a question appears in capital letters, you do not read it out.

When you get a response to a question which makes you feel that the respondent has not really understood what you were asking or the response is ambiguous, repeat the question. If necessary, ask the respondent to say a bit more about their response.

14.5   Preparing the documents/computer

Before you leave home, you should connect your computer to the modem (separate instructions about this are provided) and pick up any work which is ready for you. To ensure that the information from the interviewer has been transferred onto your computer, you should view the household schedule(s) for the household(s) that you intend to visit on that trip. If the interviewer's

information has been successfully transferred, the computer will show you the information about the members of that household, and you can go ahead with that household. If the information has not been transferred electronically, it will ask you if you want to enter the information manually. It is better to wait until the information is transferred electronically, but if you have an imminent appointment, you will need to enter it manually from the NRF or Interim Appointment Record. Entering the data manually will take several minutes, so you should do this before you leave home, or at least before you enter the respondent's household.

When you arrive at the household, you should enter the household schedule and check that it is the right one by looking at the serial number and/or viewing the information about the household members.

Immediately before you start to carry out measurements on a respondent, complete the first half of page 1 of the Consent Booklet. **Never do this in advance of the visit to the household.**

Check carefully that you have entered that person's correct serial number. **Never** prepare the Consent Booklet in advance of your visit. There is a serious danger that you will use the wrong one for the wrong person. It is all too easy to do in the stress of the moment.

15. THE CONSENT BOOKLET

Use a blue pen when completing the booklet, and ensure that signatures are always in pen, not pencil. Use capital letters and write clearly. Do not erase any of the personal information. If necessary, cross out errors and rewrite so that any corrections can be seen.

Write the address at which you are interviewing in the box at the top of the Consent Booklet[1]. Write the survey month next to the box, and then fill in the serial number boxes. Accuracy is vital.

Enter your Nurse Number at Item 1 and the date on which you are interviewing at Item 2.

Complete Items 3 to 6 <u>before</u> you start using the computer to collect the information from the respondent.

At Item 3 record the **full** name of the respondent. We will be using this to write a thank-you letter to the respondent giving them their test results (if they wish), and to write to their GP (with their permission) to give him/her their test results. The name by which the GP knows the respondent is checked, if appropriate, during the interview. This may, for example, be a maiden name.

Ask the respondent for his/her date of birth and enter this in the boxes provided at Item 5. The respondent may say they have already given it to the interviewer. Explain that you have been asked to get it again as it will help ensure the right documents get put together.

Items 6 to 9 are completed during the course of your interview.

At Item 6 write the name of the parent/guardian where the respondent is under 18 years of age.

At Item 7 you write in the name, address and telephone number of the respondent's GP, if the respondent gives consent for blood pressure and/or blood test results to be sent to the GP. If a

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[1] The Consent form has been translated into Urdu, Punjabi, Gujarati, Hindi and Chinese for respondents whose normal language is not English. If appropriate give one to the respondent and ask them to read and sign it. Clip it into the English version of the Consent booklet.

respondent does not know the name of her/his GP, leave the top line blank (otherwise the computer will send out nonsense letters like *Dear Dr. Ash Grove Practice*).

Fill in the full name and address of the GP on every Consent Booklet for a household, even when all members have the same GP. Each individual is treated separately once they reach the office.

At Item 8 record how complete you believe the GP address to be. If you are sure that a letter posted out of the area to that address would arrive, then ring code 1.

Item 9 is very important. Throughout the visit you record here the outcome of your requests for permission for:

  a) The blood pressure results to be sent to the GP
  b) Lung function results sent to GP
  c) A sample of blood to be taken
  d) The results of the blood sample to be sent to the GP
  e) A small amount of blood to be stored for future use
  f) The results of the blood sample to be sent to the respondent

By the end of the interview every respondent should have **SIX** codes ringed at Item 9.

There are a are six different Consent Sheets contained in this booklet:

BP(A) and BP(C)   Blood pressure information to GP consent forms. BP(A) is for adults age 16+ to sign and BP(C) is for the parent or person with legal parental responsibility of children under 16 to sign.

LF(A) and LF(C)   Lung function results to GP consent forms. LF (A) is for adults age 16+ to sign and LF(C) is for the is for the parent or person with legal parental responsibility of children under 16 to sign.

BS(A) and BS(C)   These are the blood sample consent forms. The age ranges for these consents are different to the other consents. BP(A) is for adults aged 18+ and BP(C) is respondents under the age of 18.

The blood sample consent sheet has three parts. Part I obtains consent to take the blood, part II obtains consent to send the results to their GP and part III obtains consent to store a small amount of blood. On the consent form BP(C) each of the consents must be signed by the respondent and countersigned by their parent or person with legal parental responsibility.

The last two pages of this booklet are despatch notes for blood samples to be sent to the laboratory and details for the office. **Despatch 1** is a tear-off sheet to go with the blood samples to the laboratory. **Despatch 2** is to be completed and returned to the office with the rest of the booklet.

16.   THE NURSE SCHEDULE

16.1   Organising the interview

Before setting out to carry out any interviews, you must check to make sure that you have either received the household information via electronic transfer or through manual input (see Section 14.5). You will not be able to conduct the interview without having done this.

When you arrive at the household, before starting to carry out your interview, check whether any of the people you have come to see have eaten, smoked, drunk alcohol or done any vigorous exercise in the last 30 minutes. This could affect their measurements. If someone has done any of these things, arrange to see other members of the household first in order to give time for the effects to wear off.

Similarly if someone in the household wants to eat, smoke or drink alcohol in the near future (eg one person is going out and wants a snack before they leave) then try to measure that person first. Adapt your measurement order to the needs of the household.

You may feel that if you try to rearrange things in this way, you are likely to lose an interview with someone you may not be able to contact again. In such cases, give priority to getting the interview, rather than rearranging the order.

The grid below shows which measurements apply to which age group. The computer will automatically take you to the correct measurements for each person in each sample type, so you do not need to know this off by heart. However, you may find it useful to know this information when making your introduction to respondents.

Measurement	Age group
Blood pressure	5 years upwards
Waist and hip circumferences	16 years upwards
Demi-span	65 years upwards
Infant length	Under 2 years, and at least 6 weeks
Lung function	7 years upwards
Saliva sample	4 years upwards
Blood sample	11 years upwards

Make sure you fully understand the differences in the protocols for children and adults.

When you are at a household where you will be interviewing a girl aged 10-15, start off by making a general statement to everyone of all ages: "Before I start, can I check is anyone pregnant? I need to know as some measurements do not apply to pregnant women." This will give a pregnant girl the opportunity to tell you, if she wishes to. We have not put a formal question into the Schedule as we do not wish to embarrass girls of this age group in front of their parents. In the unlikely event you encounter a pregnant girl aged below 16 years, question *UPreg* will prompt you to enter this fact once you have asked the questions which apply to all respondents. The computer will then terminate the interview at the appropriate point.

16.2 Getting into the Nurse Schedule

Once you have switched on and entered the keyword, you will see the Project Menu on screen. The Project Menu will look something like this, with a separate code number for each month's fieldwork:

CODE	PROJECT	PERIOD
1	P2137	PRACTICE
2	P2137	JAN
3	P2137	FEB

The menu will change automatically each month you work, by adding the new month.

To get into the nurse schedule, type in the number next to the relevant survey month (in the above example, if you were working in January you would type in <2> and press <Enter>). You will then be asked to enter the password for HSE, which will be given to you at the briefing. This done, you will be taken to the Action Menu, where you should type <I> if you want to enter information.

You will then see the Address Menu, which shows the serial numbers of all the addresses in your sample point, and will look like this (but longer):

ADDRESS MENU					
Survey: P2137					Period: JAN
SERIAL	NOTES	STATUS	OUTC	DONE	RET
001011			00		
001021			00		
001031			00		
001041			00		

Using the arrow keys, move the highlight bar until it rests on the household in question, then press <Enter>. The highlight bar will start off on the first address, which in the above example would be serial number 001011. If you wanted to work on, say, serial number 001041, you would press your down arrow three times then press <Enter>.

(When you pick up your work at the start of the month, the Address Menu will contain all the addresses that are allocated to your interviewer partner. As the month goes on, each time you connect to the modem, the list of addresses will be automatically updated according to the information received from your interviewer partner).

The next menu you will see is the Household Menu, which, for the example serial number given above (001041), would look like this:

HOUSEHOLD MENU				
Survey: P2137 Period: Jan			Area: 001	Addr: 04
HHOLD	NOTES	STATUS	OUTC	DONE
HHOLD1		3	00	
HHOLD? [OPEN NEW HHOLD QUESTIONNAIRE]				

You only need to use the Household Menu if there is more than one household at that address (the interviewer will have told you about this and made out a separate NRF for each household). In the unlikely event that you need to open up a new household, move the highlight bar down to:

'HHOLD? [OPEN NEW HHOLD QUESTIONNAIRE]'

and press <Enter>, then follow the instructions on the screen. Otherwise, just press <Enter> to get into Household 1.

Then you will get a screen that asks you to enter the check letter, which you will find on the NRF. The first time you enter a particular serial number, you will get a Warning screen, which says: 'Blaise data files do not exist for this data model'. All you need to do here is press <Y>. The next time you go into that serial number, the warning will not appear.

You are now in the nurse schedule and ready to start entering data.

If you want to practice at home before 'going live', at the Project menu you should type in the number next to the P2137 Practice slot (in the above example, this would be number <1>) and press <Enter>. Then follow the instructions as above. Some 'dummy' households have been put into this slot for you to practice on.

16.3   Household information

The household information should be checked or completed before making the visit.

ScrOut

This screen will be displayed only if the information has not yet been received electronically from the interviewer. If you need to enter the information manually, you should enter code '1'. If there is no work for you to do at that household (ie because no-one was interviewed or no-one agreed to the nurse visit), you should enter code '3'. If you are able to wait until the information does arrive electronically, you should enter code '2'.

HHDate

This is necessary to allow the computer to calculate the respondent's age at the time of the interviewer visit, as this is the age that dictates which sections of the schedule apply. You will find this date at Q.2 on the NRF or the Interim Appointment Record.

Intro - OC

This set of questions only appears when you have elected to enter the household information manually. It asks you to enter the data found on page 2 of the NRF, ie person number, name, sex, age and outcome of interviewer visit and (for children) details of parents in household. From this information, the computer will work out how many individual schedules are required, and which questions should be asked of each individual.

It is important that you enter the individuals in ascending order of person number. Otherwise, you will find it very confusing to find your way around the computer program.

More

If you are entering the household information manually, at the end of the information for each individual, the computer will ask you if there is anyone else who was seen by the interviewer. If you enter 'yes', another row on the household grid will be created for you to complete. If you enter 'no', that signifies that you have entered details of all eligible persons in that household.

If, after entering 'no' at *More*, you realise that there are other household member(s) to be added, you can do this by pressing <End> then the Up Arrow key, and changing *More* from 'no' to 'yes'.

OpenDisp

If the household information has been electronically transferred, this will be one of the first things you see. If you have entered the household information manually, it will summarise the information that you have entered, so that you can check it is correct before proceeding. Note that it will only display information about individuals who were interviewed by the interviewer, as

these are the only individuals who *you* can interview. Other household members may be listed on the paper documents, but they will not be listed on the computer.

For all individuals who were seen by the interviewer, *OpenDisp* shows the person number, name, sex, age, and whether or not a nurse visit was agreed. For those ages 0-15, it will also show the person numbers of the parent9s0 (under the columns headed Par1 and Par2) and their status ie natural/adoptive parent ("parent") or person with legal parental responsibility ("guardian"). The parental status is shown under the columns headed *NatPs1* and *NatPs2* for Parent 1 and Parent 2 respectively.

Once you have checked the grid at *OpenDisp*, press <Ctrl+Enter> to bring up the Parallel Blocks screen (see Section 16.7), from which you can either exit the household (by pressing <X>), or select an individual schedule (by highlighting the schedule and pressing <Enter>), or go into the admin block (see section 16.6).

16.4   Individual information

The individual information should be collected when you are in the household.

Info

If the respondent has already agreed to a nurse visit, this question will check that you wish to interview him/her. You should code 'yes' if you want to carry on with the interview straight away, and 'no' if the respondent has changed his/her mind about being interviewed. If neither of these options apply, you should press <Ctrl + Enter> and select one of the other individual schedules.

RefInfo

If the respondent did not agree to a nurse visit, you still have to enter a small amount of information. This is because people sometimes change their minds about seeing the nurse, once they see other household members being measured. If a 'refused' respondent does have a change of heart, code 'yes', and the schedule will continue. If you code 'no', you will be taken right to the end of the schedule.

StrtNur/NurDate

The start time and date are necessary because the computer's internal time is not always right. The date is also used to check the respondent's age.

NDoB

If the household information was transferred electronically, your response here will be checked against the date of birth recorded by the interviewer. If the two dates do not match, the computer will instruct you to either amend the date of birth which you entered, or to enter a note using <Ctrl+M> to tell the office that your date is correct, or that you have done all you can to resolve the discrepancy.

CparNo – childrent only

If the child is aged 0-15, you must enter the parent/person with legal parental responsibility who is giving permission for the child to be interviewed.

PregNTJ - adult women only

This question is asked of women aged 16-49. If a respondent is pregnant, the only items of

information obtained are contained right at the start of the schedule. Once these are completed, the computer will automatically take you to the end of the schedule.

Prescribed medicines (All respondents)

There is then a set of questions about <u>prescribed</u> medicines. Ignore any non-prescribed medicines that the respondent may be taking. Record the brand name of all the prescribed medicines <u>currently</u> being taken by the respondent (we are not interested in any medicines prescribed years ago, and no longer being taken). Medicines should be being taken now, or be current prescriptions for use "as required". Keep checking "Are you taking any other medicines, pills, ointments or injections prescribed for you by a doctor?". Try to see the containers for the medicines.

Do not probe for contraceptive pill as this may be embarrassing or awkward for some respondents. If it is mentioned, record it. Pills for hormone replacement therapy should also be included. Include suppositories, injections, eye drops, and hormone implants if they are on prescription.

The interviewer will have told the respondents that you will be asking about prescribed medicines, and will have asked the respondents to get their medicines ready prior to your visit. The respondents may have forgotten this, and so you may have to ask them if they can fetch the containers so you can look at them. If possible ask all members of the household to collect together their medicines and prescribed dietary supplements early on in your visit, to avoid multiple trips to the bathroom cabinet.

Check the name of the medicine very carefully and type it in accurately. Record the brand name or generic name so that you can code it.

One of your tasks is to enter a six-digit code for the drug. You do not have to do this as soon as you enter the names of the drugs, but the computer will not let you leave the schedule until it is done, as it will give you the chance to query any hard-to-find drugs and to ask a respondent what a drug is used for if it has several uses. There are also one or two follow-up questions to ask if the drug is one commonly prescribed for CVD conditions, to find out whether or not it has been prescribed for one or more of these conditions.

You can do the drug coding whenever you wish, by pressing <Crtl+Enter> and selecting 'DrugCode'. If you are doing more than one interview in a household, you will be given the choice of several drug coding blocks. You should choose the one which matches the individual schedule, eg if you are completing 'Nurse_Schedule [1] that person's drug coding block will be called 'DrugCode[1]'. If you go into the wrong drug coding block by mistake, just press <Ctrl+Enter>, then select the right one.

To get out of the drug coding block, press <Ctrl+Enter> and select whichever 'Nurse_Schedule' you are currently completing. This will take to back to the start of that individual schedule, so you will have to press <End> to get back to where you were before.

The ideal time to code the drugs is while the respondent is resting with the cuff on prior to the blood pressure measurement. With practice, you will get to know the more common drugs and will be able to code them quickly.

Drugs are to be coded using their British National Formulary (BNF) classification codes - down to the third level of classification. These should be recorded in a six-digit format, using a leading zero where appropriate.

You have a copy of the BNF (make sure it is the September 2000 edition), in your Dinamap bag. You also have a Drug Coding Booklet which lists the 400 (or so) most commonly used drugs in alphabetical order and gives their BNF classification code.

Taking *Premarin* tablets as an example, the alphabetic listing gives the entry 06 04 01. Enter this as a continuous string of numbers, ie 060401 (no spaces or dashes). Alternatively, if you had looked up *Premarin* (tablets) in the BNF itself, you would have found it listed in section 6.4.1.1. It is classified down to a fourth level. For our purposes we are only interested in the reference 6.4.1. With leading zeros, this becomes 06 04 01.

If you are unable to find the correct code, enter '999999'.

If you cannot find a drug in the BNF, or it is has more than one reference and you are not sure how to deal with it, record its full name clearly and what it is being taken for.

If the respondent takes aspirin record the dosage, as this can vary.

Vitamin/Dietary supplements (All respondents)

MedCNJD – Vitamin

This is just asking about non-prescribed diet supplements eg multi-vitamins, iron tablets, or any other "health-food supplements". Any dietary supplements that are <u>prescribed</u> should be recorded in the previous set of questions.

Smoking/nicotine replacement products (Aged 16+)

Smoke - UseNas

Smoke/LastSmok

These were new questions in 1998, and they have been included to help with the analysis of the blood pressure readings.

UPreg - girls aged 10-15

Be careful not to read this question to the respondent - only code 'yes' if the information has already been given to you.

UseNic-UseNas

We want to check whether the respondent has been exposed to nicotine other than by smoking or passive smoking, as this may affect some of the blood tests. We are only interested if they have used any of these products in the last seven days.

UseNic asks whether the respondent has used any nicotine replacement products in the last 7 days. If the respondent says yes here, then the questions that ask about different types of nicotine replacement products follow on.

If the respondent has used nicotine chewing gum in the last seven days, check if it was 2mg or 4mg. If they used both, code the strength used most recently.

UsePat and *NicPats* ask about nicotine patches. There are many types of nicotine patch on the market. Most of them have similar names and many of them have different strengths within a

brand. At *NicPats* ask for the name and strength of the product that the respondent uses. **Do not** prompt the respondent, as they are likely to pick one of the names you say (since so many of them have similar brand names). Ideally, try to see the packet.

If they have used more than one brand or strength within the last 7 days, code the most recently used.

Nicotine sprays or inhalants (*UseNas*) are fairly rare but some respondents may have used them.

Immunisations (under 2 years)

ImAny – ImOthWh

These questions are asked of all infants aged under 2 years, to find out what immunisation young children are actually receiving.

ImAny asks whether they have received any immunisations at all, some infants may still be too young. We are not interested in immunisations received only for travel or holidays, but immunisations received while abroad for other reasons should be included.

ImIntro refers to the Child Health Record Book in which the child health clinic and the parents can record information about the child. This book is brought along to the clinic whenever the child is having a development check-up or immunisations done. It is usually red and is often known as 'the Red Book', though a few Health Authorities use a different coloured cover. At the end of the interviewer visit, the interviewer will ask parents of selected children aged under 2 years to have this book ready for when the nurse visits. It is best if the parent does refer to the book, as parental recall of what immunisations their child has had can be poor. The book is there to act as a prompt and if the parent permits you should refer to it directly. If the parent says something different to the book you should accept the parent's answer.

ImBook There is a show card that you need to give to the respondent at this question that lists the immunisations their child is most likely to have received.

ImWhic At this question there are separate precodes on screen for Mumps, Measles and Rubella as separate immunisations. Do not use the MMR code unless the immunisation were received in a single jab.

ImOth Check the book for other immunisations received and code these at this question. Other immunisations will either be hand written on the bottom of the same page as the standard immunisations are pre-printed, or they may be on an additional sheet inserted into the Child Health Record book.

Infant Length Measurement (6 weeks and over, under 2 years)

LgthMod-OthNLth

The Health Survey for England is the only national reference for the nation's height and weight (from which Body Mass Index can be calculated). Having this measurement for those aged under 2 means that the growth of infants can also be monitored. The interviewer measures all respondents' weight, but only the height of those aged 2 and over. Because special equipment is required for measuring supine infant length, this measurement is being done by the nurse.

This measurement is for all respondents aged under 2 but only if they are also over 6 weeks old. (see Section 20 for the protocol). You only need to take one measurement. Record this in centimetres and millimetres at *Length*. Use the 'round to the nearest even' rule should the measurement fall between two mm marks.

Record the infant's length on the MRC in the space provided for their height measurement. If necessary, use the chart on the back of the drug coding booklet to convert the measurement into inches (NB the conversion chart only goes down to 51cm).

If the measurement is refused or not obtained for other reasons code this at *LghtInt* and code the reason why at *NoAttL.*

If you attempt the measurement but it is not obtained code 999.9 at *Length* and enter the reason *YNoLgth.*

Ambient Air Temperature (All aged 5+ who agree to BP measurement)

AirTemp

Blood pressure can be affected by air temperature. For this reason, we wish to measure the air temperature in the room at the time blood pressure is being taken. You are supplied with a thermometer and probe. Section 21 contains the full protocol.

Wait until you have got your respondent resting with their blood pressure cuff on. Then set up the thermometer on a surface close to where they are sitting. Immediately prior to taking blood pressure, record the temperature. Then switch the thermometer off so that the battery does not run flat.

Remember to check that the thermometer has reached its final reading. It can take several minutes to do this if it is, say, moved from a cold car to a warm house.

Blood Pressure (Aged 5+)

BPIntro-BPOffer

Everyone aged 5 and over (except those who are pregnant) is eligible for blood pressure measurements. The protocol in Section 22 explains how to take blood pressure readings. You will be taking three readings.

BPConst - If you code 'refused' here, the computer will skip you past the measurement. You should code 'unable' if the respondent is prepared to co-operate, but for some reason it is not possible to take the measurement (eg the Dinamap is broken or there is some physical reason).

ConSubX - Blood pressure can be higher than normal immediately after eating, smoking, drinking alcohol or taking vigorous exercise. This is why respondents are asked to avoid doing these for 30 minutes before you arrive. As already suggested, if you can juggle respondents within a household around to avoid having to break this "half-hour" rule, do so. But sometimes this will not be possible and you will have to take their blood pressure within this time period. In which case enter all the codes that apply.

DINNo - Always note down the *National Centre* serial number for the Dinamap you are using. Sometimes we identify an equipment problem and wish to be able to track down all readings that have been taken using the particular piece of equipment.

CufSize - See Section 22.4 for how to select the correct cuff size. If you have a particularly large respondent and the large adult cuff is too small, contact your Nurse Supervisor. She holds a small stock of "thigh" cuffs which can be used to take the blood pressure of very large people. These are used on the arm in the same way as the ordinary cuffs. If you use one of these cuffs, record in the CAPI *Extra large adult cuff* used.

AirTemp – See Section 21.

Readings - Record the blood pressure readings in the order shown on the screen. Double check each entry as you make it to ensure you have correctly entered the reading. If you have got to this point and then become aware that you are not going to be able to get a reading after all, you should enter '996' then press <End>. This will automatically enter '999' in each box, to save you having to type it in 12 times.

YNoBP - If you did not get three full readings, you are asked to enter one of three codes. Code 1 should be used if you attempted to take a blood pressure measurement but were unsuccessful. Use code 2 if you did not attempt to take blood pressure for reasons other than a refusal. If you got a refusal, use code 3.

NAttBP - If you failed to get a reading, or you only managed to obtain one or two readings, enter a code to show what the problem was. If necessary, write in full details at *OthNBP*.

DifBP - Code whether the readings were obtained without problem, or whether any problems were experienced.

GPRegB - If you obtained at least one blood pressure reading, you are asked to collect details of the respondent's GP. If the person agrees to the results going to their GP, turn to the second page of the Consent Booklet (**Blood Pressure to GP Consent Form - sheet BP(A), or BP(C) for under 16s**). Explain you have to get written consent in order to send the blood pressure readings. Fill in the respondent name at the top of the form. Ask the respondent to sign and date the form.

Then turn to the front of the Consent Booklet and ring consent code 01. Ask the respondent for the name, address and telephone number of their GP. If possible, obtain the postcode. Record this at items 7 and 8 of the Consent Booklet (if you have not already done so). If your respondent does not know their GP's full address and/or postcode, look it up in the relevant telephone directory later (public libraries hold telephone directories for the whole country). Do your best to get hold of the phone number as well - including the local area code. You may find it useful to keep a notebook containing the address details of local GPs given by previous respondents, as if you are working the same area, you will almost definitely come across several people with the same GP, and this will save you having to keep looking up the same GP's details if a respondent cannot give them to you.

Offer the respondent his/her blood pressure readings. If (s)he would like them, enter them on the Measurement Record Card (MRC). If an adult respondent has a raised blood pressure you must give her/him advice based on the result. This will be calculated by the computer and will appear on the screen for you to read out exactly as written. Write any advice given onto the MRC. The interviewer should have given them a MRC with the height and weight recorded on it. If the respondent has lost it, or claims never to have had one, make out a new one, ensuring the name is on the front of the card.

It is <u>not</u> the purpose of this survey to provide respondents with medical advice. Nevertheless, many respondents will ask you what their blood pressure readings mean. Section 22.7 contains detailed guidelines on how to inform adult respondents about their blood pressure readings. Make sure you are very familiar with this guidance. We wish it to be strictly followed. It is very important that as little anxiety as possible is caused but at the same time we have a duty to advise people to see their GPs if blood pressure is raised.

Demi-span (Aged 65+)

SpanInt-DSCard

This measurement is to be taken only of those aged 65 or over. The protocol for taking a demi-span measurement is explained in Section 24. It is essential that all nurses take the measurement in the same way. Two readings are taken. Explain to the respondent that this is to improve accuracy.

Record the two measurements to the nearest even millimetre (see Section 24.5). *Always record the response to one decimal point (eg 55.4). The computer will not allow to enter a response without a decimal point, so even if the measurement comes to, say, exactly 56cm, you must enter '56.0'.* If you do enter a measurement ending in '.0', the computer will ask you to confirm this.

If your second measurement differs from the first by 3cm or more, the computer will give you an error message, and instruct you to either amend one of your previous responses, or to take a third measurement.

Amend a previous response if: you have made a mistake when entering the measurement, eg entered '65.2' instead of '75.2'.
Take a third measurement if: there is another reason for the measurements being different.

If in doubt, take a third measurement rather than over-writing one of the previous two. The computer will automatically work out which two to use.

At *NotAttM* record any reasons why demi-span measurement was refused, not attempted or only one was obtained. Record at *SpnM* how the measurement was taken (ie with respondent standing, sitting, lying down etc)

Offer to write the measurements onto the respondent's Measurement Record Card. If the respondent would like the measurement in inches, there is a conversion chart on the back of your drug coding booklet.

Waist and hip circumferences (Aged 16+)

WHMod-WHRes

Waist and hip measurements are taken from respondents aged 16+. Each measurement is taken twice, to improve accuracy. Fuller details are of how to do this are given in Section 23.

Record the two measurements to the nearest even millimetre (see Section 23). *Always record the response to one decimal point (eg 95.4). The computer will not allow to enter a response without a decimal point, so even if the measurement comes to, say, exactly 96cm, you must enter '96.0'.* If you do enter a measurement ending in '.0', the computer will ask you to confirm this.

If your second measurement differs from the first by 3cm or more, the computer will give you an error message, and instruct you to either amend one of your previous responses, or to take a third

measurement.

Amend a previous response if: you have made a mistake when entering the measurement, eg entered '65.2' instead of '75.2'.
Take a third measurement if: there is another reason for the measurements being different.

If in doubt, take a third measurement rather than over-writing one of the previous two. The computer will automatically work out which two to use. If you do decide to take a third measurement, the computer will ask you to enter both waist and hip measurements again, even if only one of the two sets of measurements was more than 3cm apart.

If anyone refuses to have these measurements taken, record why.

At *WJRel* and *HJRel*, record how reliable the waist and hip measures are, and whether any problems that were experienced were likely to increase or decrease the measurement. This information is important for analysis of the results. As a general rule, if you believe that the measurements you took are 0.5cm more or less than the true measurement because of problems you encountered (eg. clothing the respondent was wearing), this should be counted as unreliable.

Offer to write the measurements on the Measurement Record Card.

You can use the conversion chart on the back of the drug coding booklet, if the respondent wants to know the measurements in inches.

Lung Function (Aged 7+)

LFInt - NCIns2
This measurement is for everyone aged 7 and over. The protocol for taking the lung function measurement is in Section 25. Everyone in this age group is eligible for a lung function measurement except for those who have had chest surgery in the last 3 weeks, have been admitted to hospital with a heart complaint in the last 6 weeks or who are pregnant.

Before you start, as with the blood pressure procedures, always read out the preamble contained in the Schedule at *LFIntro1* or *LFIntro2*. Tell the respondent (or parent, in the case of children) that the GP is best placed to interpret the readings. By telling them in advance that you cannot interpret the readings, you will avoid the embarrassment of seeming to be covering up afterwards.

ChestInf, Inhaler and InHalHrs - these questions collect information about respiratory infections and use of inhalers which could affect someone's lung function measurement.

LFWill - If you code 'no' here the computer will skip you past the measurement. You should only use the code 'no' here if the respondent refuses to do the measurement. If you are unable to obtain the measurement because of another reason this is coded later on.

SpirNo - Record the three digit serial number of the spirometer here.

LFTemp - Record the ambient air temperature. Take the temperature again, do not re-use previous readings (eg from the blood pressure) as the temperature may have changed even in a few minutes.

Blow[1]-Blow[5] - Get the respondent to carry out five blows. For each blow record *FVC, FEV* and

PF. Remember to press the Clear Button at the end of each reading. At *Technique* record whether or not the respondent's technique was satisfactory. (The definition of technically satisfactory blow is given the protocol section 25).

If no reading was obtained enter '0'. If you get to this section in the measurement and find you will not be able to take **any** readings, enter 9.95. This will take to you to the end without having to type 0 at each individual reading.

LFResp - Record a code to show the outcome of your attempt to obtain the lung function readings. Use code 1 if all five blows were obtained and technically satisfactory. Use code 2 in cases where not all five blows were obtained or they were not all technically satisfactory. Use code 3 if you get a refusal. Use code 4 if you did not attempt to measure lung function for some other reason than refusal.

ProbLF - If not all five blows were obtained or were not technically satisfactory record the reason why. Use all codes that apply.

YNoLF and NoAttLF - Record here why the lung function measurement was refused or not attempted. If no lung function readings were obtained circle **code 04** on the front of the consent booklet.

LFSam - NCIns1c
If you obtain a lung function reading ask these questions. If you have not already asked the respondent, check if they are registered with a GP. Check with the respondent or parent if the results can go to their GP. If they agree, turn to the page of the Consent booklet **Lung function to GP Consent Form** - **sheet LF (A), or LF (C) for a child under the age of 16**. Explain that you have to get written consent in order to send the lung function readings to their GP. Fill in the respondent's name at the top of the form and ask them to sign and date the form.

Then turn to the front of the Consent booklet and ring consent **code 03**. If you have not already done so, ask for the name address and telephone number of the GP (see the section on blood pressure for collecting the GP's details).

NCIns2c - Offer the lung function readings to the respondent. If (s)he would like them, enter them on the Measurment Record Card (MRC). The computer will automatically calculate the highest lung function readings for you to record on the MRC. Never attempt to interpret these readings. This has to be done in the office, taking other information about the respondent into account.

Saliva Sample (Aged 4+)

SalIntr1-SalNObt
Saliva will be analysed at a laboratory for cotinine. Cotinine is a derivative of nicotine and will be present in saliva if the respondent has been exposed to tobacco smoke - either because they smoke or have because they have been exposed to other people's smoke. See section 26 for the full protocol.

SalObt1 - Code if saliva has been obtained, even if it is only a small amount.

SalNObt - If no saliva is obtained, please code reasons and give fuller explanations as appropriate.

Blood Sample (Aged 11+)

BlIntro-SnDrSam
All persons aged 18+, and all persons aged 11-17, living with a parent or person with legal parental responsibility[1], who gives consent, are eligible for a blood sample to be taken. The only exceptions to this rule are pregnant women, people with clotting or bleeding disorders, people with a history of fits or convulsions and minors who do not live with a parent or legal guardian.

Explain the purpose and procedure for taking blood.

Check if the respondent has a clotting or bleeding disorder. These are very uncommon. If you find someone with these problems, **do not** attempt to take blood, even if the disorder is controlled.

By clotting or bleeding disorders we mean conditions such as haemophilia and low platelets, ie. thrombocytopenia. There are many different types of bleeding/clotting disorders but they are all quite rare. The reason these respondents are excluded from blood sampling is that:
>   a) the integrity of their veins is extremely precious
>   b) we do not wish to cause prolonged blood loss

For the purposes of blood sampling, those who have had, for example, a past history of thrombophlebitis, a deep venous thrombosis, a stroke caused by a clot, a myocardial infarction, an embolus are NOT considered to have clotting disorders.

Some respondents might be taking anticoagulant drugs such as Warfarin which thins their blood so that they do not stop bleeding easily. If this is the case, then do not take a blood sample. You will need to check this out, particularly with elderly respondents.

Aspirin therapy is not a contraindication to blood sampling.

Respondents who have ever had a fit (eg epileptic fit, convulsion) should not be asked to provide a blood sample. This applies even if the fit(s) occurred some years ago.

If you are uncertain whether a condition constitutes a contraindication to blood sampling, the Survey Doctor will be happy to answer your queries.

Obtaining consents
As blood taking is an invasive procedure we need to obtain written consent as well as verbal consent to take it. This has to be obtained from the respondent <u>in all cases</u>. If you cannot obtain written consent, the computer will direct you to ring consent codes 06, 08, 10, and 12 on the Consent Booklet and filter you round the remaining questions.

There are two further written consents we wish to obtain in respect of blood sampling - consent to send the results to the GP and consent to store a small amount of the blood - you should seek to obtain all these consents before you take any blood. On **no** account should you ever take blood before you have obtained written consent to do so from the respondent.

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[1] The NRF will tell you the parent or person with legal parental of respondents aged 0-15. However, for respondents aged 16 or 17 you will need to establish the parent or person with legal parental responsibility in the household. If the respondent is aged 16 or 17 and they do not live with their parents you will not be able to take a blood sample. If they are married, their spouse is not their parent nor have they acquired parental responsibility. The written consent of the spouse is not an acceptable substitute.

There are two blood sample consent forms. The **Blood Sample Consent Form** - **BS (A)** is for respondents aged 18 and over, and **Blood Sample Consent Form** - **BS (C)** is for respondents aged less than 18. The consent form for respondents aged under 18 includes the use of EMLA cream (see the section below).

The consent forms are divided into three sections - consent to take the blood, consent to send the results to the GP and consent to store the blood. A signature is needed for each section. For respondents age 11-17 each consent needs to be countersigned by the parent or guardian.

Small quantities of blood are being stored in special freezers in order that further analysis may be undertaken in the future. Future analysis will definitely <u>not</u> involve a test for viruses (eg HIV (AIDS) test).

The questions on the Schedules take you step by step through all the procedures for obtaining consents. Make sure you follow these carefully - recording consent codes as instructed and giving reasons for refusals, if applicable. In summary, what you do is:

*   Ask the respondent if they would be willing to have a blood sample taken. Try to reassure respondents about the process, and be prepared to answer their concerns. You will need to explain to the respondent the need for written consent and how important it is.

*   Obtain written consents on the appropriate **Blood Sample Consent Form**. Remember to enter your name at the head of this form before asking the respondent to sign.

*   Obtain consent to send results to GP.

*   Obtain consent to store blood.

*   Check that you have ringed the correct consent codes on the front of the Consent Booklet.

Taking a blood sample
Having checked that you have all the appropriate signatures, and ringed the appropriate codes, you are ready to take the blood sample. See the protocol in Section 27 for how to proceed. If you obtain a sample, note down any problems at *SamDif*. If you do not manage to get any blood, explain why not at *NoBSM*. If you do not get any blood ring consent codes 06, 08, 10 and 12 on the Consent Booklet. If you have already ringed codes 05, 07, 09 and 11, you should cross these codes out.

If you obtain a blood sample, remember to label the blood tubes immediately. Double check you have recorded the correct address serial number and **person number** on the tubes. Also double check with the respondent that the date of birth is correct on the tubes. The computer will give you the serial number and date of birth to copy onto the label, but you should still check the date of birth verbally in case of previous error.

Then ask the respondent if (s)he would like to receive the results of the blood sample analysis. If yes, ring consent **code 11** on the front of the consent booklet. If not, ring **code 12**.

If you were unable to get any blood, amend consent codes on the front of the Consent Booklet so that they become 06, 08, 10, and 12. Otherwise the computer will expect to receive back blood sample results, etc.

Blood samples using EMLA cream

For respondents aged 11-17 there is the option of using EMLA cream. Respondent's, and their parents, should be given an **EMLA information sheet** before the respondent agrees to giving a blood sample. If the respondent has a known allergic reaction to any local or general anaesthetic they will not be able to use EMLA cream.

EMLAUse - Code whether or not the respondent wishes EMLA cream to be used. If they do not, the computer will route you through the normal blood sample questions.

Allergy -If the respondent agrees to the blood sample with EMLA cream, you will need to check if they have had a previous reaction to any anaesthetic. If the respondent has had reaction they will not be able to use EMLA cream.

If the respondent agrees to the blood sample with the use of EMLA cream you have the option of taking the sample on your first visit or returning for a second visit to take the sample.

To take the sample on the first visit code 1 at *EMLANow* and follow the instructions on the computer about completing the consent sheet. Apply the EMLA cream, referring to the protocol in section 27.6. You can then continue with the rest of the respondent's schedule and complete other respondents' schedules while you wait for the EMLA cream to take affect. When you are ready to take the sample, open up the respondent's Individual Schedule from the parallel block. The message "YOU HAVE YET TO TAKE A BLOOD SAMPLE FROM THIS RESPONDENT" will be displayed on the first screen. Press <**F3>,** then press <**b**>, and then press <**Enter**>. This will take you to the correct point in the schedule. At *DoEMLA* code 2 and continue with the blood sample module.

To take the sample on a return visit code 2 at *EMLANow*. You can now complete the rest of the respondent's schedule. On the return visit open up the respondent's Individual Schedule from the parallel block. The first screen will display the message "YOU HAVE YET TO TAKE A BLOOD SAMPLE FROM THIS RESPONDENT". Press <**F3>**, then press <**a**>, and then <**Enter**>. This will take you to the correct point in the schedule. At *Later* code 2 and follow the instructions on the computer about completing the consent sheet. Apply the EMLA cream, referring to the protocol in section 27.

16.5   Finishing the interview

Ensure that you have all the correct codes ringed on the front of the Consent Booklet. If any results are to go to the GP (consent code 01, 03, or 07 ringed) check that you have details of the GP. The GP details are needed so that we can telephone and write to the GP, if there are any abnormal results. Therefore the GP address should be as full as possible, and the telephone number should include the local area code.

Thank the respondents for all their help. We will be writing to thank them also.

Once you have finished entering information onto the computer, you should press <Ctrl+Enter> then <X> (for eXit (after admin)). The computer will ask you if you wish to save the data, and your only options are 'yes' or 'cancel'. If you select 'cancel', you will stay in the schedule, so to get out you must press 'yes'.

You will then be at the Household Menu again, where you should press <Esc> to return to the address menu. Press <Esc> again to return to the Action Menu, at which point the data will be

scrambled for confidentiality. At the Action Menu, press <Q> for Quit, then switch off the laptop.

Complete the Despatch 1 for blood samples in the Consent Booklet. Also remember to complete the office copy Despatch 2. Pack the blood tubes. Full details of how to despatch the blood samples to the lab is described in Section 28.

16.6   The admin block

For each household in which you do any work, you must complete an 'admin block', which contains various pieces of information which must be kept separate from the individual schedules for reasons of confidentiality. Most of the items in the admin block are self-explanatory, but please note the following:

At *NChoice*, you cannot select code '5' until you have completed all the individual schedules are you are ready to transmit the full household back to the office. Before that point, you cannot go beyond this question.

The outcome code for each respondent at *NurOutc* will nearly always be filled in for you, so in most cases you will just need to check that it is correct and press <Enter>.

If you did not complete any nurse schedules for a household, at *NOutC* you will be asked to enter a household outcome code (94, 95 or 96). If you completed at least one nurse schedule for a household the household outcome code will be 92. You do not need to enter this code in CAPI but it will appear on the Address Menu at OutC for completed addresses.

The respondent's name and GP details should be copied from the front page of the consent booklet, which is why you are instructed to keep all the consent booklets from a household until work at that household is complete. If you have inadvertently sent back a consent booklet before completing the admin block, you should leave the GP details blank (by pressing <Enter>) and coding '2' at *YGPBlank*. This will indicate to the staff at the office that we need to pull out that consent booklet to get the GP details. It is important that you do not enter 'don't know' at the GP details questions, unless you really do not know the details. If you have collected the details (or think you may have done so), but do not have access to them, always enter a blank.

The computer will not consider the household as complete until the admin block is fully completed. You will not need to complete the admin for households where there is no work for you to do, all you do for these cases is enter code 3 at ScrOut.

16.7   Parallel blocks

The computerised nurse schedule consists of four main components:

1. The household information
2. The individual schedule
3. The drug coding block
4. The admin block

Each component is known as a 'parallel block'. This means that you can enter any component at any time, no matter where you are in the schedule. For example, you can enter the drug coding block at any convenient moment in the individual schedule.

The way to move between parallel blocks is by pressing <Ctrl+Enter>, which brings up a screen

called 'Goto parallel blocks'. This screen is the 'gateway' to the other components of the schedule. It lists all the possible blocks you could go into, and looks like this:

Goto parallel blocks
Parallel blocks
+ NHSE2000 + Nurse_Schedule[1] + Nurse_Schedule[2] - Nurse_Schedule[3] + Drugcode[1] - Admin

The list of blocks will vary depending on the number of people in the household and the extent to which you have completed the drug coding. There will always be a 'NHSE2001' and an 'Admin' for each household. In addition, there will be a 'Nurse_Schedule' for each eligible individual in the household (in the above example, there are three eligible individuals). As soon as you tell the computer that an individual has some prescribed drugs, it will create a 'Drugcode' block for that individual. Thus, you may have fewer 'Drugcode' blocks than 'Nurse_Schedule' blocks, since a 'Drugcode' block will not be created for individuals who have no prescribed drugs.

It is important to remember that 'Nurse_Schedule[1]' is the individual schedule for the *first person entered in the household grid*. This is why you must enter the details in person number order. If you entered, say, person number 4 at the top of the grid, then that person would be allocated 'Nurse_Schedule[1]', even though (s)he is not person number 1. In larger households, this could get very confusing!

If the individuals are entered in the wrong order (eg if a household member is added to the grid late) and you subsequently find yourself unsure as to which 'Nurse_Schedule' corresponds to which person number, you should enter each 'Nurse_Schedule' in turn and look at the details given on the first screen until you find the person you want.

Please also note that the 'Drugcode' block will have the same number suffix as the respective 'Nurse_Schedule' block, ie 'Nurse_Schedule[1]' will be the same person as 'Drugcode[1]', and so on.

The final thing to note about the parallel blocks screen is the '+' or '-' which precedes each block. All blocks will have a '-' to start with, and this will turn into a '+' when the computer is satisfied that that block has been fully completed. In the above example, the nurse has completed the household grid, the schedule for the first two people in the grid, and the drug coding for the first person. (The fact that (s)he has completed the schedule for the second person and there is no 'Drugcode[2]' on the list means that the second person had no prescribed drugs.)

16.8   Practice interview

The following check-letters will be needed to access the HSE 2000 practice interviews:

Serial no.   Check letter

600011	L
600021	X
600031	H
600041	T
600051	E
600061	Q
600071	B
600081	M
600091	Y
600101	J

17. COMPLETING THE NRF AND RETURNING WORK

17.1   Recording the outcome of your attempts to interview and measure

You should complete sections 6 to 9 of the Nurse Record Form (NRF) to report to the office the outcome of your attempts to interview persons in households at which the interviewer obtained at least one interview.

Question 6 Record all attempts to make contact with the household. Note all personal visits and telephone calls, even if there was no reply.

Question 7 Complete a column for each person in the household listed by the interviewer in the grids on page 2, and coded 1 to 3. Your entry here tells the outcome of your attempts to interview these people. The codes in this column are referred to as Outcome Codes.

Enter each person's Person Number and first name at the head of the column. Enter them in the order listed on page 2. Then for each person ring one of the codes 80-89 to indicate the outcome of your attempts to interview them.

Use code 80 if the person was coded 2-3 on the grid. There is nothing for you to do.

Use code 81 if you went through the whole schedule with the respondent and completed all the relevant questions. This code applies <u>even</u> if the respondent refused any of the measurements.

If someone breaks an appointment and you never manage to make contact with them again, ring code 85, not code 82.

A proxy refusal (84) is the situation where someone refuses on behalf of someone else - for example, a husband who says he will not allow his wife to be seen by a nurse. Obviously you should do your best to try and see the person yourself but sometimes this is not possible.

Codes 86-88 should be used only if the respondent is unavailable for interview for these reasons throughout the whole of your fieldwork period. If they are likely to return, and be fit to be seen, during that time, then try again later.

Question 8 Complete this for each person who refused to allow you to interview them (ie those you coded 83-84 at Question 7).

Question 9 Complete Question 9 for each person coded 85-89 at Question 7.

Finally, before returning the NRF to the office, you must complete the two of the three boxes on the top right-hand side of the front page (these are essential to calculate pay in CAPI). To do this, you will need to make your way to the address menu on the computer, and locate the serial number which corresponds with that address.

The *Slot name* can be found at the top right of the address menu screen, next to the word 'Period'. It will be the first three letters of the field month. Copy this into the 'Slot Name' box.

The *Return number* can be found in the column on the far right of the screen, headed 'RET'. Copy this number into the 'Return No' box.

The *Final Outcome* box can be left blank.

17.2   Returning work to the office

If you are measuring everyone in a household at one time, post the NRF and the Consent Forms back to the office the same day as you send the blood samples (or in time the following day to catch that day's post). Transmit the nurse schedules on the same day as you post the paper materials.

If there is a gap between the first and last visit to a household, keep all the work to be returned together for that household. But post it back immediately you have completed your task there. Please note that this is different advice to that given in previous years, when you were told to return work as you completed it. This is due to the fact that the admin details are entered onto computer on a household basis rather than an individual basis.

Referral back to GPs and respondents, in the event of any serious abnormalities, can be seriously delayed if work is not returned in time.

Before returning work, check that you have all the documents you should have and that they are properly serial numbered and so on. Check that they match with your NRF entries. You should return a Consent Booklet for each person with an Outcome Code of 81.

Send the Nurse Record Form to the office when you have completed everything you have to do at a household.

- Pin together the Nurse Record Form and Consent Booklets and return them in one envelope.
- **Do not entrust other people to post your envelopes** - **always post them yourself.**

Before returning CAPI work:

- Make sure you have a Backup copy of your most recent work.
- Connect up your modem
- Select 'T' for Transmit/Return data to HQ **from the Action menu**, and follow the instructions on the screen.

CAPI questionnaire data will be transferred back to the office via the modem. The computer will decide what to transmit - you do not need to tell it which addresses to take and which to leave. Remember you still need to return the paper documents.

When your assignment is completed, make your last return of work as follows:

- Make sure that you have taken a Backup of your most recent work and have completed all the households where there was work for you to do.

- Do your last Return-of-work via modem, by selecting 'T' for 'transmit/Return data to HQ' from the Action menu. Follow the instructions on the screen.

- Then carry out the 'End of Assignment clear-out' routine by selecting 'E' from the Action menu. This routine requires the use of the **Backup disk** for the last time.

At the end of your assignment, check that you have accounted for all the serial numbers on the Nurse Sample Sheet. Keep this NSS. It will help sort out queries, should there be any, about work done by you.

18. CONTACT NAMES

You will have the telephone number for your nurse supervisor, interviewer supervisor and Area Manager.

Your nurse supervisor should be contacted if you have any problems using your equipment or need to discuss protocols. Your interviewer supervisor will be able to help and advise on any aspects of "survey work" - getting co-operation, completing the documents, etc. If there are any problems with the interviewer liaison, you should contact your Area Manager.

If you are having problems with your laptop computer, you can contact the CAPI Helpline, details of which will be provided by Field.

You are provided with incident report forms. Please complete one of these if anything untoward occurs while you are in a respondent's home, or there is anything that you would like to be recorded.

19. INFORMATION FOR HANDLING NURSE EQUIPMENT

The same precautions and lifting techniques should be applied when handling nurse equipment as with any other loads that we need to carry in our day to day activities.

Although the Health Survey nurse equipment is within the weight guidelines advised by the Health and Safety Executive, we feel that we must stress that caution should be taken when lifting equipment.

Please read the following advice to ensure you are aware of the correct lifting techniques:

- Don't jerk or shove – twisting may cause injury.
- Grip loads with palms of hands, not fingertips. Don't change your grip while carrying.
- Bend your knees when lifting loads from the ground. Lift with your legs and keep your back straight. Lift in easy stages – floor to knee, then knee to carrying position.
- Hold weights close to the body. Take care when lifting equipment from the boot of your car, position the equipment to avoid stretching at the same time as lifting.
- Evenly distribute load. Not all on one shoulder or hand.
- Use shoulder straps as much as possible.
- Don't carry more than you need to. Try to pack the supplies you need for the day and keep spare supplies in the car.
- Take extra care on stairs, making more than one journey if necessary.
- If you think a trolley would be useful, we can arrange for one to be provided. Please ring your Nurse Supervisor in the first instance who will make any necessary arrangements with the Area Manager.

You must advise the *National Centre* of any existing condition or pre-disposition to injury e.g. pregnancy or previous back injury.

Please refer to your Survey Nurses' Manual for more information about Health and Safety.

THE PROTOCOLS

20. INFANT LENGTH MEASUREMENT

20.1   Eligiblity

This measurement is for infants aged under 2 years but at least 6 weeks old.

20.2   Equipment

Rollameter Baby Measure Mat
Frankfort Plane Card
Kitchen roll

20.3   Procedure

Infants (children under the age of 2) should be measured lying down (supinely). Two people are required for the task, yourself and the child's parent.

1.   Ask the parent to remove any bulky clothing that the infant is wearing. It is not necessary for them to remove the infant's nappy.

2.   Unroll the Rollameter and lay it flat on any suitable flat, firm surface (e.g. table, floor). It is essential that the Rollameter is fully unrolled and as flat as possible, therefore doing the measurement on a deep pile carpet or rug would not be appropriate. Lay one layer of kitchen roll on the mat (just in case there are any accidents!!)

        If taking the measurement on a table, take extra care and ensure that somebody is with the infant at all times to prevent them rolling/falling off the table.

3.   Place the child on the onto the foam bed with his/her is touching the headpiece on which the name Rollameter is printed.

4.   Move the child's head so that Frankfort Plane is in a position at right angles to the floor/table (see diagram below). Ask the parent to hold the child in this position and make sure their head is in contact with the headpiece.
5.   Straighten the child's legs by holding the legs by the ankles with one hand and applying a gentle downward pressure.

6.   With your free hand, move the foot rest on which the measuring tape is mounted to touch the child's heals by depressing the **red button** on the tape measure.

7.   The measurement is read from the red cursor in the tape window. The measurement is recorded in centimetres and millimetres to the nearest millimetre. If the measurement lies between two millimetres then you should round to the nearest even millimetre. For example, if the measurement is halfway between 68.3 and 68.4, then round up to 68.4. If the measurement is halfway between 68.8 and 68.9 then round down to 68.8.

INFANT FRANKFORT PLANE CARD
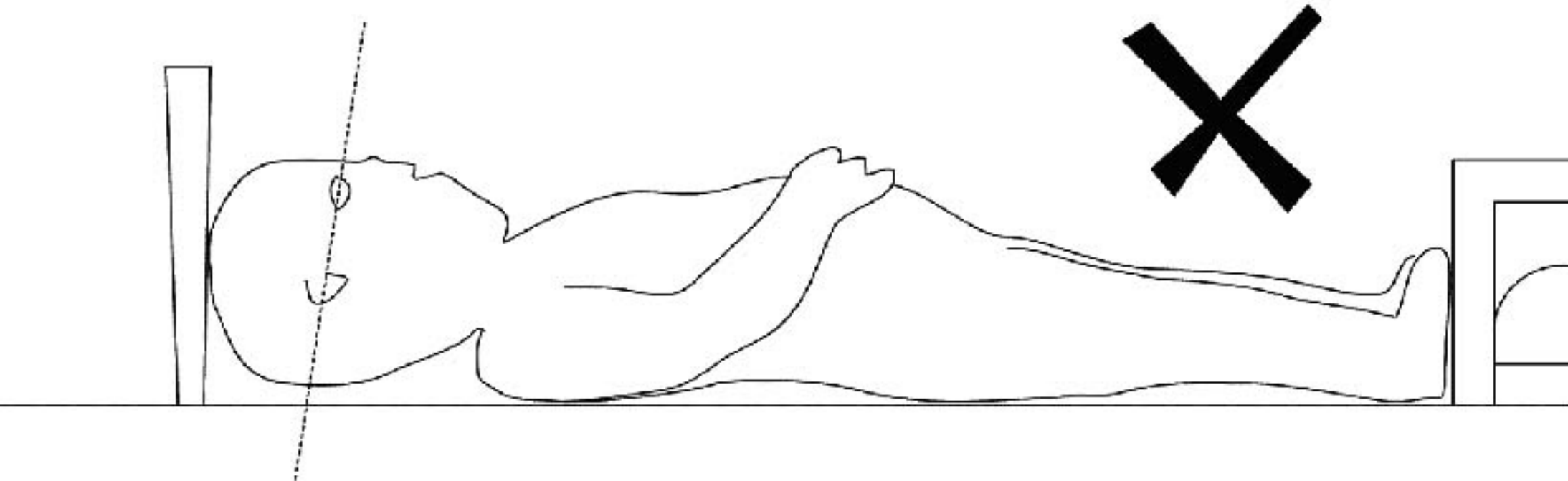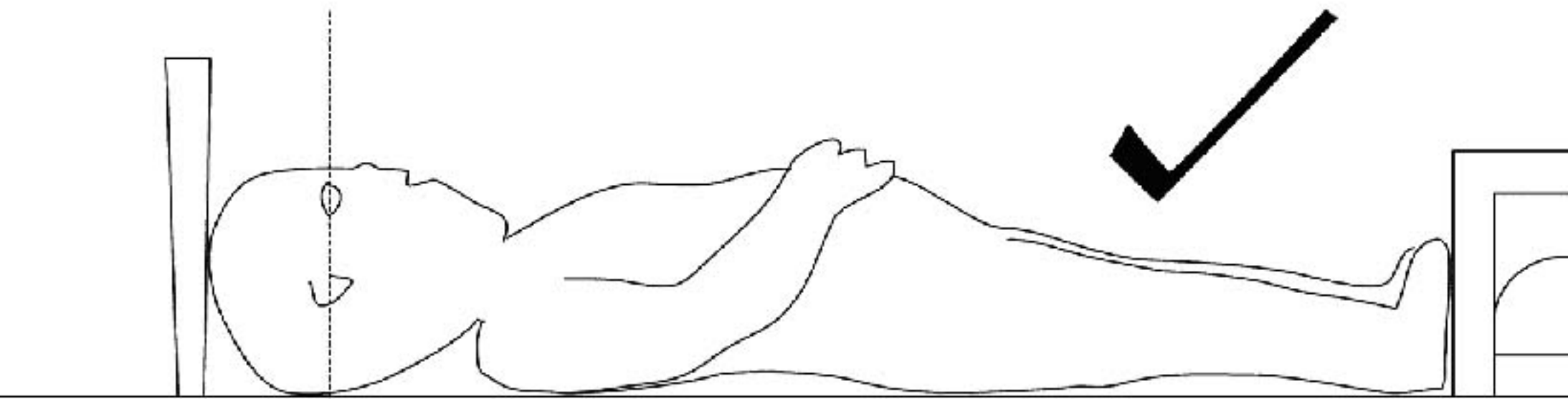
21. RECORDING AMBIENT AIR TEMPERATURE

21.1 The thermometer

You have been provided with a digital thermometer and probe. This instrument is very sensitive to minor changes in temperature. It is therefore important that you record temperature at the appropriate time in your routine. It can also take a few minutes to settle down to a final reading if it is experiencing a large change in temperature (eg coming into a warm house from a cold outside).

Immediately after you have settled the respondent down to rest for five minutes prior to taking their blood pressure set up the thermometer to take a reading. Just prior to recording the blood pressure note the temperature and record it when the computer prompts you do to so. Always switch it off after taking a reading, to avoid battery problems. The thermometer automatically switches off if you have left it on for more than 7 minutes. You will also need to enter the temperature before the lung function reading.

Place the thermometer on a surface near the Dinamap. Do not let the probe touch anything - you can for example let it hang over the edge of a table. Do not put it on top of the Dinamap as it will be warm.

Please note that you must enter the temperature to one decimal place - do not round it to the nearest degree. For example, enter '21.2', not just '21'. If you do not enter a decimal point, the computer will give you a warning. If the temperature is exactly, say, 21 degrees, then all you need to do is suppress the warning and it will automatically fill in the '.0' for you. Otherwise, you must go back and amend your answer. As a further check, it will also ask you to confirm that a temperature ending in '.0' is correct.

21.2 Instructions for using the thermometer

1. The probe plug fits into the socket at the top of the instrument.

2. Press the completely white circle to turn the instrument on. To turn off, press the white ring.

3. Before taking a reading off the display, ensure that the reading has stabilised.

4. Be careful of the probe - it is quite fragile.

5. When "LO BAT" is shown on the display the battery needs replacing, take no further readings.

6. The battery in your thermometer is a long-life battery and should last at least one year. However, should it run low please purchase a new battery. Take the old one with you to ensure it is the same type. Claim in the usual way.

7. To remove old battery and insert a new one, unscrew the screw on the back of the thermometer.

22. BLOOD PRESSURE MEASUREMENT AND HEART RATE READINGS

22.1 Eligibility

High blood pressure is an important risk factor for cardiovascular disease. It is important that we look at the blood pressure of everyone in the survey using a standard method so we can see the distribution of blood pressure across the population. This is vital for monitoring change over time, and monitoring progress towards lower blood pressure targets set in the Health of the Nation.

The only people not eligible for blood pressure measurement are those who are pregnant or aged less than 5 years old. However, if a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings on the computer.

22.2 Equipment

Dinamap 8100 blood pressure monitor
Blue pneumatic hose
Power Cord
Cuffs:
     Child cuff (12-19cm)
     Small adult cuff (17-25 cm)
     Standard adult cuff (23-33 cm)
     Large adult cuff (31-40 cm)

Extra large cuffs are also available from your Nurse Supervisor, should you require one.

The Dinamap 8100 blood pressure monitor is an automated machine. It is designed to measure systolic blood pressure, diastolic blood pressure, mean arterial pressure (MAP) and pulse rate automatically at pre-selected time intervals. On this survey three readings are collected at one minute intervals.

The Dinamap is equipped with a rechargeable battery, which can run for a minimum of six hours when fully charged. It is essential to keep the battery charged as fully as possible. A yellow battery light will flash as a warning sign on the monitor to alert the user when the charge has fallen below 10%. To recharge the battery, connect the monitor to the mains and press the rear panel AC power switch to the **ON ('I')** position. The green MAINS AC light will indicate that the battery is charging. An overnight charge (eight hours) will provide about four hours of operation.

‼ PLEASE REMEMBER TO CHARGE THE BATTERY ‼

When the Dinamap is switched on the monitor momentarily displays eights (888) in all the digital displays and all indicators will flash as a check for the operation of all LEDs. The audio alarm is also sounded as a check for its operation. If on turning on the monitor any of the displays fail to show the 888s, contact the nurse supervisor immediately and inform them that there is a problem with the monitor.

22.3　Preparing the respondent

The respondent should not have eaten, smoked, drunk alcohol or taken vigorous exercise during the 30 minutes preceding the blood pressure measurement. If possible, arrange the order of the respondents to ensure that this is the case.

Ask the respondent to remove outer garments (eg jumper, cardigan, jacket) and expose the right upper arm. The sleeve should be rolled or slid up to allow sufficient room to place the cuff. If the sleeve constricts the arm, restricting the circulation of blood, ask the respondent if they would mind taking their arm out of the sleeve for the measurement.

As with adults, a child's blood pressure reading on a single occasion is not enough to define whether a child's blood pressure is normal or abnormal. In addition the level at which a child's blood pressure is considered to be abnormal will be dependent on that child's age, height and sex. Because of this, unlike the adult situation, you will not be given statements to read out regarding blood pressure for children. Instead we wish you to explain to the parents in advance of the measurement, what the measurement will mean. The Child's Nurse Schedule contains a detailed statement (*BPBlurb*) which you should read out to all parents **before** taking a child's blood pressure. This procedure must always be followed. Otherwise, the parent may feel you are withholding information later because a child has an unsatisfactory result.

22.4　Selecting the correct cuff

Adults aged 16+
Do **not** measure the upper arm circumference. Instead, choose the correct cuff size based on the acceptable range which is marked on the inside of the cuff. Note that there is some overlap between the cuffs. If the respondent falls within this overlap range, use the **standard** cuff where possible.

Children aged 5-15
It is important to select the correct cuff size. The appropriate cuff is the largest cuff which fits between the axilla (underarm) and the antecubital fossa (front of elbow) without obscuring the brachial pulse and so that the index line is within the range marked on the inside of the cuff.

You will be provided with a child's cuff as well as the other adult cuffs. Many children will not need the children's cuff and instead will require a small adult cuff or a standard adult cuff. You should choose the cuff that is appropriate to the circumference of the arm.

Adults and Children
The appropriate cuff should be connected via the blue pneumatic hose to the two cuff connectors at the bottom of the display. It is important to ensure these screw connectors are properly connected to avoid any air leak. However <u>do not overtighten</u>. The pneumatic seal is not made by tightening the connector.

22.5   Procedure

Wrap the correct sized cuff round the upper **right** arm and check that the index line falls within the range lines. Use the left arm only if it is impossible to use the right. If the left arm is used, record this on the computer when it prompts you to do so. Locate the brachial pulse just medial to the biceps tendon and position the arrow on the cuff over the brachial artery. The lower edge should be about 2 cm above the cubital fossa (elbow crease).

Do not put the cuff on too tightly as bruising may occur on inflation. Ideally, it should be possible to insert two fingers between cuff and arm. However the cuff should not be applied too loosely, as this will result in an inaccurate measurement.

The respondent should be sitting in a comfortable chair with a suitable support so that the right arm will be resting at a level to bring the antecubital fossa (elbow) to approximately heart level.

Explain to the respondent that before the blood pressure measurement we need them to sit quietly for five minutes to rest. They should not smoke, eat, drink or read during this time. Explain that during the measurement the cuff will inflate three times and they will feel some pressure on their arm during the procedure.

After five minutes explain you are starting the measurement. Ask the respondent to relax and not to speak until the measurement is completed as this may affect their reading.

a.   Switch the monitor **'ON'.**

b.   Press the **SILENCE** button until the yellow triangle above it lights up.

c.   Press the **AUTO/MANUAL** button until the green triangle above it lights up. The cuff will now start to inflate and take the first measurement.

d.   Press the cycle **SET** button until the number **1** lights up in the minutes box. Blood pressure will then be recorded at one minute intervals thereafter. After each interval record the reading on the schedule.

e.   It is possible to retrieve any of the 3 readings if they need to be checked or if you didn't record them for any reason. To do this, wait until the 3 readings have been taken, then press the **AUTO/MANUAL** button followed by the **PRIOR DATA** button. This will display the previous reading ie the second blood pressure. Press the **PRIOR DATA** button again to display the first blood pressure reading, and once again to return to the final reading. The minutes display indicates how long ago the measurement was taken. **IT IS NOT POSSIBLE** to retrieve the readings once the monitor has been switched off.

f.   After the three measurements are complete and recorded on the schedule switch the monitor **'OFF'** and remove the cuff.

If there are any problems during the blood pressure measurements or the measurement is disturbed for any reason, press the red cancel button or the power OFF button and start the procedure again. If the respondent has to get up to do something, then ask them to sit and rest for five minutes again.

22.6   Error readings

The most common error reading is 844. This is displayed if one measurement exceeds 120 seconds. This is usually caused by the respondent moving during the measurement. Ask the respondent to sit as still as possible and take the measurement again. **Do not palpate the pulse** and <u>do not tell the respondent that their pulse is erratic.</u> If you still get another 844 error reading, record that it wasn't possible to get a reading and explain to the respondent that this sometimes happens.

Other error readings are detailed on the side of the Dinamap itself.

Do not carry out more than three measurements.

22.7   Informing respondents of their blood pressure readings

If the respondent/parent wishes, record details of the three readings on their Measurement Record Card. Record what advice you have given (see below).

a) Child respondents (age 5 to 15)
We do **not** wish you to comment on the child's blood pressure readings to the parents. If they seek comment, reiterate what you have already said about not being able to interpret a single blood pressure measurement without checking to see whether it is normal for the child's age and height. Reassure them that if it is found to be abnormal and if they have given consent for the results to go to the GP, then the GP will get in touch to have the measurement repeated. This rule applies for **all** readings you obtain.

b) Adult respondents (aged 16+)
In answering queries about an adults blood pressure it is very IMPORTANT to remember that it is **not** the purpose of the survey to provide respondents with medical advice, nor are you in a position to do so as you do not have the respondent's full medical history. But you will need to say something. What you say in each situation has been agreed with the Department of Health, and will be displayed on the computer screen for you to read out. It is very important that **you make all the points relevant to the particular situation and that you do not provide a more detailed interpretation as this could be misleading**. Read the instructions below very carefully and make sure you always follow these guidelines.

Base your comments on the last two of the three readings. The computer will disregard the first reading when working out which advice to display. If the first reading is higher than the other two, explain that the first reading can be high because people are nervous of having their pressure taken.

Definitions of raised blood pressure differ slightly. The Department of Health has decided to adopt the ones given below for this survey. It is important that you adhere to these definitions, so that all respondents are treated in an identical manner. These are shown on the next page.

```
+---------------------------------------------------------------------+
|                         ADULTS ONLY                                 |
|                                                                     |
|         SURVEY DEFINITION OF BLOOD PRESSURE RATINGS                 |
|                                                                     |
| For men aged less than 50 and all                                   |
| women                                                               |
|                                                                     |
|      Rating            Systolic                    Diastolic        |
| Normal                   <140        and              <85           |
| Mildly raised          140 - 159     or             85 - 99         |
| Moderately raised      160 - 179     or            100 - 114        |
| Considerably raised    180 or more   or           115 or more       |
|                                                                     |
| Men aged 50 or over                                                 |
|                                                                     |
| Normal                   <160        and              <95           |
| Mildly raised          160 - 169     or             96 - 104        |
| Moderately raised      170 - 179     or            105 - 114        |
| Considerably raised    180 or more   or           115 or more       |
|                                                                     |
| NB: < less than                                                     |
|                                                                     |
+---------------------------------------------------------------------+
```

Points to make to a respondent about their blood pressure (given on screen)

Normal:

'Your blood pressure is normal'

Mildly raised:

'Your blood pressure is a <u>bit high</u> today.'

'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'

'You are advised to visit your GP <u>within 3 months</u> to have a further blood pressure reading to see whether this is a once-off finding or not.'

Moderately raised:

'Your blood pressure is a <u>bit high</u> today.'

'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'

'You are advised to visit your GP <u>within 2-3 weeks</u> to have a further blood pressure reading to see whether this is a once-off finding or not.'

Considerably raised:

'Your blood pressure is <u>high</u> today.'

'Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'

'You are <u>strongly</u> advised to visit your GP <u>within 5 days</u> to have a further blood pressure reading to see whether this is a once-off finding or not.'

Note: If the respondent is elderly and has severely raised blood pressure, amend your advice so that they are advised to contact their GP within the next week or so about this reading. This is because in many cases the GP will be well aware of their high blood pressure and we do not want to worry the respondent unduly. It is however important that they do contact their GP about the reading within 7 to 10 days. In the meantime, we will have informed the GP of their result (providing the respondent has given their permission).

22.8   Action to be taken by the nurse after the visit

If you need to contact the Survey Doctor, do not do this from the respondent's home - you will cause unnecessary distress.

Pulse - for all respondents the survey doctor routinely checks fast and slow pulse rates so no further action is necessary.

a) Children
No further action is required after taking blood pressure readings on children. All high readings are viewed routinely by the Survey Doctor. However, in the rare event that you encounter a child with a very high blood pressure, ie. systolic 160 or above or diastolic 100 or above please call the Survey Doctor.

b) Adults
The chart on the next page summarises what action you should take as a result of the knowledge you have gained from taking an adult's blood pressure readings. **For this purpose you should only take into account the last two readings** as the first reading from the Dinamap is prone to error for the reason stated above.

If you need to leave a message with the survey doctor, leave the following details:

Your name
Contact telephone number
If you want the Survey Doctor to ring you back at a specific time etc, leave those details as well.

BLOOD PRESSURE	ACTION
Normal/mild/moderate bp Systolic < 180 mmHg **and** Diastolic < 115 mmHg	No further action necessary If you feel that the circumstances demand further action, inform the Survey Doctor who will then inform the respondent's GP immediately if she deems it necessary.**
Considerably raised bp Systolic > 180 mmHg **or** Diastolic > 115 mmHg	Contact the Survey Doctor at the earliest opportunity and she will inform the respondent's GP.** If the respondent has any symptoms of a hypertensive crisis* contact the survey doctor immediately or call an ambulance. The Survey Doctor must be informed as soon as possible.**

NB. < less than; > greater than or equal to.

* A hypertensive crisis is an extremely rare complication of high blood pressure. Its signs and symptoms include diastolic bp > 135 mmHg, headache, confusion, sleepiness, stupor, visual loss, seizures, coma, cardiac failure, oliguria, nausea & vomiting.

** You must still contact the Survey Doctor even if respondents tell you that their GP knows about their raised BP.

All high or unusual readings will be looked at by the Survey Doctor when they reach the office. If the reading is high, then the Survey Doctor will contact the respondent's GP. If the respondent is not registered with a GP, or has refused consent for us to contact their GP, the respondent will be contacted directly.

23. MEASUREMENT OF WAIST AND HIP CIRCUMFERENCES

23.1 Purpose

There has been increasing interest in the distribution of body fat as an important indicator of increased risk of cardiovascular disease. The waist-to-hip ratio is a measure of distribution of body fat (both subcutaneous and intra-abdominal). Analyses suggest that this ratio is a predictor of health risk like the body mass index (weight relative to height).

23.2 Equipment

Insertion tape calibrated in mm, with a metal buckle at one end.

The tape is passed around the circumference and the end of the tape is inserted through the metal buckle at the other end of the tape.

23.3 Eligibility

Waist and hip measurements will only be carried out on respondents **aged 16 and over.**

The respondent is ineligible for the waist and hip measurement if:

a. Chairbound
b. Has a colostomy/ileostomy.

If (a) and/or (b) apply, record this on the computer (question *WHPNABM*). If there are any other reasons why the measurement was not taken, record this on the computer and type in the reason.

23.4 Preparing the respondent

The interviewer will have asked the respondent to wear light clothing for your visit. Explain to the respondent the importance of this measurement and that clothing can substantially affect the reading.

If possible, without embarrassing you or the respondent, ensure that the following items of clothing are removed:

- all outer layers of clothing, such as jackets, heavy or baggy jumpers, cardigans and waistcoats

- shoes with heels

- tight garments intended to alter the shape of the body, such as corsets, lycra body suits and support tights

If the respondent is wearing a belt, ask them if it would be possible to remove it or loosen it for the measurement.

Pockets should be emptied.

If the respondent is not willing to remove bulky outer garments or tight garments and you are of the opinion that this will significantly affect the measurement, record this on the Schedule at questions *WJRel* and/or *HJRel*.

If possible, ask the respondent to empty their bladder before taking the measurement.

23.5 Using the insertion tape

All measurements should be taken to the nearest millimetre. If the length lies half-way between two millimetres, then round to the nearest even millimetre. For example, if the measurement is halfway between 68.3 and 68.4, round up to 68.4. And if the measurement is halfway between 68.8 and 68.9, round down to 68.8. Please note that you must enter the measurement to one decimal place - do not round it to the nearest centimetre. For example, enter '78.2', not just '78'. If you do not enter a decimal point, the computer will give you a warning. If the measurement is exactly, say, 78cm, then all you need to do is suppress the warning and it will automatically fill in the '.0' for you. Otherwise, you must go back and amend your answer. As a further check, the computer will also ask you to confirm that a measurement ending in '.0' is correct.

Ensure the respondent is standing erect in a relaxed manner and breathing normally. Weight should be evenly balanced on both feet and the feet should be about 25-30cm (1 foot) apart. The

arms should be hanging loosely at their sides.

If possible, kneel or sit on a chair to the side of the respondent.

Pass the tape around the body of the respondent and insert the plain end of the tape through the metal ring at the other end of the tape.

To check the tape is horizontal you have to position the tape on the right flank and peer round the participant's back from his/her left flank to check that it is level. This will be easier if you are kneeling or sitting on a chair to the side of the respondent.

Hold the buckle flat against the body and flatten the end of the tape to read the measurement from the outer edge of the buckle. Do not pull the tape towards you, as this will lift away from the respondent's body, affecting the measurement.

23.6   Measuring waist circumference

1. The waist is defined as the point midway between the iliac crest and the costal margin (lower rib). To locate the levels of the costal margin and the iliac crest use the fingers of the right hand held straight and pointing in front of the participant to slide upward over the iliac crest. Men's waists tend to be above the top of their trousers whereas women's waists are often under the waistband of their trousers or skirts.

2. Do not try to avoid the effects of waistbands by measuring the circumference at a different position or by lifting or lowering clothing items. For example, if the respondent has a waistband at the correct level of the waist (midway between the lower rib margin and the iliac crest) measure the waist circumference over the waistband.

3. Ensure the tape is horizontal. Ask the participant to breathe out gently and to look straight ahead (to prevent the respondent from contracting their muscles or holding their breath). Take the measurement at the end of a normal expiration. Measure to the nearest millimetre and record this on the schedule.

4. Repeat this measurement again.

5. If you are of the opinion that clothing, posture or any other factor is significantly affecting the waist measurement, record this on the schedule.

23.7   Measuring hip circumference

1. The hip circumference is defined as being the widest circumference over the buttocks and below the iliac crest. To obtain an accurate measurement you should measure the circumference at several positions and record the widest circumference.

2. Check the tape is horizontal and the respondent is not contracting the gluteal muscles. Pull the tape, allowing it to maintain its position but not to cause indentation. Record the measurement on the schedule to the nearest millimetre, eg 95.3.

3. If clothing is significantly affecting the measurement, record this on the schedule.

4. Repeat this measurement again.

23.8   General points

The tape should be tight enough so that it doesn't slip but not tight enough to indent clothing. If clothing is baggy, it should be folded before the measure is taken.

If the respondent is large, ask him/her to pass the tape around rather than having to "hug" them. Remember though to check that the tape is correctly placed for the measurement being taken and that the tape is horizontal all the way around.

If your second waist or hip measurement differs by 3cm or more from the first, the computer will give you a warning. If you have made a mistake when entering the figures (eg typed 78.2 instead of 68.2), you should type over the mistake. If it was not a mistake, you should suppress the warning and take a third measurement.

If you have problems palpating the rib, ask the respondent to breathe in very deeply. Locate the rib and as the respondent breathes out, follow the rib as it moves down with your finger. If your respondent has a bow at the back of her skirt, this should be untied as it may add a substantial amount to the waist circumference.

Female respondents wearing jeans may present a problem if the waistband of the jeans is on the waist at the back but dips down at the front. It is essential that the waist measurement is taken midway between the iliac crest and the lower rib and that the tape is horizontal. Therefore in this circumstance the waist measurement would be taken on the waist band at the back and off the waist band at the front. Only if the waistband is over the waist all the way around can the measurement be taken on the waistband. If there are belt loops, the tape should be threaded through these so they don't add to the measurement.

23.9   Recording problems

We only want to record problems that will affect the measurement by more than would be expected when measuring over light clothing. As a rough guide only record a problem if you feel it affected the measurements by more than 0.5cm. We particularly want to know if waist and hip are affected differently.

24. MEASUREMENT OF DEMI-SPAN

24.1   Eligibility

Only those **aged 65 or over** are eligible for the demi-span measurement.

Respondents aged 65 or over who cannot straighten either arm, should not have this measurement taken. Question *SpanInt* should be coded 3 (or similar code at *YNoSpan*) and *NotAttM* coded 1.

24.2   Purpose

When the interviewer visited the respondent s/he attempted to measure the respondent's height and weight. However, measuring height can be quite difficult if the respondent cannot stand straight or is unsteady on their feet. This can occur with some elderly people, and with people who have particular disabilities. Additionally, height decreases with age. This decrease varies from person to person, and may be considerable.

Prior to the 1991 Health Survey there had been no attempt to measure the height of respondents older than 64 years. However, it is becoming more important to have information about the health

of the elderly. Therefore an alternative measure of skeletal size, the demi-span, was developed which can be measured easily and does not cause unnecessary discomfort or distress to the elderly or disabled.

The demi-span measurement is the distance between the sternal notch and the finger roots with arm out-stretched laterally.

24.3   Equipment

- a thin retractable demi-span tape calibrated in cm and mm
- a skin marker pencil

A hook is attached to the tape and this is anchored between the middle and ring fingers at the finger roots. The tape is then extended horizontally to the sternal notch (see illustration below). The tape is easily damaged if it is bent.
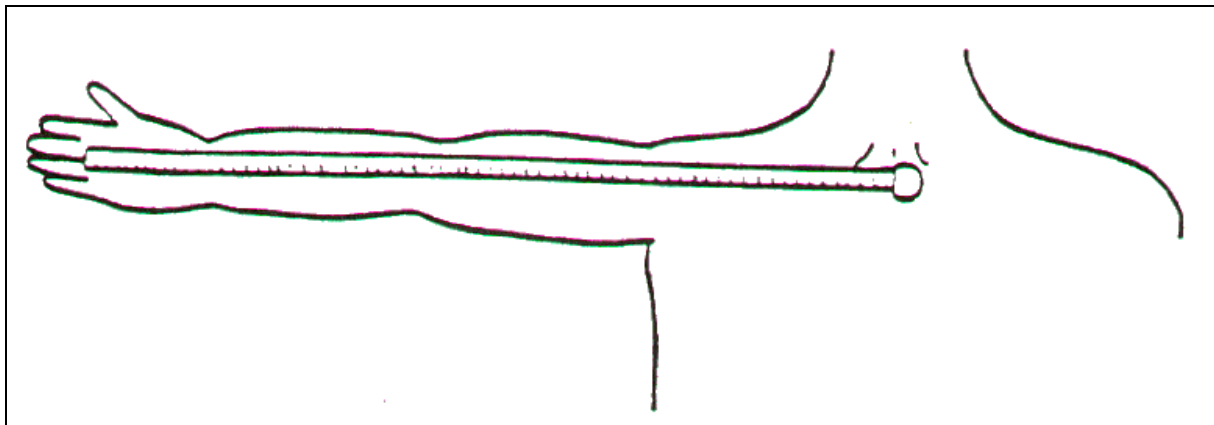
24.4   Preparing the respondent

The measurement is made on the right arm unless this arm cannot be fully stretched. In which case the left arm may be used and this should be recorded on the computer.

Although the measurement requires minimal undressing, certain items that might distort the measurement will need to be removed . These include:-

> Ties
> Jackets and thick garments such as jumpers
> Jewellery items such as chunky necklaces/bracelets
> Shoulder pads
> High heeled shoes

Shirts should be unbuttoned at the neck.

If the respondent does not wish to remove any item that you think might affect the measurement, you should record this on the computer but still take the measurement.

24.5   Procedure

1. Locate a wall where there is room for the respondent to stretch his/her arm. They should stand with their back to the wall but not support themselves on it. Ask the respondent to stand about

3 inches (7cm) away from it.

2. Ask the respondent to stand with weight evenly distributed on both feet, head facing forward.

3. Ask the respondent to raise their right arm until it is horizontal. The right wrist should be in neutral rotation and neutral inflexion. Rest your left arm against the wall allowing the respondent's right wrist to rest on your left wrist.

4. When the respondent is standing in the correct position **mark the skin at the centre of the sternal notch** using the skin marker pencil (explain to the respondent that this mark will wash off afterwards). It is important to mark the sternal notch while the respondent is standing in the correct position.

   If the sternal notch is obscured by clothing, use a piece of tape (eg Sellotape or masking tape) on the clothing. Note this on the schedule. Use tape that will not mark the clothing.

   If the respondent will not allow use of either the marker pencil or the tape, proceed with the measurement but record on the schedule that you were not able to mark the skin.

5. Ask the respondent to relax while you get the demi-span tape.

6. Place the hook between the middle and ring fingers so that the tape runs smoothly along the arm.

7. Ask the respondent to raise their arm. Check they are in the correct position, the arm horizontal, the wrist in neutral flexion and rotation.

8. Extend the tape to the sternal notch. If no mark was made, feel the correct position and extend the tape to this position.

9. When ready to record the measurement ask the respondent to stretch his/her arm. Check that:
   - the respondent is in the right position; no extension or flexion at the wrist or at the shoulders;
   - the hook has not slipped forward and the zero remains anchored at the finger roots;
   - the respondent is not leaning against the wall.

10. Record the measurement in cms and to the nearest mm at *Span* on the Nurse Schedule. If the length lies half-way between two millimetres, then round to the nearest **even** millimetre. For example, if the measurement is halfway between 68.3 and 68.4, round up to 68.4. And if the measurement is halfway between 68.8 and 68.9, round down to 68.8. Please note that you must enter the measurement to one decimal place - do not round it to the nearest centimetre. For example, enter '70.2', not just '70'. If you do not enter a decimal point, the computer will give you a warning. If the measurement is exactly, say, 70cm, then all you need to do is suppress the warning and it will automatically fill in the '.0' for you. Otherwise, you must go back and amend your answer. As a further check, the computer will ask you to confirm that a measurement ending in '.0' is correct.

11. Ask the respondent to relax and loosen up the right arm by shaking it.

12. Repeat the measurement from steps 4-11.

If the two measurements are more than 3cm apart, the computer will give you a warning. If you have made a mistake when entering the figures (eg typed 78.2 instead of 68.2), you should type over the mistake. If it was not a mistake, you should suppress the warning and take a third measurement.

24.6   Using the tape

The tape is fairly fragile. It can be easily damaged and will dent or snap, if bent or pressed too firmly against the respondent's skin. Also the ring connecting the hook to the tape is a relatively weak point. Avoid putting more strain on this ring than necessary to make the measurements.

When extending the tape, hold the tape case rather than the tape itself as this puts less strain on the hook and tape.

When holding the tape to the sternal notch, do not press into the sternal notch so much that the tape kinks.

24.7   Points to watch

Make sure that the respondent does not flex their wrist or move their trunk or shoulder when stretching their arm.

Be careful that the corner of the hook acting as the zero point does not move away from the finger root so affecting the point from which the measurement is taken.

24.8   Seated and lying measurements

If the respondent is unable to stand in the correct position, or finds it difficult to stand steadily, ask them to sit for the measurement. Use an upright chair and position it close to a wall. Still try to support the arm if possible. You may need to sit or kneel to take the reading.

If the respondent is much taller than you, take the measurement with the respondent sitting.

If the respondent finds both standing and sitting in the correct position difficult, the measurement can be taken lying down.

If the respondent's arm is much longer than yours, support the arm close to the elbow rather than wrist level. Your arm must not be between the elbow and shoulder as this will not provide sufficient support.

25. MEASUREMENT OF LUNG FUNCTION

25.1   Purpose

Lung function tests objectively assess respiratory impairment if it is present. We will be measuring forced expiratory volume in one second (FEV 1), forced vital capacity (FVC) and peak expiratory flow (PEF). These measures can be reduced for a wide range of reasons, e.g. physical unfitness, smoking, chronic bronchitis, those who have had poorly controlled asthma for many years, some muscular disorders and many others. At a population level, these measures tell us a lot about the respiratory health of the population, and are also indicators of general health.

As with blood pressure in children, the definition of an acceptable level of lung function depends on the person's age, sex and height. A diagnosis of abnormality is not based on measurement on a single occasion but is rather based on several measurements and on the person's clinical history. Prior to making the measurement, we wish you to explain this to the respondents. CAPI will prompt you to read a statement you should **always** read out **before** carrying out this test.

25.2 Eligibility

Respondents aged 7 and over, including those chairbound, EXCEPT:

a) Those who are pregnant.
b) Those who have had abdominal or chest surgery in the preceding three weeks.
c) Those who have been admitted to hospital with a HEART complaint in the preceding six weeks.

25.3 Equipment

The Vitalograph Escort spirometer and case
Power pack
1 litre calibration syringe
Disposable cardboard mouthpieces
2 spare mesh filters

25.4 Procedure

Before using the spirometer it must be calibrated. This procedure can be done **in your own home** at the start of each day when you are working. If you have more than one visit in the same day you need to calibrate the spirometer **only once.** The room you calibrate the spirometer in should be of normal room temperature. You **will not need** to carry the calibration syringe when you make a visit.

When you take the measurement in the respondent's house the room temperature must be record using the thermometer and entered into the spirometer prior to measuring each respondent. It is also important that your equipment is at room temperature when you use it. For this reason, take it out of its container as soon as possible when you enter the house. Otherwise it will be too cold (or in summer too hot!) from being in the boot of your car.

Calibrating the spirometer - before making any visits
1.   The first step is to circulate the room air through the calibration syringe and the spirometer. To do this, connect the syringe to the flow head and simply pump through a few litres of air.

2.   Next you enter the calibration routine of the spirometer. To do this, *hold the spirometer level,* press the arrow button and blue "on" button at the same time, then release both buttons.

3.   You will see an equipment number displayed, followed by the message "zeroing sensor", then "please wait". The message "pump air" is then displayed.

4.   Making sure the syringe handle is fully extended, connect the syringe to the flow head. *The handle of the spirometer should be pointing upwards.* Pump in the volume of air from the syringe in a smooth swift stroke, taking approximately 1 second to do so. It is important that the air is pumped in smoothly and swiftly in this way. Be careful not to occlude the outlet of the spirometer with your hand.

5.   During calibration the message "sampling flow" is displayed. Following this "*" is

displayed if the spirometer is calibrated. If a volume is displayed rather than "*", then the unit is not fully calibrated and you must repeat the procedure again by pumping in another litre of air from the syringe. Do this until "*" is displayed. If you encounter problems during calibration consult the "troubleshooting advice" at the end of this section. If after six attempts the spirometer has not calibrated, remove cone and end cap, check that you have not forgotten to insert a mesh and ensure the cone and end cap are replaced tightly. If calibration is still not possible, abandon procedure and record it on the schedule. Check the equipment later and contact the Field Office immediately for a replacement.

6.   Then press the C button to switch off.

Performing the test - in the respondents home:

1.   The first step is to measure the room temperature. Switch on your thermometer as before. Allow it to settle, then record the temperature on your schedule and switch off the thermometer.

2.   Holding the spirometer level, press the blue ON button. The last temperature entered will be displayed. Enter the temperature you have just recorded to the nearest degree. Do this by pressing the arrow button until the correct temperature is displayed. The arrow button allows you to scroll through to 40°C. Note that the lowest temperature you can enter is 10°C. If the temperature is lower than 10°C or higher than 40°C reliable measurements cannot be made and spirometry must be deferred until the room heats up/cools down, or be abandoned. If the latter is the case, note it on the appropriate section of the computer schedule.

3.   When the correct temperature is displayed, press the on button again. The display will read "zeroing sensor" followed by "please wait", then "perform test".

4.   Instruct the respondent to blow as described in the next section. As the respondent is blowing the message "sampling flow" is displayed. The FVC is then displayed in litres (L). Record this into the computer where prompted. Press the arrow button again and the FEV1 will be displayed. Record this too. Press the arrow again and the PEF (Peak Flow) will be displayed. Record this. Then record whether the blow has been technically satisfactory (this is defined later).

5.   Press the C button to clear the results and then press the ON button to start again. The temperature will be displayed again. This time you can ignore it as the room temperature will not have changed much from the first blow. **It is very important that you press the C button before the ON button. If you do not do this the screen will go on to tell you the results of the best blow rather than each individual blow.**

6.   Press the on button again, and get the respondent to blow as before. Repeat the procedure until you have recorded five blows. Don't forget to switch off by pressing the C button.

7.   Offer to record the lung function readings on the respondent's Measurement Record Card. **Never attempt to interpret these readings. This has to be done in the office, taking other information about the respondent into account.**

Instructing the respondent to blow:

1. After the five blows, record whether the respondent was standing or sitting. The respondent should be in the standing position. If the respondent is chairbound you can still carry out the test.

2. Tight clothing should be loosened.

3. Dentures should be worn unless they fit so badly that they become loose and obstruct the airflow.

4. Explain to the respondent that the aim of the test is to find out how much air they can blow out and how quickly it is blown out. Then explain that "you must try to blow out as much air as possible as hard and as fast and as completely as you can".

5. **You should demonstrate the correct technique first,** using a mouthpiece unconnected to the spirometer. Explain that the mouthpiece should be held in place by the lips rather than the teeth and the lips should be wrapped firmly around it. **Demonstrate a blow.**

6. Attach a clean disposable mouthpiece to the flow head. Explain to the respondent that they must now make their first attempt.

7. Instruct the respondent to take as deep a breath as possible and then to hold the mouthpiece with their lips. *The respondent should hold the spirometer with the handle downwards.*

8. Then say "now blow". As the respondent is blowing encourage her/him by saying "keep going, keep going, keep going".

9. It is important to observe the respondent closely during the blow so that you can note whether it was technically satisfactory and advise her/him how to do it better.

10. Record whether you obtained 5 technically satisfactory blows and, if not, why not. You must attempt to get five blows from each respondent. However, there will be some respondents, e.g. some elderly respondents or those with severe lung disease who are unable to complete five attempts. You must strike the right balance between encouragement and over-insistence.

Technically unsatisfactory blows:

The reason we ask you to assess whether a blow is technically satisfactory is so that if someone has a poor result we can be confident that this really means they have a poor lung function and it is not simply that they have been unable to use the equipment or get the right blowing technique. Do not declare a blow unsatisfactory based on result alone. Pay close attention whilst the respondent is carrying out the test and do not be afraid to demonstrate a second or third time if necessary.

A technically unsatisfactory blow is any of the following:

1. An unsatisfactory start, e.g. excessive hesitating or a "false start". If you see * on either side of the *FEV1* then this tells you that it is an excessively slow start.

2. Laughing or coughing especially during the first second of the blow. Many people will cough a little towards the end of their effort but this is acceptable.

3. Holding the breath in (i.e. a valsalva manoeuvre).

4. A leak in the system or around the mouthpiece. This would include those where the mouthpiece is not firmly held by the lips.

5. An obstructed mouthpiece e.g. tongue in front of the mouthpiece or false teeth obstructing

the mouthpiece.

6.   Note that a result of 0.00 on an FEV1 also means that the test has not been carried out properly.

Guidelines on expected values of lung function:
Please note that for any individual their expected level of lung function is calculated using their height, age and sex. The values given here are for **your guidance only** and are based on the best expected levels in persons of average height. There is in fact wide variation in the normal level acceptable so these values are just a rough guide. They will give you an idea of whether a respondent is not blowing adequately so that you can encourage them to improve. You should **not** say to respondents that their lung function is poor since the variation in acceptable values is so wide.

FOR NURSE GUIDANCE ONLY

ADULTS AGED 16+

	Male		**Female**	
Adults				
Aged 16-39	FVC	4.5	FVC	3.5
	FEV	4.0	FEV	3.0
	PF	550	PF	400
Aged 40-64	FVC	4.0	FVC	3.0
	FEV	3.0	FEV	2.5
	PF	500	PF	350
Aged 65+	FVC	3.5	FVC	2.5
	FEV	2.5	FEV	2.0
	PF	450	PF	320

CHILDREN AGED 7-15

	Male		**Female**	
Children:				
Aged 7-9:	FVC	2.3	FVC	2.3
	FEV	2.0	FEV	2.0
	PF	300	PF	300
Aged 10-15:	FVC	3.2	FVC	3.2
	FEV	3.0	FEV	3.0
	PF	400	PF	400

25.5   Cleaning procedure for the Escort spirometer

For the respondent's safety, the mouthpieces you use are valved so that it is not possible to inhale through them. Please always ensure that you use a new disposable mouthpiece for each respondent. The mouthpiece may be given to the respondent to dispose of in their own household rubbish. It is not necessary to clean equipment between households. It is essential, however, that the filters are removed and cleaned each evening (see diagram below).

1.	Remove the cone (1) and end cap (2) from each end of the flowhead. Do not disassemble the remaining part of the spirometer.

2.	Remove the filter meshes (3).

3.	Replace with the two clean spare mesh filters. Put the deep edge of the plastic rim facing towards the centre of the spirometer.

4.	Wash the soiled filters carefully in warm soapy water and rinse thoroughly with clean water. The filters should be left overnight to dry out completely.

The Structure of the Spirometer

1.	Cone for Mouthpiece
2.	End Cap
3.	Semi-Disposable Mesh Filter
4.	Fleisch Element Assembly
5.	Flowhead Sealing Rings
6.	Spirometer Body
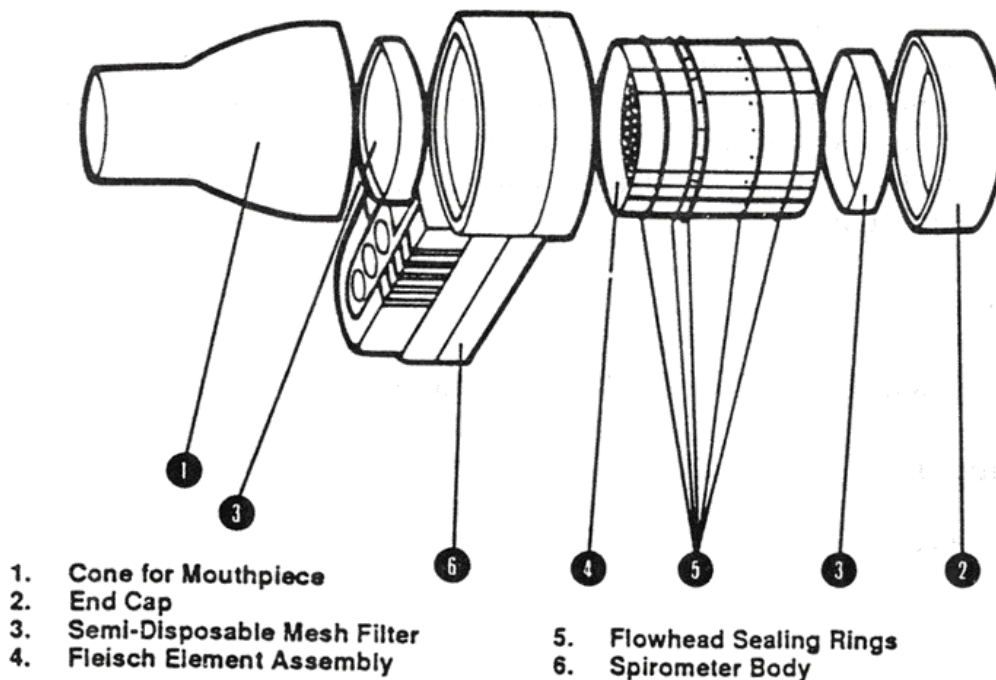
25.6   Important points to note

1.	When fully charged from the power supply unit provided, a test duration of at least 90 minutes can be expected. After the "LOW BATTERY" message first flashes on the screen, only a further 1 minute of valid testing can be guaranteed after which the unit must be recharged or operated from the mains supply to carry out further tests.

	The spirometer should be charged immediately before each visit. Take the power pack with you in case of battery failure.

2.	Whenever the "ON" button is pressed to perform a new test, ensure that the spirometer is placed on a flat surface with the mouthpiece pointing upwards.

3.	The respondent should hold the unit with the handle pointing **downwards** during the testing. This is different to the procedure during calibration when the handle should be pointing upwards.

25.7 Fault finding guide

Nothing is displayed when the "ON" button is pressed:	Connect to PowerSAFE as battery may be discharged. "ON" button not being held down long enough.
False readings suspected:	Ensure unit is being held correctly during test. Re-calibrate
Calibration values vary greatly:	Ensure the correct calibration procedure is being followed. Start calibration syringe stroke sharply.
Unit remains in "ZEROING SENSOR" mode:	Ensure the ambient air temperature is within the specified operating temperature.
Unit does not operate for the specified length of time when battery is fully charged:	Replace battery.
"PUMP AIR" stays on screen instead of calibration result	Not a smooth system of air from the calibration syringe. Too long a delay between switching on and pumping air through. Handle of spirometer not directed upward when calibrating. Occluding the "end cap" with your hand

26. SALIVA SAMPLE COLLECTION

We wish to obtain a measure of exposure to passive smoking. This can be detected by measuring the level of cotinine in saliva. Cotinine is a derivative of nicotine and shows recent exposure to tobacco smoke, either because the individual is a smoker or because they have been exposed to other people's tobacco smoke. Note that respondents' cotinine analysis results will not be sent to them or their GP.

26.1 Eligibility

A saliva sample should be obtained from all respondents aged 4 and over.

26.2 Equipment

For adults (aged 16+):
Plain 5 ml tube
Dental roll
Kitchen paper

For children (aged 4-15):
Plain 5 ml tube
Short wide bore straw.
Kitchen paper

The straw makes it easier for children to direct their saliva sample into the tube. Its use will also minimise the amount of other items that are included in saliva, such as crumbs, which might enter the tube.

26.3 Procedure

The aim is to get as much saliva as possible into the tube.

For adults:
The procedure is very simple, but it is crucial to make sure that an adequate amount of saliva is collected.

1. Instruct the respondent to take the dental roll from the tube, insert it in his/her mouth and leave it there until soaked. The aim is to get the dental roll *saturated* with saliva.

2. Moving the dental roll about the mouth, without chewing, helps to ensure thorough wetting. For most people, 3 minutes will be ample to ensure thorough wetting.

3. If the respondent complains of a dry mouth, and you think you will have difficulties in filling the roll, you can ask them to drink some water before starting the procedure. Wait for a few minutes to ensure that no water is retained when they provide the saliva sample.

4. When the respondent has finished, ask her/him to remove the dental roll from her/his mouth and place it in the plain tube.

5. Check that the roll is well soaked. The tube should feel noticeably heavier than an unused one. If the dental roll rattles around in the tube like a pea, it is not sufficiently wet, and you should ask the respondent to put it back in her/his mouth for a further period.

6. Record on the computer that you have taken the sample, and mention any problems you might have encountered.

NB. If an adult respondent has a problem with putting the dental roll in their mouth then you can follow the protocol for obtaining saliva from children (see below).

For children:
1. Remove the cap from the plain tube.

2. Give the straw to the child. Explain that you want him/her to gather up their saliva (spit) in their mouth and then let it dribble through the straw into the tube. Make sure that you are not getting sputum i.e. that the child is not clearing their chest for the spit.

3. Allow the child about three minutes to do this. Collect as much as you can in this time. The saliva will be frothy, so it is easy to think you have collected more than you actually have, so do not give up too soon.

4. If children find it difficult to use the straw they may dribble into the tube directly. This is acceptable, but encourage them to use the straw where possible.

5. If the child's mouth is excessively dry and they can not produce saliva allow them to have a drink of plain water. Wait for a few minutes to ensure that no water is retained when they provide the saliva sample.

6. Record on the computer that you have taken the sample along with any problems you may have encountered.

26.4   Packaging the saliva sample

1. Make sure that the lid of the salivary tube is secure.

2. Label the tube (using the red labels provided for blood samples). Enter the respondent's serial number and date of birth on the label.

3. Insert the tube in the absorbent packing, either together with that respondent's blood container (if blood was obtained), or on its own.

4. If you have 'saliva-only' samples from the **same** household, They can all be packed in the package, up to a maximum of three per package. They still need to be wrapped in the absorbent insert. Put the relevant number of despatch notes into the box. **NB this only applies to respondents for whom a blood sample was not collected**. If there are more than three 'saliva only' samples in a household, you will need to use more than one package.

Continue to pack as instructed from point 6 onwards in Section 28.2 'Packaging the blood samples'.

27. BLOOD SAMPLE

27.1 Eligibility

All persons aged 11 and over, with the following exceptions, are eligible to give blood.

a. People with clotting or bleeding disorder (see note below)
b. People who have ever had a fit
c. People who are not willing to give their consent in writing.
d. People who are **currently** on anticoagulant drugs, eg Warfarin therapy.

For a fuller description about clotting or bleeding disorders see section 16.4 of this document (The Nurse Schedule); in particular the part referring to question *ClotB*.

27.2 Purpose

Different analytes will be carried out for respondents depending on their age:

Respondents aged 11-24 the blood will be analysed for IgE, house mite specific IgE, ferritin and haemoglobin.

Respondents aged 25+, the blood will only be analysed for IgE and house mite specific IgE.

Haemoglobin and ferritin are being measured because they are indicators of nutritional status, being reduced if there is an inadequate iron supply in the diet. Frequently, an inadequate iron supply can imply a more general nutritional problem. IgE and house mite specific IgE indicate allergies

The blood will **not** be tested for any viruses, such as HIV (AIDS).

27.3 Equipment

Tourniquet	Vacutainer holder
Alcohol swabs	Vacutainer needles 21G (green)
Dental rolls	Vacutainer needles 22G (black)
Vinyl gloves	Butterfly needles 23G
Adhesive dressing	Needle disposal box
Kitchen roll	Vacutainer plain red tubes
Micropore tape	Vacutainer EDTA purple tubes
Blood sample packaging (see section 28)	Vacutainer citrate blue tubes
Set of labels for blood sample tubes	EMLA cream
	Tegaderm dressings

27.4 The blood tubes

For adults aged 25 and over:
One Plain (red, large) tube needs to be filled.

For children and young adults aged 11-24 :
Two tubes need to be filled. They should be filled in the following order so that, if a situation arises where there will be insufficient blood to fill all the tubes, the analyses with the highest priority can still be undertaken.

> 1. **Plain (red, large) tube.**
> 2. **EDTA (purple, small) tube.**

27.5 EMLA cream

All respondents aged 11 to 17 who consent to give a blood sample must be offered EMLA cream. EMLA cream may also be used with older respondents who request it, but should not specifically be offered to older respondents.

Respondents who have had a reaction to any anaesthetic (local or general) are not eligible to have EMLA cream. This means that you may not take a blood sample from these respondents, unless they consent to give a sample without using EMLA.

27.6 Procedure for taking blood sample

1.   Ask the screening question to check whether the respondent has a clotting or bleeding disorder, or is currently on anticoagulant therapy eg. Warfarin.
2.   Ask the screening question to find out whether the respondent has ever had a fit.

Respondents who have a clotting or bleeding disorder, or are currently on anticoagulant therapy, or who have ever had a fit, are NOT ELIGIBLE to give a blood sample.

3.   Explain the purpose and procedures for taking blood.

4.   Ask if respondent is willing to give blood sample

5.   **In addition if the respondent is aged 11 to 17:**
   - explain that there is the **option** of using EMLA cream - but that a sample can be given without EMLA.
   - give parent/young person the information sheet about EMLA and allow them time to read it
   - answer any questions about use of EMLA, advantages and disadvantages - side effects, time taken to work, etc
   - explain that EMLA **cannot** be used if the young person has a known allergic reaction to any local or general anaesthetic

6.   **If yes and respondent is aged 11-17**
   Ask if respondent wishes EMLA cream to be used.

7.   **If respondent is aged 11-17 and wishes EMLA cream to be used**
   Ask screening question to determine whether respondent has ever had allergic reaction to anaesthetic. If they have had an allergic reaction, they are not eligible to use EMLA cream,

so you cannot take a blood sample unless they are willing to give a sample without EMLA.

8. **If respondent wishes EMLA cream to be used**
   Decide with respondent whether you will take blood sample now or arrange another time to return to take the sample. Remember you will need to allow 1 hour for the EMLA cream to work before taking the blood sample.

   > NB. THE CONCEPT OF BLOOD TAKING AND USE OF EMLA CREAM MUST NOT BE RAISED WITH THE RESPONDENT BEFORE THE APPROPRIATE POINT IN THE CAPI SCHEDULE. DO NOT INTRODUCE BLOOD TAKING BEFORE THIS, AS THIS MIGHT RISK AFFECTING OTHER MEASUREMENTS (EG. BLOOD PRESSURE).
   >
   > YOU MUST NOT APPLY EMLA CREAM TO ANY RESPONDENT BEFORE YOU ARE PROMPTED TO DO SO IN THE CAPI SCHEDULE.

   If blood sample will be taken NOW, follow 9. onwards. If you will be returning on a separate occasion, complete remainder of interview and arrange separate appointment to return to take blood sample.

9. **WHEN YOU ARE SET TO COMMENCE BLOOD-TAKING PROCEDURE:**

   Obtain necessary written consents to give blood sample, notify GP of results, and storage of blood sample. Consent sheet BS(A) is for adults aged 18+ and BS(C) is for respondents aged 11-17 years.

   If respondent is aged 11-17 you must make sure that you always obtain both the respondent's own signature and the signature of their parent or the person who has parental responsibility. Remember that even if 16/17 year old respondents are married and not living with their parent or person who has legal responsibility, you cannot take blood until you have their parent's consent. It is not sufficient to simply have one signature at items I-III on the BS (C) page of the Consent Booklet. You must make sure that you have **all** relevant signatures

   There are tick boxes on the consent sheet BS(C) to indicate whether the respondent/parent consented to give a blood sample with or without the use of EMLA cream. Please tick the appropriate box.

10. **IF EMLA CREAM IS TO BE USED:**
    Apply EMLA cream following the instructions in Section 27.8.

11. Take blood sample following the instructions in Section 27.9.

27.7   General information about EMLA Cream

EMLA cream is an effective local anaesthetic cream with minimal side-effects. Occasionally mild local skin reactions are experienced. You will need to explain the pros and cons of using EMLA to each respondent and parent, in addition to giving them the written note to read. It is important that respondents understand that you are not a doctor and cannot treat unexpected reactions.

Pros:
- reduces sensation of needle prick
- easy to apply
- generally safe

Cons:
- takes one hour to work, and so may increase anxiety
- occasionally makes veins harder to see
- risk of local reaction in people known to be allergic to similar drugs
- other possible side effects:
  - reddening of skin
  - whitening of skin
  - itching
- theoretical risk of anaphylaxis (severe allergy), though this has never been reported

None of the local skin side-effects (if they occur) requires treatment. The whitening or reddening will disappear by itself over a period of hours. A local allergic reaction may involve itching, but is unlikely to required treatment.

EMLA contains two anaesthetics: lignocaine and prilocaine. It is important that you ask the question below (also within CAPI) to determine whether the respondent has any known anaesthetic allergies.

Has the person giving this blood sample ever had a bad reaction to a local or general anaesthetic bought over the counter at a chemist, or given by a doctor, dentist or in hospital?

If the respondent has ever had a bad reaction to an anaesthetic then EMLA cream MUST NOT be used. However the respondent can still give a blood sample without EMLA if they are willing.

EMLA is a prescription medication, so it is very important that you account for all EMLA tubes used on the record sheet supplied. Any EMLA tubes you have left at the end of your assignment should be returned to the Brentwood office with the record sheet. For safety, EMLA must not be left lying around where young children could get at it.

27.8   Applying EMLA Cream

EMLA cream must only be applied to healthy skin; therefore it must not be applied to sore or broken skin (eg. eczema or cuts). Make sure the EMLA cream is kept away from eyes or ears.

If the young person requires EMLA to be applied prior to venepuncture, inspect the antecubital fossae and decide which arm you will use for blood-taking. If both arms are suitable, use the left arm.

EMLA cream must be applied to ONE arm only. This means that, if you encounter problems during blood-taking (eg. collapsing vein), NO ATTEMPT can be made to take blood from the other arm.

Apply EMLA cream over the antecubital fossa. Cover with a Tegaderm dressing (a vapour permeable and self-sticking film dressing) to keep the EMLA in place. See details about how to apply EMLA below. **Please note the illustration shows EMLA being used on the hand. *National Centre* policy is to only take blood samples from the arm.**
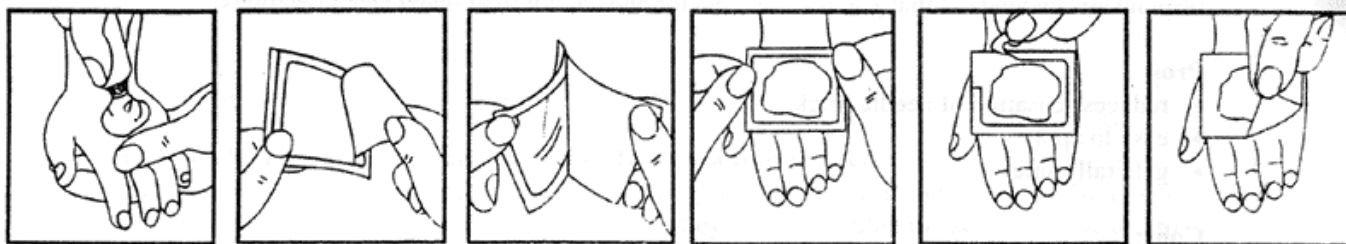
1. Squeeze ½ a tube in a mound on the area to anaesthetised. **Do not rub in.**

2. Peel the beige coloured 'centre cut-out' from the dressing.

3. Peel the paper layer marked 3M Tegaderm from the dressing.

4. Apply the adhesive dressing with its paper frame to cover the EMLA. **Do not spread the cream**.

5. Remove the paper frame using the cut mark. Smooth down the edges of the dressing carefully and leave in place for at least an hour. The time of application can be written on the occlusive dressing.

6. After 60 minutes (max. 5hrs), remove the dressing. Wipe off the EMLA. Clean entire area with alcohol and begin procedure.

As you may well be aware, removing the Tegaderm is sometimes painful so take care on hairy arms!

It is very important that the used tubes of EMLA should not be left lying around. Make sure you have removed them from the household on completion of the phlebotomy.

Use the EMLA record sheet to record the respondent's serial number and the date EMLA cream was used. Return this sheet with any unused tubes of EMLA cream to the Brentwood office.

27.9   Preparing the respondent

Ask the respondent if they have had any problems having blood taken before.

1.   Explain the procedure to the respondent. The respondent should be seated comfortably in a chair, or if they wish, lying down on a bed or sofa.

2.   Ask the respondent to roll up their left sleeve and rest their arm on a suitable surface. Ask them to remove their jacket or any thick clothing, if it is difficult to roll up their sleeve.

The antecubital fossae may then be inspected. It may be necessary to inspect both arms for a suitable choice to be made, and the respondent may have to be repositioned accordingly.

3.   Do **not** ask the respondent to clench his/her fist.

Select a suitable vein and apply the tourniquet around the respondent's arm. However, it is desirable to use the tourniquet applying minimal pressure and for the shortest duration of time. Do not leave the tourniquet in place for longer than 2 minutes.

Ask the respondent to keep his/her arm as still as possible during the procedure.

4.   Put on your gloves at this point.

Clean the venepuncture site gently with an alcohol swab. Allow the area to dry completely before the sample is drawn.

27.10 Taking the sample

Venepuncture is performed with a green twenty one gauge vacutainer needle or butterfly.

Grasp the respondent's arm firmly at the elbow to control the natural tendency for the respondent to pull the arm away when the skin is punctured. Place your thumb an inch or two below the vein and pull gently to make the skin a little taut. This will anchor the vein and make it more visible. Ensure the needle is bevelled upwards, enter the vein in a smooth continuous motion.

Remember to take the tubes in the correct order. The first tube should always be the large plain tube with the red cap followed by the EDTA tube (if applicable). The vacutainers should be filled to capacity in turn and inverted gently on removal to ensure complete mixing of blood and preservative.

Release the tourniquet (if not already loosened) as the blood starts to be drawn into the tube. Remove the needle and place a dental roll firmly over the venepuncture site. Ask the respondent to hold the pad firmly for three minutes to prevent haematoma formation.

If venepuncture is unsuccessful on the first attempt, make a second attempt on the other arm. If a second attempt is unsuccessful, DO NOT attempt to try again. Record the number of attempts on the Schedule.

Record which arm the sample was drawn from (or both).

Remove the needle from the vacutainer holder by inserting it into the slot at the top of the needle disposal box. Push it towards the narrow end of the slot until the hub fins are engaged. Twist the holder anti-clockwise to unthread the needle. Then slide the holder towards the centre of the slot, allowing the needle to drop into the container.

IMPORTANT WARNING

Never re-sheath the needle after use.

Do not allow the disposal box to become overfull as this can present a potential hazard.

Check on the venepuncture site and affix an adhesive dressing, if the respondent is not allergic to them. If they are allergic, use a dental roll secured with micropore.

27.11 Fainting respondents

If a respondent looks or feels faint during the procedure, it should be discontinued. The respondent should be asked to place their head between their knees. They should subsequently be asked to lie down.

If they are happy for the test to be continued after a suitable length of time, it should be done so with the respondent supine and the circumstances should be recorded. They may wish to discontinue the procedure at this point, but willing to give the blood sample at a later time.

27.12 Disposal of needles and other materials

Place the used cotton wool balls in the sharps box and put gloves etc in the self-seal disposal bag. The needle disposable box should be taken to your local hospital for incineration. Telephone them beforehand, if you are not sure where to go. If you come across any problems with the disposal, contact the Survey Doctor who will contact your local hospital. The sealed bag can be disposed of with household waste as long as it does not have any items in it that are contaminated by blood.

27.13 Needle stick injuries

Any nurse who sustains such an injury should seek immediate advice from their GP. The nurse should inform his/her nurse supervisor of the incident, and the nurse supervisor should inform Vasant Hirani or Marian Brooks at UCL.

27.14 Respondents who are HIV or Hepatitis B positive

If a respondent **volunteers** that they are HIV or Hepatitis B positive, do **not** take a blood sample. Record this as the reason on the Schedule. You should never, of course, seek this information.

28. SENDING BLOOD SAMPLES TO THE LABORATORY

The blood samples are sent to the Royal Victoria Infirmary Laboratory in Newcastle-upon-Tyne. It is important that the blood is sent properly labelled and safely packaged and that it is despatched immediately after it has been taken.

28.1 Labelling the blood tubes

Label the tubes as you take the blood. It is **vital** that you do not confuse blood tubes within a household.

Use the set of serial number and date of birth labels to label the vacutainer tubes. Attach a serial number label to every tube that you send to the lab. Enter the serial number and date of birth very **clearly** on each label. Make sure you use **blue biro** - it will not run if it gets damp. Check the Date of Birth with the respondent again verbally.

Stick label over the label already on the tube. The laboratory need to be able to see on receipt how much blood there is in the tube.

We cannot stress too much the importance of ensuring that you label each tube with the correct serial number for the person from whom the blood was obtained. Apart from the risk of matching up the blood analyses to the wrong person's data, we will be sending the GP the wrong results. Imagine if we detect an abnormality and you have attached the wrong label to the tube!

28.2 Packaging the blood samples

Pack the tubes for each respondent separately from those of other members of the household. All the tubes from one person can be packed together in one container.

The packaging supplied to you for the posting of blood samples is required to comply with the Royal Mail's revised regulations on the transportation of blood samples. The following procedures are designed to minimise accidental damage and, should there be any damage, any blood spillage.

The packaging

The packaging comprises:
- Absorbent insert
- Plastic container
- Cardboard mailing box with foam

Using the packaging
1.   Insert the blood sample tubes in the pockets of the absorbent insert.
2.   Roll the insert with the folded despatch note.*
3.   Place the rolled insert in the plastic container and close.
4.   Push the plastic container into the foam and put in the cardboard box.

* If you find it difficult to insert the despatch note in the plastic tube, fold it and put in the cardboard box.

Please note:
- Use a separate package for each respondent.
- Do not seal the mailing box with tape.

Remember to check that the serial number and dates of birth correspond on the despatch notes and blood tubes

Posting blood samples
The size of the packaging means you will not be able to post blood samples in a letter box. The samples will have to be taken to a post office for posting.

The samples should be posted within **24 hours** of the sample been taken. Try to avoid taking samples if you think you will be unable to post it within 24hrs.

Weekend posting
If you take a sample on a Saturday afternoon, the sample <u>must be posted on the following Monday morning.</u>

Storage of blood samples
If you unable to post the samples immediately, they can be stored at room temperature.

When you have posted the blood samples, fill in the **time and date of posting** on the office copy of the Blood Sample Despatch Note.

28.3   Completing the blood despatch note

The Consent Booklet contains a Despatch Note (DESPATCH 1) that should be filled in and sent to the laboratory with the blood sample.

- Enter the respondent's serial number very carefully. This should correspond to both your entry on page 1 of the Consent Booklet and to the serial number you have recorded on the tube(s).

- Complete items 2, 3 and 4. Check that the date of birth is correct and consistent with entry on nurse schedule and tube label.

- Complete item 5.

- At Item 6 ring a code to tell the laboratory whether or not permission has been obtained to store part of the blood. Your entry here should correspond to your entry at Item 8d on the front page of the booklet.

- At Item 7 enter your *National Centre* Nurse Number.

Tear off this despatch note and send with the blood sample to the laboratory.

Complete the **Office Despatch Note (Despatch 2)** on the last page of the Consent Booklet. This tells us the date you sent the samples to the lab and indicates what we should expect back from the laboratory.

If you have only achieved an incomplete blood sample (e.g. have only filled one tube), please state this clearly on both copies of the despatch note and give the reason.

APPENDIX 1 – COMPLETED NRF PAGES 3 AND 4

PART B - TO BE COMPLETED BY NURSE

6. CALLS RECORD (Note all personal visits and telephone calls, even if no reply)

VISIT NUMBER	01	02	03	04	05	06	07	08	09	10	11	12
TYPE OF CALL:												
Telephone	(1)	1	1	1	1	1	1	1	1	1	1	1
Personal visit	2	(2)	2	2	2	2	2	2	2	2	2	2
EXACT TIME OF CALL (24 HR CLOCK):	18.00	15.30										
DATE:												
i) Day (Mon =1, Tue=2 etc)	5	1										
ii) Date	1 2	1 5										
iii) Month	0 1	0 1										

NOTES

12/01 – Interviewer concerned there wasn't enough time between respondents
- telephoned to let them know the time was ok

7. OUTCOME OF ATTEMPT TO INTERVIEW PERSONS IN HOUSEHOLD (CODE 1-3 AT Q4/5)

ENTER PERSON/CHILD NUMBER:	0	1	0	2	0	3	0	4	0	5						
ENTER FIRST NAMES:	Peter		Sarah		Norman		Robert		Jane							
NOT TO BE INTERVIEWED (CODES 2-3 AT Q4/5):	(80)		80		80		80		80		80		80		80	
NURSE SCHEDULE COMPLETED:	81		(81)		81		(81)		(81)		81		81		81	
NURSE SCHEDULE NOT COMPLETED:																
- no contact made	82		82		82		82		82		82		82		82	
- refusal by person	83		83		83		83		83		83		83		83	
-proxy refusal	84		84		84		84		84		84		84		84	
- broken appointment	85		85		85		85		85		85		85		85	
- ill (at home)	86		86		86		86		86		86		86		86	
- ill (in hospital)	87		87		(87)		87		87		87		87		87	
- away (other reason)	88		88		88		88		88		88		88		88	
- other (GIVE REASON AT Q9)	89		89		89		89		89		89		89		89	

8. COMPLETE FOR EACH PERSON REFUSING TO TAKE PART (CODES 83/84 AT Q7)

ENTER PERSON/CHILD NUMBER:								
ENTER FIRST NAMES:								

REASON FOR REFUSAL:

Cannot/won't find time	1	1	1	1	1	1	1	1
Feels done enough already	2	2	2	2	2	2	2	2
Recently had health check/GP knows health	3	3	3	3	3	3	3	3
Had enough of medical profession	4	4	4	4	4	4	4	4
Doesn't want to know results/tempt fate	5	5	5	5	5	5	5	5
Frightened of procedures	6	6	6	6	6	6	6	6
Other	7	7	7	7	7	7	7	7

9. COMPLETE IF BROKEN APPOINTMENT, ILL, AWAY OR OTHER UNPRODUCTIVE (CODES 85-89 AT Q7)

ENTER PERSON/CHILD NO.	GIVE FULL DETAILS
0 3	Taken to hospital the previous night, expected to stay at least 8 weeks

Health Survey for England

'01

Coding & Editing Instructions
April 01

A survey carried out on behalf of The Department of Health

Contents

1. Introduction

This document details the editing to be applied to CAPI questionnaires and self-completion booklets on the Health Survey for England 2001. Problems should be referred to the research team.

General Points:

1. A FACTSHEET is provided to aid editing of the CAPI questionnaires. It contains household information and information for each individual session and nurse schedule. The majority of questions, which need to be coded, are printed on the FACTSHEET. Coding decisions should be recorded alongside the appropriate questions or at the end of the FACTSHEET, if the question has not been printed.

2. All soft checks that were triggered by the interviewer/nurse and which have not been resolved will trigger again in the edit program. Where appropriate these should be investigated. If no editing action can be taken to resolve these checks, they should be cancelled by the editor.

3. All "Other (Specify)" questions in the self-completion booklets that have not been recoded should be listed with serial number.

4. "Other" answers in CAPI will be backcoded to the original question where possible. Other answers can be transferred electronically and so don't require listing.

Where problems arise that do not appear in these editing instructions, please contact the research team for advice.

2. Factsheet Definition for CAPI editing

The tables below show the variables that will appear on the factsheet for editing. Variables which are just a simple backcode into a previous variable are unshaded. Variables for which there is more detail in these instructions about how to code are shaded.

Household Qure

NHActivO	Backcode to NHActiv	What HRP was doing in last week
HrpSOC2		Occupational coding
HrpSIC92		Industry type coding

Admin

TypDwOth	Backcode into TypDwell	Other type of household dwelling

Indiv Qure

IllsTxt1-6		Longstanding illness codes
FrtOth		Type of fruit eaten
FrtNotQ		Amount of fruit eaten
Problem		Name of disease or illness causing disability
ProbChkO	Backcode to Problem	Other name of disease or illness causing disability
DrWyrO	Backcode to DrWyr	Location of major accident
DrInjO	Backcode to CDrInj	Type of major injury
AxWyrO	Backcode to AxWyrB	Location of minor accident
AxInjO	Backcode to AxInj	Type of minor injury
AxiWyrO	Backcode to AxiWyrB	Location of most recent minor accident
AxiInjO	Backcode to AxiInj	Type of most recent minor injury
PrecpO	Backcode to Precp3	Causes of wheezing
InTypO	Backcode to Intyp	Type of inhaled medication
MedTypO	Backcode to Medtyp	Type of tablets or syrups
BrandTxt	Backcode to Cigbrand	Cigarette brand
NBottle		Brand of bottled lager
SBottle		Brand of bottled lager
AlcotA,B,C		Other alcoholic drinks
NBotL7		Brand of bottled lager
SBotL7		Brand of bottled lager
OthL7TA,B,C		Other alcoholic drinks
NActivO	Backcode into NActiv	Activity last week
SOC2000		Occupational coding
SIC92		Industry type coding
CulturO	Backcode to appropriate one of EurCult, MixCult, BlaCult, IndCult, or OthCult	Cultural background
QualB	Backcode into QualA	Educational qualifications
Scomp6O	Backcode into SComp6	Why refused self-completion
OhiNRel	Backcode into HiNRel	Unreliable height measurement
NoHitCO		Reasons for refusing height
NoWatCO		Reasons for refusing weight
NrsRefO	Backcode into NurseRef	Reasons for refusing nurse

Nurse Qure

MedBi		Drug coding
ImOthWh	Backcode to Imwhic	Name of immunisation
OthNLth	Backcode to Noatt1	Reason for no infant length measurement
OthNic	Backcode to NicPats	Other nicotine patches used
OthAttM	Backcode to NotAttM	Other reasons for not attempting demispan
OthWH	Backcode to WHPNABM	Other reasons for not attempting waist-hip measurements
OthNBP	Backcode to NAttBP	Other reason not obtained blood pressure
OthDifBP	Backcode to DifBP	Other reason difficulty obtaining BP
OthRefC	Backcode to GPRefC	Other reasons refusing to allow BP measurements to be sent to GP
OthProb	Backcode to ProbLF	Other problems with lung function measurement
OthNoAt	Backcode to NoAttLF	Other reason why lung function not attempted/refused
OthRefM	Backcode to GPRLFM	Other reason refusing to allow lung function result to be sent to GP
OthRefBS	Backcode to RefBS	Other reasons for refusing blood sample
Ignore	Decide whether to code	Reasons for not allowing consent for child to have blood sample taken.
OthSam	Backcode to SenSam	Other reasons for not wanting blood sample results sent to GP
OthBDif	Backcode to SamDif	Other problems taking blood sample
OthNoBSM	Backcode to NoBSC	Other reasons why blood sample not taken
OthNObt	Backcode to SalNObt	Other reasons why saliva sample not taken

3. Additional CAPI Edits

3.1 Proxy interviews

Aged 13+   **NoHitCO** and **NoWatCO** should be checked to see whether the respondent was present at the time that height and weight were measured. If the respondent was not present for height/weight measurements, then the interview should be treated as a proxy interview, removed from the data and **IndOut** set to code 79 'Other reason for no interview'. The only exception to this is if there is an interviewer note explaining that the respondent was interviewed, but that they had to leave before the height and weight measurements were taken.

Aged 2-12   Proxy interviews are allowed for children aged 2-12. See height/weight measurements section for more details of edits for **NoHtBC** and **NoWatBC**.

Aged 0-2   Proxy interviews are carried out for infants aged 0-2. See length & weight measurements section for more details of edits for **NoAttL** and **NoWatBC**.

3.2 Age/Date of birth

Children aged less than one year are recorded as '0'.

If Age/Date of birth missing in household grid, check whether it was collected in the nurse visit. Add DoB and age at Individual Questionnaire Interview Date to the Household Grid if available from Nurse Schedule.

Date of birth in nurse visit should be checked against the consent booklet and any discrepancies resolved.

All "age" nurse checks will be flagged in the edit if they do not make sense according to the respondent's date of birth as at the interview. Any discrepancies will need to be resolved. Send a list of all cases where this happens to the researchers, please note age and 'consent status' of other individuals in the household. A decision will be taken by the researcher on a case by case basis.

3.3 Household/Individual SOC/SIC coding

HrpSOC2/   Household Reference Persons who have N**HActiv** in [Job,GovSch] (Codes 2 or 3) or where
HrpSIC92   **HEverJob** = Yes (code 1) or where **HOthPaid** = Yes (code 1) need to have their occupation coded using *SOC 2000 (edit program variable name **HrpSOC2**)* and their industry coded using *SIC 2000 (edit program variable name Hrp**SIC92**)*. Where **HrpSOC2** is not adequately defined code as HrpSOC2 = 997. Where **HrpSIC92** is not adequately defined code as HrpSIC92 = 87.

SOC2000/   Same process as for **HrpSOC2/HrpSIC92**, except that edit programs are called SOC2000 and SIC92.
SIC92

3.4 Longstanding Illnesses

IllsM   Details are obtained of up to six types of long-standing illness. The text answers are recorded in the variables **IllsTxt1**-**IllsTxt6**. This should be coded, using the long-standing illness codeframe in section 5, into the variables **IllsM1**-**IllsM6** (appearing immediately after each instance of **IllsTxt**).

If there are two separate illnesses listed under the same **IllsTxt** variable, then these should be split as follows. Code first mentioned illness in the **IllsM** code linked to the **IllsTxt** code, remove the text of the second illness and put it into the first blank **IllsTxt** variable, and code the appropriate **IllsM** variable accordingly. In addition change the **More** variable (before the **IllsTxt** that the second illness has been moved to) from No to Yes.

Rules for coding long-standing illness

Code 41   Unclassifiable (no other codable complaint)

Exclusive code - this should only be used when the whole response is too vague to be coded into one of codes 01-40. This includes unspecific conditions like old age, war wounds etc (see codeframe for examples). This code can **only** be used in the 'first mention' columns. The editing program issues a warning if code 41 is used in any of the other columns.

Code 42   Complaint no longer present

Exclusive code - again it should be used only when the response given is **only** about a condition (or conditions) that no longer affects the respondent. This code can **only** be used in the 'first mention' columns. The editing program issues a warning if code 42 is used in any of the other columns.

Codes 01-40 can be used more than once if two different conditions are mentioned which both fall into the same category.

An exception to this is 'arthritis and rheumatism'. This is **not** two conditions, and so should **not** be given two separate codes; instead, code only one occurrence of code 34. (If two *specific* conditions were mentioned - eg osteoarthritis and rheumatoid arthritis - this *should* be coded as two occurrences.)

If more than 6 illnesses have been typed in by the interviewer, the first 6 mentioned should be coded.

Ilnesses which cannot be coded using the Longstanding Illness Codeframe or the ICD need to be sent to UCL for coding using the Coding Queries Response Form.

3.5 Other fruit

If possible, responses to **FrtOth** should be backcoded into **FrtC** and responses to **FrtNotQ** should be backcoded into **FrtQ** using the fruit codeframe (section 3.6) and the portion guide (section 3.7) below. If the fruit is not on the coding card or the amount is given in a way that cannot be entered in FrtQ, then please send details of these cases to the researchers where a decision will be taken on a case by case basis. For fruit that can only be eaten cooked, recode in to FrtDish.

3.6 Fresh fruit size codeframe

Name of Fruit	Size of Fruit	Name of Fruit	Size of Fruit
Apple (all types)	Medium	Mandarin orange	Medium
Apricot	Small	Mango	Large
Apple banana	Small	Medlar	Medium
Avocado	Large	Melon (all types)	Very large
Banana	Medium	Mineola	Large
Berry (other)	Very small	Nectarine	Medium
Bilberry	Very small	Nino	Small
Blackcurrant	Very small	Olive	Very small
Blackberry	Very small	Orange	Medium
Blueberry	Very small	Passion fruit	Very small
Cactus pear	Very small	Papaya	Large
Cape gooseberry	Very small	Paw Paw	Large
Carambala	Very small	Peach	Medium
Cherlmoya	Very small	Pear	Medium
Cherry	Very small	Persimmon	Medium
Chinese gooseberry	Small	Pitaya	Large
Chinese lantern	Very small	Pineapple	Very large
Chirimoya	Very small	Physalis	Very small
Clementine	Medium	Plantain	Medium
Custard Apple	Very small	Plum	Small
Damson	Very small	Pomegranate	Medium
Date (fresh)	Small	Pomelo	Large
Dragon Fruit⁄	Large	Pummelo	Large
Elderberry	Very small	Prickly pear	Very small
Figs (fresh)	Small	Rambutans	Very small
Gooseberry	Very small	Raspberry	Very small
Granadilla	Very small	Redcurrants	Very small
Grapes (all types)	Very small	Satsuma	Medium
Grapefruit	Large	Shaddock	Large
Greengage	Small	Sharon fruit	Medium
Grenadillo	Very small	Starfruit	Very small
Guava	Medium	Strawberry	Very small
Horned melon	Very small	Stonefruit	Very small
Kiwi	Small	Tamarillo	Very small
Kubo	Very small	Tangerine	Medium
Kumquat	Very small	Tomato	Medium
Lemon	Medium	Tree tomato	Very small
Lime	Medium	Ugli	Large
Loquat	Very small	Unique	Large
Lychee	Very small		

3.7 Fresh fruit portion guide

Food Type	Portion size
Vegetables (fresh, frozen, canned)	2 tablespoons
Pulses	2 tablespoons
Vegetables in composites (e.g. veg chilli)	2 tablespoons
Salad	1 cereal bowlful
Small fruit (e.g. plum)	2 fruits
Medium-sized fruit (e.g apple)	1 fruit
Very small fruit and berries	1 average handful
Very large fruit (e.g melon)	1 average slice
Large fruit (e.g. grapefruit)	½ fruit
Dried fruit	1 tablespoon
Frozen fruit, canned fruit	2 tablespoons
Fruit salad, stewed fruit etc	2 tablespoons
Fruit juice	1 small glass (150ml)

NB: For calculating portion sizes only one portion or less of pulses or fruit juice was included in the total amount consumed. Also, since issuing these instructions portion sizes for vegetables, vegetables in composites, frozen fruit and fruit in composites were amended to 3 tablespoons.

3.8 Other alcoholic drinks

Exclude all low/non-alcoholic drinks. Home made drinks should be coded into the appropriate category.

Normal beer: **Include**: Export, Heavy, Black & Tan, Barley Wine, Diabetic Beer, Home Brew Lager, Lager and Lime, Home Brew Beer, Gold Label, Pomagne, Stout, Scrumpy
Exclude: Ginger Beer. Non alcoholic lagers - Barbican, Kaliber, Bottles/cans of shandy. Beer with >6% alcohol by volume (code as 'strong'). Angostura Bitter (code as spirits).

Strong beer: **Include**: Diamond White/Blush/Zest, K, Special Brew Lager, Tennents Extra
Exclude: Beer etc with less than 6% alcohol by volume (code as 'normal strength'). Angostura Bitter (code as spirits).

Spirits: **Include**: Angostura Bitter, Cocktails, Egg Flip, Snowball, Bacardi, Bailey's, Pernod, Sloe Gin, Pimms, Bourbon, Whisky Mac, Schnapps, Liqueurs, Bluemoon, Vodka, Rum, Southern Comfort, Grappa, Tia Maria, Ouzo/Aniseed, Strega, Cherry Brandy, Arak, Irish Velvet, Brandy, 150 proof Moonshine, Gaelic Coffee, Advocaat, Tequila, Amagnac, Clan Dew, Campari, Malibu, Taboo, Pochene (Irish Moonshine) Metz, vodka jelly.

Sherry: **Include**: Vermouth, Port, Cinzano, Dubonnet, Bianco, Rocardo, Noilly Prat, Stones Ginger Wine, Home made Sherry, Tonic wine, Sanatogen, Scotsmac and similar British wines fortified with spirits, Port and Lemon, Madeira.

Wine: **Include**: Punch, Mead, Moussec, Concorde, Champagne, Babycham, Saki, Cherry B, Calypso Orange Perry, Home made wine, Thunder bird.
Exclude: Non alcoholic wines such as Eisberg.

Alcopops: Include: Bacardi Breezer, Smirnoff Ice, Red Square, Hooch, Two Dogs, Alcola, Shotts, WKD ('Wicked') Alcoholic Irn Bru, Thickhead, Cola Lips, Mrs Pucker's Alcoholic Lemonade, Woody's, any mention of 'alcoholic lemonade, cola, orangeade, cream soda' etc.

All 'other alcoholic drinks' should be recoded back into one of the six drink categories noted above (questions **AlcOtA**, **AlcOtB**, and **AlcOtC** recoded to the relevant question in the first part of the module, and **OthL7TA**, **OthL7TB**, **OthL7TC** to question **DrnkTyp**).

If the appropriate drinks category is **not already** coded, then information on frequency and amount should be edited into that category's variables and data in the "other drinks" category deleted.

If the appropriate drinks category **is already** coded, then the highest frequency and the associated amount should be coded. For example if frequency of Spirits is coded as 2 and Campari, with a frequency of 1, is to be recoded into the Spirits category, then the frequency should be changed to 1 and the amount should be recoded to the amount of Campari drunk.

If the frequency of the "other" alcoholic drink is less than that contained in the drinks category into which it is to be recoded, then the information in that "other" alcoholic drink should be ignored.

If the frequency in the other alcoholic drink and the category into which it is being coded are the same, then the amounts should be added together.

If the frequency of **both** the "other" alcoholic drink and the appropriate drinks category exceed once or twice a week, contact research group for advice.

After recoding "other" alcoholic drinks the variables **AlcotA**, **AlcotB, AlcotC OthL7TA**, **OthL7TB**, and **OthL7TC** should be set to No=2. Details of coding decisions should be recorded on the FACTSHEET.

Responses recorded at variables **OthL7QA**, **OthL7QB** and **OthL7QC** should be recoded to the relevant variables: **NBrL7**, **NBrL7Q[1-4], SBrL7, SBrL7Q[1-4], SpirL7, ShryL7, WineL7, PopsL7, PopsL7Q[1-2]**.

3.9 Coding of beer bottle sizes

The variables **NBottle**, **SBottle, NBotL7** and **SBotL7** (the brand of beer/lager/stout/cider drunk in bottles), need to be coded into **NCodeEq/SCodeEq/L7NCodEq/L7SCodEq** using the bottled lager/cider/beer codeframe.

Bottled beers for which an amount cannot be identified should be coded to 0.00 of a pint, so that these brands can be listed electronically. The exceptions to this are
- 'French beer' which should be coded 0.44 (250ml)
- Interviewer has indicated that the bottle is "large" code to 0.77 of a pint (440ml)
- If no brand name given, or no usual type code to 0.58 of a pint (330ml)
- Where two or more bottle sizes are shown in the codeframe, code as 0.58 unless bottle size is specifically stated (either as small or large, or in ml)
- Where more than one type of bottle is drunk, code to the volume of the first mentioned bottle.

3.10 Bottled lager/cider/beer codeframe

Abbot Ale	0.58	K. Cider	0.48
Amstel	0.58	Kanterbrau	0.58
Banks (Mild only)	0.97	Kronenbourg (1664)	0.44 or 0.58
Banks Old Ale (nips)	0.32	Labatts	0.58
Bass (pint bottle)	1.00	Labatt's Ice	0.58
Becks	0.48 or 0.58	Lowenbrau	0.58
Bishops Finger	0.88	Makeson	0.88
Black Sheep Ale	0.88	Max	0.48
Boddingtons (Export draught only)	0.58	McEwans 80 or 90 shilling	0.97
Bombardier	0.88	Merrydowns	0.58
Brandenburg	0.58	Michelob	0.58
Budvar	0.88	Miller (Draught not Pils)	0.58
Budweiser/ Bud Ice	0.58	Molson	0.58
Bulmers	0.88	Murphys	0.88
Carlsberg	0.58	Newcastle Brown Ale	0.97
Castaway	0.35	Olde English	0.88
Coors	0.58	Old Speckled Hen	0.88
Corona	0.58	Peroni lager (Nastro Azzuri)	0.50
Crest Lager (Export)	0.44	Pils (unspecified)	0.58
Diamond (Blush, White or Zest)	0.48	Pivovar Czech Lager	0.88
Dragon (Stout)	0.50	Red Rock	0.58
Elephant (Lager)	0.58	Red Stripe	0.58
Elephant (Lager Beer)	0.48	Rolling Rock	0.58
ESB (Fuller's ESB)	0.88	Royal Dutch	0.58
Export 33	0.44	Ruddles	0.58
Foster's (Unspecified)	0.77	Sam Smiths (Old Brewery Strong Ale)	0.97
Foster's Export	0.77	San Miguel	0.58
Foster's Ice	0.58	Shipstones	0.58
Fuller's (London Pride)	0.97	Skol	0.58
Grolsch	0.58 or 0.77	Sol	0.58
Guinness Extra Stout	0.58	Spitfire	0.88
Guinness Original	0.58 or 0.88	Stella Artois (dry or regular)	0.44, 0.48 or 0.58
Heineken (Export)	0.58	Stinger	0.58
Hoegaarden (bier blonde)	0.58	Strongbow (Blackthorn)	0.48 or 0.58
Holsten Pils (bottle)	0.58	Theakstons	0.97
Home made	0.58	Vault	0.58
Ice Dragon	0.48	Wadworth Export	0.88
John Smiths	0.77	Woodpecker	0.48

Conversion Table

mls	pints	mls	pints
180	0.32	330	0.58
200	0.35	440	0.77
250	0.44	500	0.88
275	0.48	550	0.97
284	0.50	568	1.00

3.11 Educational Qualifications

QualB "Other qualifications" should be coded into **QualA** (a multi-coded variable) where applicable. Up to 3 answers at **QualB** can be back-coded to **QualA**.

Frame for **QualA**:

1   Degree/degree level qualification (including higher degree)
2   Teaching qualification
3   Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
4   HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
5   ONC/OND/BEC/TEC/BTEC not higher
6   City and Guilds Full Technological Certificate
7   City and Guilds Advanced/Final Level
8   City and Guilds Craft/Ordinary Level
9   A-levels/Higher School Certificate
10   AS level
11   SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
12   O-level passes taken in 1975 or earlier
13   O-level passes taken after 1975 GRADES A-C
14   O-level passes taken after 1975 GRADES D-E
15   GCSE GRADES A-C
16   GCSE GRADES D-G
17   CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
18   CSE GRADES 2-5/SCE Ordinary BANDS D-E
19   CSE Ungraded
20   SLC Lower
21   SUPE Lower or Ordinary
22   School Certificate or Matric
23   NVQ Level 5
24   NVQ Level 4
25   NVQ Level 3/Advanced level GNVQ
26   NVQ Level 2/Intermediate level GNVQ
27   NVQ Level 1/Foundation level GNVQ
28   Recognised Trade Apprenticeship completed
29   Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)

Where applicable use the following additional codes:

30   Qualifications outside of UK
31   Other **vocational** qualifications, not otherwise codable
32   NVQ level not specified
33   Nursery Nurse Examination Board Qualification
34   Qualifications obtained during military service
35   Other **academic** qualifications, not otherwise codable
36   Other **professional** qualifications, not otherwise codable

If the level of qualification is unspecified (eg just City and Guilds) then code to the lowest level of the appropriate qualification.

Inclusions/Exclusions for QualA

1. Degree   **Include**: CNAA degrees (granted by the Council for National Academic Awards for degrees in colleges other than universities), Bachelor of Education (B.Ed) - not code 2

2. Teaching   **Include**: College of Preceptors

3. Nursing   **Include**: State Enrolled Auxiliary Midwife
               Exclude: Dental Nurses/Hygienists qualifications - code to other

GCSE/GCE/CSE: Clerical or commercial subjects obtained in these types of qualifications should be coded to the relevant GCSE/GCE/CSE codes.

29 Clerical   **Include**: RSA - provided at least one subject is commercial e.g. commerce, shorthand, typing, bookkeeping, office practice, commercial and company law, cost accounting;
               Include: Pitmans - except for their school certificate, code as other = 30;
               Include: Regional Examining Union (REU) Commercial Awards, provided that at least one subject is commercial. REU include - East Midland Education Union (EMEU)

30 Foreign   **Exclude**: Qualifications which are described as equivalent to an existing qualification in the codeframe – such as degrees obtained abroad.
               If highest qualification was obtained abroad, make sure that **WherQu** is coded 2

31 Vocation   **Include**: Banking Exams (unless Institute of Banking mentioned = 36)
               Include: Certificate of Prevocational Education/Training (CPVE/T)
               Include: Youth Training Scheme certificates
               Include: Retail/commercial/industrial certificates
               Include: RSA vocational subject certificates (not academic=35 or clerical=29)
               Include:Management certificates

34 Military   **Include**: Army/navy/air force certificates/qualifications; 1st/2nd/3rd class

35 Academic **Include**: 16+ exam certificate; Local, regional and RSA school certificates; Arts foundation courses

36 Other professional: This covers qualifications awarded by a recognised professional body only. (eg. Social Work Diploma, Chartered/Management/Certified accountant)

The following should not be treated as qualifications for the purpose of this code-frame:

Civil Service Examinations for entrance, promotion, establishment, typing etc.

Dancing Awards (including ballet qualifications)

Drawing Certificates (eg. awarded by Royal Drawing Society)

Driving Certificates and Driving Instructor's Qualifications including Heavy Goods Vehicle Licence.

Fire Brigade Examinations

First Aid Certificates (including <u>all</u> Red Cross/St John's Ambulance qualifications

Forces Preliminary Examinations (to gain admission to university)

GPO telecommunications, telegraphy etc

Labour Examinations (pre 1918). This allowed a child to leave school and start work at 13

Internal school examinations

Local Authority Examinations for entrance, promotion etc

Music Grade Examinations and Certificates for learners (eg Associated Board of the Royal School of Music)

Ordination/Lay Preachers Qualifications

Play Group Leader's Qualifications

Police Force Examinations

Pre HNC/HND bridging or conversion courses

Prison/Borstal Training Qualifications

Scholarships other than for GCE 'A' Level

Swimming Certificates including life saving and instructors' certificates

Sports Coaching and Refereeing Qualifications

Union Membership e.g. Equity, National Association of Head Teachers, IPCS (Institute of Professional Civil Servants)

Partial qualifications (such as part way through degree, solicitor's training etc) should be excluded.

If all qualifications can be backcoded and there are no exclusions change **OthQual** to 2=No. If there are any exclusions, leave **OthQual** as 1=Yes. Note this coding decision next to **QualB** on FACTSHEET.

3.12 Self-Completion booklet placement

SComp6   For children aged 0-12 who are away from home during field period an interview will have been attempted with his/her parents. **SComp6** should be coded 0 - "Child away from home during the field period". Editors should check that where notes indicate that a child is absent during the field period that code 0 has been used. Note that code 0 can <u>only</u> be used if the child is known to be away from home for the <u>whole</u> of the fieldwork period. It should not be used for those cases where a child is not around to complete the self-completion document (eg child got bored and went outside to play). These should be left as "Other".

3.13 Height/length and weight measurements

Checks for height/length and weight in the edit program reject extremely unusual heights/lengths and weights as a safeguard against very unlikely results. Contact research staff if the height or weight check is activated.

NoHitCO   Backcode "Other" reasons for no height measurement where possible.

OthNLth   Backcode "Other" reasons for no length measurement where possible.

NoWatCO   Backcode "Other" reasons for no weight measurement where possible.

For children aged 0-12 who are away from home during field period an interview will have been attempted with his/her parents. Variables **NoHtBC/NoWtBC** should be coded 1 - "Child away from home during the field period". Editors should check that where notes indicate that a child is absent during the field period that code 1 has been used in the above variables. Note that code 1 can <u>only</u> be used if the child is known to be away from home for the <u>whole</u> of the fieldwork period. It should not be used for those cases where a child is not available at the time measurements are conducted (eg child got bored and went outside to play). These should be left as "Other". If child is "ill", recode to Code 8 'ill or in pain'.

Veiled refusals at **NoHitCO /NoWatCO** (where respondent has not given a reason for not having height/weight taken but has effectively terminated the interview: eg 'too busy', 'had to go out', 'not convenient' etc.) should be recoded to Code 2 'Height/Weight refused' at **Resphts/Respwts**, and the reason for refusal coded at **ResNHi/ResNWt**.

3.14 Drug Coding

MEDBI

All drugs are to be coded to the six digit B.N.F using the Coding Prescribed Medicine booklet or the BNF (Number 40). The nurse should have done this during her visit, but some drugs may have been hard to find. In these cases the nurse will have coded 999999. Coders should attempt to solve these queries but, if drug not found send a coding query form to UCL. If no decision can be made leave it as code 999999.

Any drugs coded 14.**.** or 15.**.** by the nurse should fail the first edit for manual checking. The only possible codes under 14 are 14.04.00 and 14.05.00; these are uncommon. Check that they are correctly used. It is unlikely that anything is prescribed under 15 but just possible. Note that there are a number of fairly common drugs listed in this section which are also listed under other sections. They are almost certainly being used for the purposes for which they are listed in other sections and should be recoded unless the nurse has indicated as anaesthetic use. For example, Diazepam is prescribed as a sleeping drug (04.01.02) but it is also used as an anaesthetic. Unless the nurse has recorded this as being used as an anaesthetic, recode to 04.01.02. If in doubt, query with researchers.

Drugs which cannot be coded using the BNF need to be sent to UCL for coding using the Coding Queries Response Form.

3.15   Blood Pressure Readings

There are some extra codes for reasons for not obtaining blood pressure to be added to **NAttBPD**, and answers from **OthNBP** should be backcoded into these.

0	Problems with PC
6	Problems with Cuff fitting/painful
7	Problems with Dinamap readings (zeros, no readings)

Also additional codes for **DifBPC**

5	Problems with Cuff fitting/painful
6	Problems with Dinamap readings (zeros, no readings)

4. Self Completion Booklets

The majority of edit checks are specified on the marked up booklets. Variables which need a more complex method of checking are detailed in this section.

4.1 Cigarette Smoking

In the Young Adults Booklet the variables for the number of cigarettes smoked a day are **DDlySmok** (Q6a) and **DWkndSmo** (Q6b).

If range given, take midpoint
Hand rolled cigarettes: 1 oz tobacco = 40 cigarettes
                            12.5 grams tobacco = 18 cigarettes
                            25 grams tobacco = 36 cigarettes
Only convert ounces to cigarettes if the respondent has not given the number of cigarettes smoked.

In the Young Adults Booklet the variable for brand of cigarette smoked is **DCigBran** (Q7b). Use the Cigarette Brands coding list to allocate a three-digit code to the brand of cigarette smoked on cols 32-34. If unable to find, code as 997 and list for researchers.

4.2 Other alcoholic drinks

In the Young Adults Booklet there are other alcoholic drinks listed for both average drinking patterns and also drinking in the last week. In the 13-15s Booklet there are other alcoholic drinks listed for drinking in the last week. All other alcoholic drinks should be recoded to the listed drinks as detailed in section 3.8

4.3 Brands of contraceptives

The relevant variable is **PlBrand,** Question 46 in Adults General Health Booklet and Question 70 in Young Adults Booklet.

The only valid BNF codes for these variables are 070301, 070302, 070303, 070304 and 130602. Check for keying errors and correct. All irrelevant drugs should be given Code 999999.

Drugs which fail the edit need to be sent to UCL for checking using the Coding Queries Response Form

4.4 Age checks for HRT treatment

There is a range check on the age at women start and end HRT treatment, variables **HRTAge (**Q52) and **HRTStp** (Q54) in the Adults General Health Booklet. Cases failing the edit should be listed on an **HRT Coding Query Response Form** and sent to UCL for checking. Details of any longstanding illness, drugs taken, respondent's current age, and the remainder of her answers to the HRT section should be recorded on the form as these are used by UCL to determine whether the claimed ages are believable.

5. Longstanding illness codeframe

01   Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts

Acoustic neuroma
After effect of cancer (nes)
All tumours, growths, masses, lumps and cysts whether malignant or benign eg. tumour on brain, growth in bowel, growth on spinal cord, lump in breast
Cancers sited in any part of the body or system eg. Lung, breast, stomach
Colostomy caused by cancer
Cyst on eye, cyst in kidney.
General arthroma
Hereditary cancer
Hodgkin's disease
Hysterectomy for cancer of womb
Inch. leukaemia (cancer of the blood)
Lymphoma
Mastectomy (nes)
Neurofibromatosis
Part of intestines removed (cancer)
Pituitary gland removed (cancer)
Rodent ulcers
Sarcomas, carcinomas
Skin cancer, bone cancer
Wilms tumour

Endocrine/nutritional/metabolic diseases

02   Diabetes
Incl. Hyperglycaemia

03   Other endocrine/metabolic
Addison's disease
Beckwith - Wiedemann syndrome
Coeliac disease
Cushing's syndrome
Cystic fibrosis
Gilbert's syndrome
Hormone deficiency, deficiency of growth hormone, dwarfism
Hypercalcemia
Hypopotassaemia, lack of potassium
Malacia
Myxoedema (nes)
Obesity/overweight
Phenylketonuria
Rickets
Too much cholesterol in blood
Underactive/overactive thyroid, goitre
Water/fluid retention
Wilson's disease

Thyroid trouble and tiredness - code 03 only
Overactive thyroid and swelling in neck - code 03 only.

Mental, behavioural and personality disorders

04   Mental illness/anxiety/depression/nerves (nes)
Alcoholism, recovered not cured alcoholic
Anorexia nervosa
Anxiety, panic attacks
Asperger Syndrome
Autism/Autistic
Bipolar Affective Disorder
Catalepsy
Concussion syndrome
Depression
Drug addict
Dyslexia
Hyperactive child.
Nerves (nes)
Nervous breakdown, neurasthenia, nervous trouble
Phobias
Schizophrenia, manic depressive
Senile dementia, forgetfulness, gets confused
Speech impediment, stammer
Stress

Alzheimer's disease, degenerative brain disease = code 08

05   Mental handicap
Incl. Down's syndrome, Mongol
Mentally retarded, subnormal

Nervous system (central and peripheral including brain) - Not mental illness

06   Epilepsy/fits/convulsions
Grand mal
Petit mal
Jacksonian fit
Lennox-Gastaut syndrome
blackouts
febrile convulsions
fit (nes)

07   Migraine/headaches

08   Other problems of nervous system
Abscess on brain
Alzheimer's disease
Bell's palsy
Brain damage resulting from infection (eg. meningitis, encephalitis) or injury
Carpal tunnel syndrome
Cerebral palsy (spastic)
Degenerative brain disease
Fibromyalgia
Friedreich's Ataxia
Guillain-Barre syndrome
Huntington's chorea
Hydrocephalus, microcephaly, fluid on brain
Injury to spine resulting in paralysis
Metachromatic leucodystrophy
Motor neurone disease
Multiple Sclerosis (MS), disseminated sclerosis
Muscular dystrophy
Myalgic encephalomyelitis (ME)
Myasthenia gravis
Myotonic dystrophy
Neuralgia, neuritis
Numbness/loss of feeling in fingers, hand, leg etc
Paraplegia (paralysis of lower limbs)
Parkinson's disease (paralysis agitans)
Partially paralysed (nes)
Physically handicapped - spasticity of all limbs
Pins and needles in arm
Post viral syndrome (ME)
Removal of nerve in arm
Restless legs
Sciatica
Shingles
Spina bifida
Syringomyelia
Trapped nerve
Trigeminal neuralgia

Eye complaints

09   Cataract/poor eye sight/blindness
Incl. operation for cataracts, now need glasses
Bad eyesight, restricted vision, partially sighted
Bad eyesight/nearly blind because of cataracts
Blind in one eye, loss of one eye
Blindness caused by diabetes
Blurred vision
Detached/scarred retina
Hardening of lens
Lens implants in both eyes
Short sighted, long sighted, myopia
Trouble with eyes (nes), eyes not good (nes)
Tunnel vision

10   Other eye complaints
Astigmatism
Buphthalmos
Colour blind
Double vision
Dry eye syndrome, trouble with tear ducts, watery eyes
Eye infection, conjunctivitis
Eyes are light sensitive
Floater in eye
Glaucoma
Haemorrhage behind eye
Injury to eye
Iritis
Keratoconus
Night blindness
Retinitis pigmentosa
Scarred cornea, corneal ulcers
Squint, lazy eye
Sty on eye

Ear complaints

11   Poor hearing/deafness
Conductive/nerve/noise induced deafness
Deaf mute/deaf and dumb
Heard of hearing, slightly deaf
Otosclerosis
Poor hearing after mastoid operation

12   Tinnitus/noises in the ear
Incl. pulsing in the ear

13   Meniere's disease/ear complaints causing balance problems
Labryrinthitis,
loss of balance - inner ear
Vertigo

14   Other ear complaints
Incl. otitis media - glue ear
Disorders of Eustachian tube
Perforated ear drum (nes)
Middle/inner ear problems
Mastoiditis
Ear trouble (nes),
Ear problem (wax)
Ear aches and discharges
Ear infection

Complaints of heart, blood vessels and circulatory system

15   Stroke/cerebral haemorrhage/cerebral thrombosis
Incl. stroke victim - partially paralysed and speech difficulty
Hemiplegia, apoplexy, cerebral embolism,
Cerebro - vascular accident

16   Heart attack/angina
Incl. coronary thrombosis, myocardial infarction

17   Hypertension/high blood pressure/blood pressure (nes)

18   Other heart problems
Aortic stenosis, aorta replacement
Cardiac asthma
Cardiac diffusion
Cardiac problems, heart trouble (nes)
Dizziness, giddiness, balance problems (nes)
Hardening of arteries in heart
Heart disease, heart complaint
Heart failure
Heart murmur, palpitations
Hole in the heart
Ischaemic heart disease
Mitral stenosis
Pacemaker
Pains in chest (nes)
Pericarditis
St Vitus dance
Tachycardia, sick sinus syndrome
Tired heart
Valvular heart disease
Weak heart because of rheumatic fever
Wolff - Parkinson - White syndrome

Balance problems due to ear complaint = code 13

19   Piles/haemorrhoids incl. Varicose Veins in anus.

20   Varicose veins/phlebitis in lower extremities
Incl. various ulcers, varicose eczema

21   Other blood vessels/embolic
Arteriosclerosis, hardening of arteries (nes)
Arterial thrombosis
Artificial arteries (nes)
Blocked arteries in leg
Blood clots (nes)
Hypersensitive to the cold
Intermittent claudication
Low blood pressure/hypertension
Poor circulation
Pulmonary embolism
Raynaud's disease
Swollen legs and feet
Telangiectasia (nes)
Thrombosis (nes)
Varicose veins in Oesophagus
Wright's syndrome

NB   Haemorrhage behind eye = code 10

Complaints of respiratory system

22   Bronchitis/emphysema
Bronchiectasis
Chronic bronchitis

23   Asthma
Bronchial asthma, allergic asthma
Asthma - allergy to house dust/grass/cat fur

NB   Exclude cardiac asthma - code 18

24   Hayfever
Allergic rhinitis

25   Other respiratory complaints
Abscess on larynx
Adenoid problems, nasal polyps
Allergy to dust/cat fur
Bad chest (nes), weak chest - wheezy
Breathlessness
Bronchial trouble, chest trouble (nes)
Catarrh
Chest infections, get a lot of colds
Churg-Strauss syndrome
Coughing fits
Croup
Damaged lung (nes), lost lower lobe of left lung
Fibrosis of lung
Furred up airways, collapsed lung
Lung complaint (nes), lung problems (nes)
Lung damage by viral pneumonia
Paralysis of vocal cords
Pigeon fancier's lung
Pneumoconiosis, byssinosis, asbestosis and other industrial,
      respiratory disease
Recurrent pleurisy
Rhinitis (nes)
Sinus trouble, sinusitis
Sore throat, pharyngitis
Throat infection
Throat trouble (nes), throat irritation
Tonsillitis
Ulcer on lung, fluid on lung

TB (pulmonary tuberculosis) - code 37
Cystic fibrosis - code 03
Skin allergy - code 39
Food allergy - code 27
Allergy (nes) - code 41
Pilonidal sinus - code 39
Sick sinus syndrome - code 18
Whooping cough - code 37

If complaint is breathlessness with the cause also stated, code the cause:
breathlessness as a result of anaemia (code 38)
breathlessness due to hole in heart (code 18)
breathlessness due to angina (code 16)

Complaints of the digestive system

26　Stomach ulcer/ulcer (nes)/abdominal hernia/rupture

Double/inguinal/diaphragm/hiatus/umbilical hernia
Gastric/duodenal/peptic ulcer
Hernia (nes), rupture (nes)
Ulcer (nes)

27　Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)

Cirrhosis of the liver, liver problems
Food allergies
Ileostomy
Indigestion, heart burn, dyspepsia
Inflamed duodenum
Liver disease, biliary artesia
Nervous stomach, acid stomach
Pancreas problems
Stomach trouble (nes), abdominal trouble (nes)
Stone in gallbladder, gallbladder problems
Throat trouble - difficulty in swallowing
Weakness in intestines

28　Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)

Colitis, colon trouble, ulcerative colitis
Colostomy (nes)
Crohn's disease
Diverticulitis
Enteritis
Faecal incontinence/encopresis.
Frequent diarrhoea, constipation
Grumbling appendix
Hirschsprung's disease
Irritable bowel, inflammation of bowel
Polyp on bowel
Spastic colon

> *Exclude piles - code 19*
> *Cancer of stomach/bowel - code 01*

29　Complaints of teeth/mouth/tongue
Cleft palate, hare lip
Impacted wisdom tooth, gingivitis
No sense of taste
Ulcers on tongue, mouth ulcers

Complaints of genito-urinary system

30　Kidney complaints
Chronic renal failure
Horseshoe kidney, cystic kidney
Kidney trouble, tube damage, stone in the kidney
Nephritis, pyelonephritis
Nephrotic syndrome
Only one kidney, double kidney on right side
Renal TB
Uraemia

31　Urinary tract infection
Cystitis, urine infection

32　Other bladder problems/incontinence
Bed wetting, enuresis
Bladder restriction
Water trouble (nes)
Weak bladder, bladder complaint (nes)

> *Prostate trouble - code 33*

33　Reproductive system disorders
Abscess on breast, mastitis, cracked nipple
Damaged testicles
Endometriosis
Gynaecological problems
Hysterectomy (nes)
Impotence, infertility
Menopause
Pelvic inflammatory disease/PID (female)
Period problems, flooding, pre-menstrual tension/syndrome
Prolapse (nes) if female
Prolapsed womb
Prostrate gland trouble
Turner's syndrome
Vaginitis, vulvitis, dysmenorrhoea

**Musculo-skeletal - complaints of
bones/joints/muscles**

34   Arthritis/rheumatism/fibrositis
Arthritis as result of broken limb
Arthritis/rheumatism in any part of the body
Gout (*previously code 03*)
Osteoarthritis, rheumatoid arthritis, polymyalgia
       rheumatica
Polyarteritis Nodosa (*previously code 21*)
Psoriasis arthritis (also code psoriasis)
Rheumatic symptoms
Still's disease

35   Back problems/slipped disc/spine/neck
Back trouble, lower back problems, back ache
Curvature of spine
Damage, fracture or injury to back/spine/neck
Disc trouble
Lumbago, inflammation of spinal joint
Prolapsed invertebral discs
Schuermann's disease
Spondylitis, spondylosis
Worn discs in spine - affects legs

Exclude if damage/injury to spine results in paralysis - code 08
Sciatica or trapped nerve in spine - code 08

36   Other problems of bones/joints/muscles
Absence or loss of limb eg. lost leg in war, finger
       amputated, born without arms
Aching arm, stiff arm, sore arm muscle
Bad shoulder, bad leg, collapsed knee cap, knee cap
       removed
Brittle bones, osteoporosis
Bursitis, housemaid's knee, tennis elbow
Cartilage problems
Chondrodystrophia
Chondromalacia
Cramp in hand
Deformity of limbs eg. club foot, claw-hand,
       malformed jaw
Delayed healing of bones or badly set fractures
Deviated septum
Dislocations eg. dislocation of hip, clicky hip,
       dislocated knee/finger
Disseminated lupus
Dupuytren's contraction
Fibromyalgia
Flat feet, bunions,
Fracture, damage or injury to extremities, ribs,
       collarbone, pelvis, skull, eg. knee injury, broken
       leg, gun shot wounds in leg/shoulder, can't hold
       arm out flat - broke it as a child, broken nose
Frozen shoulder
Hip infection, TB hip
Hip replacement (nes)
Legs won't go, difficulty in walking
Marfan Syndrome
Osteomyelitis
Paget's disease
Perthe's disease
Physically handicapped (nes)
Pierre Robin syndrome
Schlatter's disease
Sever's disease
Stiff joints, joint pains, contraction of sinews, muscle
       wastage
Strained leg muscles, pain in thigh muscles
Systemic sclerosis, myotonia (nes)
Tenosynovitis
Torn muscle in leg, torn ligaments, tendonitis
Walk with limp as a result of polio, polio (nes), after
       affects of polio (nes)
Weak legs, leg trouble, pain in legs

Muscular dystrophy - code 08

37   Infectious and parasitic disease
AIDS, AIDS carrier, HIV positive (*previously code 03*)
Athlete's foot, fungal infection of nail
Brucellosis
Glandular fever
Malaria
Pulmonary tuberculosis (TB)
Ringworm
Schistosomiasis
Tetanus
Thrush, candida
Toxoplasmosis (nes)
Tuberculosis of abdomen
Typhoid fever
Venereal diseases
Viral hepatitis
Whooping cough

*After effect of Poliomyelitis, meningitis, encephalitis - code to
site/system*
Ear/throat infections etc - code to site

**38   Disorders of blood and blood forming organs and
           immunity disorders**
Anaemia, pernicious anaemia
Blood condition (nes), blood deficiency
Haemophilia
Idiopathic Thrombochopenic Purpura (ITP)
Immunodeficiences
Polycthaemia (blood thickening), blood to thick
Purpura (nes)
Removal of spleen
Sarcoidosis (*previously code 37*)
Sickle cell anaemia/disease
Thalassaemia
Thrombocythenia

Leukaemia - code 01

39   Skin complaints
abscess in groin
acne
birth mark
burned arm (nes)
carbuncles, boils, warts, verruca
cellulitis (nes)
chilblains
corns, calluses
dermatitis
Eczema
epidermolysis, bulosa
impetigo
ingrown toenails
pilonidal sinusitis
Psoriasis, psoriasis arthritis (also code arthritis)
skin allergies, leaf rash, angio-oedema
skin rashes and irritations
skin ulcer, ulcer on limb (nes)

Rodent ulcer - code 01
Varicose ulcer, varicose eczema - code 20

40   Other complaints
adhesions
dumb, no speech
fainting
hair falling out, alopecia
insomnia
no sense of smell
nose bleeds
sleepwalking
travel sickness

41   Unclassifiable (no other codable complaint)
after affects of meningitis (nes)
allergy (nes), allergic reaction to some drugs (nes)
electrical treatment on cheek (nes)
embarrassing itch (nes)
Forester's disease (nes)
general infirmity
generally run down (nes)
glass in head - too near temple to be removed (nes)
had meningitis - left me susceptible to other things
      (nes)
internal bleeding (nes)
ipinotaligia
old age / weak with old age
swollen glands (nes)
tiredness (nes)
war wound (nes), road accident injury (nes)
weight loss (nes)

42   Complaint no longer present

Only use this code if it is actually stated that the complaint no longer affects the informant.

Exclude if complaint kept under control by medication - code to site/system.

99   Not Answered/Refusal

6. Disability codeframe

PROBLEM   Code to DisCode1, DisCode2 and DisCode3

Note to coders:
This frame is to be used in conjunction with ICD-10. Note that each main disease group (eg Mental disorders) has a final "other" category. Use this for all diseases not falling into categories detailed above by ICD codes and for those too unspecific to be classified above but which clearly fall into that disease.

The aim is to identify the original cause of the disability. If more than one cause given for a disability, try to establish which is the original cause of the problem and code that cause only. For example if response is paralysis as a result of polio, then polio is the original cause and should be coded (not paralysis). Another example is hemiplegia due to a stroke. Code stroke, not hemiplegia.

If respondent has more than one disability, it is possible that all disabilities were triggered by the same condition. Alternatively, each disability may have been triggered independently by different causes.

Infectious and parasitic diseases *(ICD A00-B99) [now includes AIDS]*   01

Neoplasms *(ICD C00-D48)*   02

Endocrine, nutritional and metabolic diseases *(ICD E00-E90)*
- Diabetes *(ICD E10-E14)*   03
- Osteomalacia (only infantile and juvenile, adult code 57)/rickets/vitamin D deficiency *(ICD E55)*   04
- Other endocrine and metabolic   05

Diseases of blood and blood-forming organs and certain immune disorders *(ICD D50-D89)* 06

Mental disorders *(ICD F00-F99)*
- Senile dementia *(ICD F00, F03)*   07
- Schizophrenia *(ICD F20-F21)*   08
- Anxiety and phobias *(ICD F40-F41)*   09
- Depression *(ICD F32-F34, F39)*   10
- Other mental illness *(ICD F01-02, F04-19, F22-25, F28-29, F40-48, F50-59, F60-69, F80-89, F90-98)*   11
- Mental retardation *(ICD F70-79)*   12
- Mental disorders not classifiable above   13

Diseases of nervous system (other than eye and ear) *(ICD G00-G99)*
- Hemiplegia (only use this code if not due to stroke - code 35 - or cerebral palsy - code 17) *(ICD G81)*   14
- Parkinsons *(ICD G20-22)*   15
- Multiple sclerosis *(ICD G35)*   16
- (Infantile) Cerebral palsy *(ICD G80)*   17
- Paraplegia, quadraplegia etc (use only when not codeable elsewhere: for example, use
       code 61 if paralysed due to broken back - ICD code T08) *(ICD G82-83)*   18
- Epilepsy *(ICD G40)*   19
- Migraine *(ICD G43)*   20
- Other diseases of the nervous system not covered above and excluding those of eye and ear   21

Eye disorders *(ICD H00-H59)*
- Cataract *(ICD H25-27)*   22
- Glaucoma *(ICD H40-42)*   23
- Retinal disorders (include back of eye getting old) *(ICD H33-36)*   24
- Congenital blindness *(ICD H54 - if congenital)*   25
- Other eye complaints   26

Diseases of the ear and mastoid process *(ICD H60-H95)*
- Vertiginous syndromes etc (includes Meniere's disease) *(ICD H81-83)*   27
- Tinnitus *(ICD H93.1)*   28
- Deafness *(ICD H91)*   29
- Other ear complaints   30

Diseases of the circulatory system *(ICD I00-I99)*
- Valve diseases *(ICD I05-08)*   31
- Hypertensive disease (incl. high blood pressure) *(ICD I10-15)*   32
- Other heart problems *(ICD I00-02, I09)*   33
- Coronary artery disease (eg coronary thrombosis myocardial infarction, angina) *(ICD I20-52)*   34
- Cerebrovascular disease (eg stroke, cerebral haemorrhage/cerebral thrombosis) *(ICD I60-69)*   35
- Other arterial and embolic disease (includes thrombosis of artery, "hardening of the arteries") *(ICD I70-79)*   36
- Diseases of veins and lymphatics, and other diseases of circulatory system (eg varicose veins, phlebitis: include low blood pressure) *(ICD I80-89)*   37
- Other diseases of the circulatory system not classifiable above (note: for congenital heart problems use code 62 – for example "hole in the heart")   38

Diseases of the respiratory system *(ICD J00-J99)*
- Bronchitis and emphysema *(ICD J20-22, J40-44, J47)*   39
- Asthma *(ICD J45)*   40
- Sinusitis *(ICD J32)*   41
- Lung disease due to external agents (include industrial lung diseases *(ICD J60-70)*   42
- Other respiratory disease   43

Diseases of the digestive system *(ICD K00-K93)*
- Diseases of oesophagus, stomach and duodenum (includes ulcers) *(ICD K20-31)*   44
- Hernia of abdominal cavity (include hiatus hernia) *(ICD K40-46)*   45
- Other digestive system diseases   46

Diseases of the genitourinary system *(ICD N00-99)*
- Kidney and urinary system problems (includes nephritis, renal disease, chronic renal failure, one kidney) *(ICD N00-39)*   47
- Diseases/disorders of male and female genital organs/ breast/female pelvic organs *(ICD N40-98)*   48
- Other diseases of the genitourinary system not classifiable above   49

Diseases of the skin and subcutaneous tissue *(ICD L00-L99)*   50

Diseases of the musculoskeletal system and connective tissue *(ICD M00-M99)*
- Rheumatoid arthritis *(ICD M05-09)*   51
- Osteoarthritis and allied disorders *(ICD M15-19)*   52
- Arthritis and rheumatism not codable above *(ICD M10-14, M30-36, M45-46, M70-79)*   53
- Knee problems *(ICD M23)*   54
- Back and neck problems, other than deformities (<u>excludes</u> curvature of spine, arthritis, rheumatism: <u>includes</u> disc problems) *(ICD M43, M47-54)*   55
- Other joint problems *(ICD M24-25)*   56
- Acquired deformities (<u>includes</u> acquired curvature of spine, osteoporosis, loss of (part of) limb: <u>excludes</u> deformities which are congenital) *(ICD M21-22, M40-42, M80-94)*   57
- Other musculo-skeletal not classifiable above   58

Injury and poisoning *(ICD S00-T98)*
- Head injuries   59
- Loss of limb or extremity (include amputations, exclude congenital anomalies)   60
- All other injury/poisoning problems (eg fractures, dislocations sprains, internal injuries, wounds, burns)   61

Congenital anomalies *(ICD Q00-Q99)* (includes congenital anomalies of the heart - eg "hole in the heart")   62

Other responses not classifiable above

Old age problems not covered above   63

Insufficient data obtained to classify above   64

Irrelevant response

HEALTH SURVEY FOR ENGLAND: 2001

CODING PRESCRIBED MEDICINES

CODING OF PRESCRIBED MEDICINES : ALPHABETICAL INDEX

Codes taken from the British National Formulary No. 40 Sept '00

DEMISPAN AND ARM CIRCUMFERENCE
CONVERSION CHART

1 inch = 2.54cm
1 foot = 0.305m

cm	inches	cm	inches
8	3	61	24
10	4	64	25
13	5	66	26
15	6	69	27
18	7	71	28
20	8	74	29
23	9	76	30
25	10	79	31
29	11	81	32
30	12	84	33
33	13	86	34
36	14	89	35
38	15	91	36
41	16	94	37
43	17	97	38
46	18	99	39
48	19	102	40
51	20	104	41
53	21	107	42
56	22	109	43
58	23	112	44

WAIST/HIP AND HEIGHT CONVERSION CHART

1 inch = 2.54cm
1 foot = 0.305m

cm	inches	m	feet'inches''
51	20	1.27	4'2''
53	21	1.32	4'4''
56	22	1.37	4'6''
58	23	1.42	4'8''
61	24	1.47	4'10''
64	25	1.52	5'0''
66	26	1.55	5'1''
69	27	1.58	5'2''
71	28	1.60	5'3''
74	29	1.63	5'4''
76	30	1.65	5'5''
79	31	1.68	5'6''
81	32	1.70	5'7''
84	33	1.73	5'8''
86	34	1.75	5'9''
89	35	1.78	5'10''
91	36	1.80	5'11''
94	37	1.83	6'0''
97	38	1.85	6'1''
99	39	1.88	6'2''
102	40	1.91	6'3''
104	41	1.93	6'4''
107	42	1.96	6'5''
109	43	1.98	6'6''
112	44	2.01	6'7''
114	45	2.03	6'8''
117	46	2.06	6'9''
119	47	2.08	6'10''
122	48	2.11	6'11''
127	50	2.13	7'0''

HEALTH SURVEY FOR ENGLAND 2001

CIGARETTE BRANDS CODING LIST

Cigarette brand	Code

B

BELVEDERE KING SIZE	8669
BENSON & HEDGES SPECIAL FILTER	5263
BENSON & HEDGES SUPERKINGS	5273
BENSON & HEDGES SUPERKINGS LIGHTS	5271
BERKELEY SUPERKINGS	5473
BERKELEY SUPERKINGS LIGHTS	5471
BERKELEY SUPERKINGS MENTHOL	5477

C

CAMEL FILTERS	8262
CAMEL LIGHTS	8260
CAMEL ULTRA LIGHTS	8251
CAPSTAN NAVY CUT FULL STRENGTH (P)	1216
CARROLLS NUMBER 1	8362
CARTIER VENDOME LIGHTS	4575
CHESTERFIELD FILTER KING SIZE	6154
CONSULATE MENTHOL FRESH	4267
CRAVEN 'A' KING SIZE	4163

D

DAVIDOFF CLASSIC	8855
DAVIDOFF LIGHTS	8841
DAVIDOFF MAGNUM	8853
DICKENS & GRANT LIGHTS SUPERKINGS	5881
DICKENS & GRANT SUPERKINGS	5883
DICKENS & GRANT SUPERKINGS MENTHOL	5887
DORCHESTER EXTRA MILD KING SIZE	5861
DORCHESTER EXTRA MILD SUPERKINGS	5871
DORCHESTER KING SIZE	5863
DORCHESTER LUXURY MENTHOL KING SIZE	5867
DORCHESTER LUXURY MENTHOL SUPERKINGS	5877
DORCHESTER SUPERKINGS	5873
DUNHILL INTERNATIONAL	4472
DUNHILL INTERNATIONAL MENTHOL	4477
DUNHILL KING SIZE	4462
DUNHILL LIGHTS	4463

Cigarette brand	Code
E	
EMBASSY FILTER	1145
EMBASSY LIGHTS KING SIZE	1165
EMBASSY MILD	1162
EMBASSY NUMBER 1 KING SIZE	1164
F	
FREEDOM KING SIZE	3363
G	
GAULOISES BLONDE LEGERES	8451
GAULOISES BLONDES	8462
GAULOISES CAPORAL (P)	8412
GAULOISES CAPORAL FILTRE	8442
GAULOISES DISQUE BLEU CAPORAL	8443
GAULOISES BRUNES LEGERES FILTRE	8461
GITANES CAPORAL (P)	8414
GITANES CAPORAL FILTRE	8444
GITANES INTERNATIONALES	8474
GOLD MARK KING SIZE	8568
GOLD MARK SPECIALS 24'S	8558
GOLD MARK SUPERKINGS	8578
H	
HOUSE OF COMMONS KING SIZE	5662
J	
JOHN PLAYER SPECIAL (JPS) KING SIZE	2165
JPS LIGHTS	2163
JP SUPERKINGS	2173
JP SUPERKINGS LIGHTS	2172
JP SUPERKINGS MENTHOL	2177
JP SUPERKINGS ULTRA LIGHTS	2171
K	
KENSITAS CLUB KING SIZE	5362
KINGSMEN KING SIZE	8564
KINGSMEN SUPERKINGS	8574
L	
LAMBERT & BUTLER KING SIZE	1363
LAMBERT & BUTLER LIGHTS	1361

IF THE BRAND IS NOT ON THE LIST USE CODE 9997

Cigarette brand	Code
L …continued	
LAMBERT & BUTLER MENTHOL	1367
LAMBERT & BUTLER ULTRA	1360
LAMBETH KING SIZE	8553
LAMBETH LIGHTS SUPERKINGS	8581
LAMBETH FILTER VIRGINIA SUPERKINGS	8573
LR KING SIZE	3362
LR LIGHTS KING SIZE	3361
LUCKY STRIKE FILTERS	3863
LUCKY STRIKE LIGHTS	3861
M	
MACE KING SIZE	8668
MACE SUPERKINGS	8678
MADISON KING SIZE	8845
MADISON KING SIZE LIGHTS	8842
MADISON SUPERKINGS LIGHTS	8882
MADISON SUPERKINGS	8885
MAJOR EXTRA SIZE	8363
MARLBORO 100'S	6172
MARLBORO KING SIZE	6162
MARLBORO LIGHTS 100's	6171
MARLBORO LIGHTS KING SIZE	6161
MARLBORO MEDIUM KING SIZE	6164
MAXIM KING SIZE	8865
MAXIM SUPERKINGS	8875
MAXIM SUPERKINGS LIGHTS	8871
MAYFAIR KING SIZE	5666
MAYFAIR LIGHTS	5651
MAYFAIR MENTHOL KING SIZE	5657
MAYFAIR ULTRA LIGHTS	5650
MORE	8272
MORE MENTHOL	8277
MORE MILD MENTHOL	8276
MORE SPECIAL MILD	8275
N	
NATURAL AMERICAN SPIRIT KING SIZE	6564
NATURAL AMERICAN SPIRIT KS LIGHTS	6562
No. 3 KING SIZE	8864
No. 3 SUPERKINGS	8874

Cigarette brand	Code
P	
PARK DRIVE SPECIAL VIRGINIA (P)	5413
PARK ROAD KING SIZE	8555
PARK ROAD SUPERKINGS	8585
PARK ROAD SUPERKINGS LIGHTS	8583
PENNY LANE SUPERKINGS	8673
PETER STUYVESANT 100'S EXTRA LIGHTS	4581
PETER STUYVESANT 100'S FILTER	4582
PICCADILLY FILTER DE LUXE	4342
PICCADILLY NUMBER ONE (P)	4313
PLAYER'S MEDIUM NAVY CUT (P)	2214
PRINCE LIGHTS	3661
PRINCE OF BLENDS	3663
R	
RAFFLES	4673
RAFFLES LIGHTS	4671
RED BAND KING SIZE	8565
RED BAND LIGHTS KING SIZE	8561
RED BAND LIGHTS SUPERKINGS	8570
RED BAND SPECIALS 24	8869
RED BAND SUPERKINGS	8575
REGAL FILTER	1143
REGAL KING SIZE	1163
RICHMOND KING SIZE	2264
RICHMOND KING SIZE LIGHTS	2261
RONSON LIGHTS KING SIZE	8651
RONSON SPECIAL VIRGINIA KING SIZE	8665
RONSON SUPERKINGS	8675
RONSON SUPERKINGS LIGHTS	8671
ROTHMANS KING SIZE	4262
ROTHMANS ROYALS 120'S	4273
ROTHMANS ROYALS 24'S	4263
ROTHMANS ROYALS LIGHTS 24'S KING SIZE	4261
S	
SELECT KING SIZE	8559
SELECT SUPERKINGS	8589

Cigarette brand	Code
S …continued	
SELECT SUPERKINGS LIGHTS	8582
SENIOR SERVICE FINE VIRGINIA (P)	5513
SILK CUT 100'S	5172
SILK CUT 100'S ULTRA	5174
SILK CUT EXTRA MILD KING SIZE	5162
SILK CUT KING SIZE	5163
SILK CUT SUPER LOW KING SIZE	5161
SILK CUT ULTRA	5164
SILVER STRAND KING SIZE	8860
SILVER STRAND SUPERKINGS 18'S	8870
SOLO KING SIZE	8549
SOLO LIGHTS KING SIZE	8542
SOLO SUPERKINGS	8879
SOLO SUPERKINGS LIGHTS	8876
SOVEREIGN KING SIZE	5262
SOVEREIGN LIGHTS KING SIZE	5261
SPECIAL KING SIZE	8545
SPECIAL KING SIZE LIGHTS	8562
SPECIAL SUPERKINGS 18'S	8878
SPECIAL SUPERKINGS LIGHTS	8572
ST MORITZ MENTHOL GOLD BAND	4577
STATE EXPRESS 555 FILTER KINGS	3263
SUPREME KING SIZE	8554
SUPREME LIGHTS SUPERKINGS	8580
SUPREME SUPERKINGS	8571
SUPREME SUPERKINGS MENTHOL	8584
SWEET AFTON VIRGINIA (P)	8314
V	
VOGUE SUPERSLIMS 100'S	4871
W	
WARWICK KING SIZE	8544
WARWICK LIGHTS KING SIZE	8541
WARWICK SUPERKINGS	8884
WARWICK LIGHTS SUPERKINGS	8881
WEST KING SIZE	8593
WEST LIGHTS KING SIZE	8591

Cigarette brand	Code
W …continued	
WINDSOR BLUE KING SIZE	8863
WINDSOR BLUE LIGHTS KING SIZE	8862
WINDSOR BLUE SUPERKINGS	8873
WINDSOR BLUE SUPERKINGS LIGHTS	8872
WINFIELD KING SIZE	4763
WINFIELD LIGHTS KING SIZE	4761
WOODBINE VIRGINIA (P)	1213