P2727

The Health Survey for England 2007

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 civil partner in a legally recognised Civil Partnership
4 married and separated from *(husband/wife)*,
5 divorced,
6 or, widowed?
7 formerly in a legally recognised civil partnership and separated from civil partner
8 formerly in a legally recognised civil partnership and civil partnership is now legally dissolved
9 a surviving civil partner (his/her partner has since died)

IF (more than one person aged 16+ in household) AND (Marital = single OR married and separated OR divorced OR widowed) 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) AND (AgeOf = Response) 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…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…97

Nat1Par

SHOW CARD B

From this card please tell me what is the relationship of *(name of respondent)* to *(name of parent/legal guardian)* [Par1] Just tell me the number beside the answer that applies to*(name of respondent)* and *(name of parent/legal guardian).*

IF (Par2 IN 1..12) THEN

Nat2Par

SHOW CARD B

From this card please tell me the relationship of (*name of respondent*) to (Just tell me the number beside the answer that applies to *(name of respondent).*

Person to Nat2Par repeated for up to 12 members of the HH

ENDIF

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.

ARRAY [1..12]

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

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

IF HHldr <> empty THEN
IF HHSize > 1 THEN

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)

ENDIF
ENDIF

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

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

ELSEIF 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.

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

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 C
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 (e.g. bathroom). INCLUDE BEDROOMS TEMPORARILY USED FOR OTHER THINGS (e.g. study, playroom).

Range: 0..20

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 D.

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 Personal Pensions
5 Child Benefit
6 Job-Seekers Allowance
7 Pension Credit
8 Income Support
9 Working Tax Credit
10 Child Tax Credit
11 Housing Benefit
12 Other state benefits
13 Interest from savings and investments (e.g. stocks & shares)
14 Other kinds of regular allowance from outside your household (e.g. maintenance, student's grants, rent)
15 No source of income

JntInc

SHOW CARD E

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 E

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 F

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

ENDIF

IF NHActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook =Yes) THEN

HHowLong

How long have you been looking for paid work/a place in a government scheme?

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

ENDIF

IF HEverJob = Yes THEN

HPayLast

Which year did *you/name* (Household Reference Person) *your/his/her* leave last paid job?
WRITE IN.
Numeric: 1920..2999 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
Number of adults
Range: 0..12

NofCh
Number of children
Range: 0..12

NOfInf
Number of infants
Range: 0..12

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The Health Survey for England 2007

Program Documentation

Individual Questionnaire

Introduction

ALL

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

PersDisp
INTERVIEWER FOR YOUR INFORMATION…the person(s) allocated to this session are:
(list all allocated respondents)

IF AgeP=0-12 THEN
AdResp
WHO IS ANSWERING ON BEHALF OF (name of selected child <13)?
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

IF LongIll = Yes THEN
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

Diabetes

ASK ALL AGED 0-15 YEARS

IntCDia

You have told me about *(name of child)* general health. I would now like to go and talk about *(his/her)* health in more detail.

INTERVIEWER: IF YOU HAVE ALREADY BEEN TOLD THAT *(NAME OF CHILD*) HAS DIABETES, CODE 1 TO CONTINUE, OTHERWISE CODE 2.

1 Already been told that respondent has diabetes.
2 Have not been told that respondent has diabetes.

IF IntCDia = Already been told that respondent has diabetes THEN

DiabLong

You told me earlier that *(name of child)* has diabetes. Did a doctor tell you that *(he/she)* has diabetes?

1 Yes
2 No

ENDIF

ELSEIF

CDiab

Does *(name of child)* now have, or has *(he/she)* ever had diabetes?

1 Yes
2 No

ENDIF

ENDIF

IF CDiab = Yes THEN

Diabetes

Were you told by a doctor that *(name of child)* had diabetes?

1 Yes
2 No

ENDIF

IF DiabLong = Yes OR Diabetes = Yes THEN

DiAge

Approximately how old was *(your child)* when you were first told by a doctor that they had diabetes?

ENTER AGE IN YEARS.

ENDIF

Insulin

Does (name of child) currently inject insulin for diabetes?

1 Yes
2 No

DiMed

Is *(name of child)* currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?

1 Yes
2 No

OthDi

Is *(name of child)* currently receiving any (other) treatment or advice for diabetes?
INTERVIEWER: INCLUDE REGULAR CHECKUPS.

1 Yes
2 No

IF OthDi = Yes THEN

OtherDi

What (other) treatment or advice is (name of child) currently receiving for diabetes?
INTERVIEWER: PROBE: what else?
CODE ALL THAT APPLY.

1 Special diet
2 Regular check-up with GP/hospital/clinic
3 Other

ENDIF

IF OtherDi = Other

WhatDSP

PLEASE SPECIFY.
Text: Maximum 50 characters

ENDIF
ENDIF
ENDIF
ENDIF

Fractures

ASK ALL

FracYr

Now some questions about fractured or broken bones. In the last 12 months have you fractured or broken a bone? INTERVIEWER: INCLUDE BONES THAT WERE CHIPPED.

1 Yes
2 No

IF FracYr = Yes THEN

FYrNo

How many times in the last 12 months have you fractured or broken a bone - if you fractured more than one bone in the same incident, please count this as one time?"

Range: 1..50

FOR Idx: = 1 TO 10 DO

IF (Idx <=FyrNo) THEN should we translate this to say if fyrno=1 to 10 do

FyrWh

SHOW CARD G

Thinking about the most recent time you fractured or broke a bone/Now thinking about the time before that - which bone or bones did you fracture or break on that occasion? Please call out the names from this card.

PROBE: What others? CODE ALL THAT APPLY.

1 Shoulder (Scapula)
2 Upper arm (Humerus)
3 Elbow
4 Lower arm (Radius/Ulna)
5 Wrist
6 Hand, fingers or thumb
7 Knee
8 Ankle, foot and toes
9 Lower leg (Tibia/Fibula)
10 Upper leg (Femur)
11 Hip joint (Neck of femur)
12 Pelvis
13 Spine
14 Ribs
15 Collar (Clavicle)
16 Jaw
17 Nose
18 Face
19 Skull
20 Neck
21 Other bone

IF FyrWh = Other

FYrWhO

What was the name of the other bone that you fractured/broke?

Text: Maximum 50 characters

ENDIF

IF FYrWh = Shoulder OR Upper arm OR Lower arm OR Wrist OR Hand THEN

FArm

You said that you broke a bone or bones in your shoulder, arm, wrist or hand.
SHOW CARD H
Looking at this card can you tell me which part of the bone or the name of the bone you fractured/broke?
CODE ALL THAT APPLY.

1 Shoulder (Scapula)
2 Upper arm - upper end/neck
3 Upper arm - middle/shaft
4 Upper arm - lower end/above elbow
5 Elbow
6 Lower arm - upper end/below elbow
7 Lower arm - middle/shaft
8 Lower arm - at the wrist (Colles fracture)
9 Hand - at the wrist (carpals)
10 Hand (metacarpals)
11 Finger(s)/thumb (phalanges)

ENDIF

IF FYrWh = Knee OR Ankle OR Lower leg OR Upper leg OR Hip joint THEN

FLeg

You said that you broke a bone or bones in your hip, leg, knee or foot.
SHOW CARD I
Looking at this card, can you tell me which part of the bone or the name of the bone you fractured/broke?
CODE ALL THAT APPLY.

1 Hip joint - neck of femur
2 Upper leg - middle/shaft
3 Upper leg - lower end/above knee
4 Knee (patella)
5 Lower leg - upper end/below knee
6 Lower leg - middle/shaft
7 Lower leg - lower end/at the ankle
8 Foot - at the ankle (tarsals)
9 Foot (metatarsals)
10 Toes (phalanges)

ENDIF

FYrHs

And on that occasion, were you...
INTERVIEWER: READ OUT EACH IN TURN AND CODE ALL THAT APPLY.

1 ...admitted to hospital for one night or more because of the break or fracture?
2 ...seen in an A & E department or hospital outpatient department?
3 ...or given treatment elsewhere for the break or fracture?
4 (None of these)

ENDIF
ENDDO
ENDIF

ASK ALL

FEvr

Still thinking about fractures and broken bones, *apart from the ones you have already told us about* have you ever broken or fractured (*a bone/any other bones*)?

INTERVIEWER: INCLUDE BONES THAT WERE CHIPPED

1 Yes
2 No

IF FEvr=Yes THEN

FEvWh

SHOW CARD G.

Which bone or bones have you ever fractured or broken? Please call out the names from this card.

PROBE: What others? CODE ALL THAT APPLY.

1 Shoulder (Scapula)
2 Upper arm (Humerus)
3 Elbow
4 Lower arm (Radius/Ulna)
5 Wrist
6 Hand, fingers or thumb
7 Knee
8 Ankle, foot and toes
9 Lower leg (Tibia/Fibula)
10 Upper leg (Femur)
11 Hip joint (Neck of femur)
12 Pelvis
13 Spine
14 Ribs
15 Collar (Clavicle)
16 Jaw
17 Nose
18 Face
19 Skull
20 Neck,
21 Other bone

ENDIF

IF FEvWh = Other

FEOth

What was the name of the other bone that you fractured/broke?

Text: Maximum 50 characters

ENDIF

IF FEvWh = Shoulder OR Upper arm OR Lower arm OR Wrist OR Hand THEN

FEArm

You said that you broke a bone or bones in your shoulder, arm, wrist or hand.
SHOW CARD H
Looking at this card can you tell me which part of the bone or the name of the bone you fractured/broke?
CODE ALL THAT APPLY.

1 Shoulder (Scapula)
2 Upper arm - upper end/neck
3 Upper arm - middle/shaft
4 Upper arm - lower end/above elbow
5 Elbow
6 Lower arm - upper end/below elbow
7 Lower arm - middle/shaft
8 Lower arm - at the wrist (Colles fracture)
9 Hand - at the wrist (carpals)
10 Hand (metacarpals)
11 Finger(s)/thumb (phalanges)

ENDIF

IF FEvWh = Knee OR Ankle OR Lower leg OR Upper leg OR Hip joint THEN

FELeg

You said that you broke a bone or bones in your hip, leg, knee or foot.
SHOW CARD I
Looking at this card, can you tell me which part of the bone or the name of the bone you fractured/broke?
CODE ALL THAT APPLY.

1 Hip joint - neck of femur
2 Upper leg - middle/shaft
3 Upper leg - lower end/above knee
4 Knee (patella)
5 Lower leg - upper end/below knee
6 Lower leg - middle/shaft
7 Lower leg - lower end/at the ankle
8 Foot - at the ankle (tarsals)
9 Foot (metatarsals)
10 Toes (phalanges)

ENDIF

IF FEvWh = Pelvis, Spine, Ribs, Collar (Clavicle), Jaw, Nose, a bone in your face, Skull, Neck, (other bone)

FEGenNo

How many times have you fractured/broken your (*Pelvis, Spine, Ribs, Collar (Clavicle), Jaw, Nose, a bone in your face, Skull, Neck, (other bone)*)?

ARRAY [12..21]
Range: 1-20

ENDIF

IF FEArm = Response

FEArmNo

How many times have you fractured/broken your (*Shoulder (Scapula), Upper arm - upper end/neck, Upper arm - middle/shaft, Upper arm - lower end/above elbow, Elbow, Lower arm - upper end/below elbow, Lower arm - middle/shaft, Lower arm - at the wrist (Colles fracture), Hand - at the wrist (carpals), Hand (metacarpals), Finger(s)/thumb (phalanges)*)?

ARRAY [1..11]

Range: 1..20

ENDIF

ENDIF

IF FELeg = Response

FELegNo

How many times have you fractured/broken your (*Hip joint - neck of femur, Upper leg - middle/shaft, Upper leg - lower end/above knee, Knee (patella), Lower leg - upper end/below knee, Lower leg - middle/shaft, Lower leg - lower end/at the ankle, Foot - at the ankle (tarsals), Foot (metatarsals), Toes (phalanges)?*

ARRAY [1..10]

Range: 1..20

ENDIF

ENDIF

ENDIF

IF respondent's age <=30 THEN

OrigHt

We are interested in the link between height and age. Can you tell me, what was your height at age 25? Please give me a rough estimate if you don't know exactly.

INTERVIEWER:Is height given in feet and inches or in centimetres?

If height at age 20 not known use <Ctrl K>, if refused use <Ctrl R>

1 Centimetres

2 Feet and inches

IF OrigHt = 1 (metres) THEN

Ht25cm

INTERVIEWER: Please record (respondent's name) estimated height at age 25 in centimetres. If height is given in metres, please convert to centimetres eg. 1.72m = 172 cm

Range: 0.01..2.44

ENDIF

IF OrigHt = 2 (feet and inches) THEN

Ht25Ft

INTERVIEWER: Please record (respondent's name) estimated height at age 25 in feet.

Range: 0..7

Ht25Inch

INTERVIEWER: Please record (respondent's name) estimated height at age 25 in inches

Range: 0..11

ENDIF

OrigHt25

Final measured or estimated height (cm), to be fed into household admin, only visible in test version

Range: 0.00..999.9

IF OrigHt25 = 0.0..999.9 THEN

Ht25Est

Is your answer an exact figure or estimate?

INTERVIWER: PLEASE CODE ONE ONLY

1 Exact figure after checking a written record
2 Exact figure from memory
3 Estimate from memory
4 Gave current height because assume height at age 25 was the same
5 Other

ENDIF

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. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten

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

SHOWCARD J

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

SHOWARD J

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
SHOWCARD J

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 THE **FRESH FRUIT SIZE LIST** IN THE CODING BOOKLET 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

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

SHOWCARD J

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

SHOWCARD J

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

SHOWCARD J

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

Eating Habits

ASK ALL AGED 2-15

EatIntr
Now I would like to ask some questions about the different types of food you eat.

BreadA
What kind of bread do you usually eat? Is it ...READ OUT...CODE ONE ONLY

1White (incl chollah)
2Brown - granary, wheatmeal, (incl wheatgerm, softgrain, rye, german)
3Whole (incl highbran)
4Other
5Does not have a usual type
6Does not eat any type of bread

IF BreadA=Other THEN
Obread
Pleas specify other kind of bread
Text: Maximum 20 characters

BreadQua
How many rolls or pieces of bread do you eat each day, on average? Is it... READ OUT...

1less than 1 a day
21 or 2 a day
3or 4 a day
4or 5 or more a day?

Nspread
What type of margarine, butter or other spread do you usually use, for example on bread, sandwiches, toast, potatoes or vegetables?
CODE ONE ONLY. REFER TO CODING LIST FOR BUTTER/MARGARINE IN YOUR CODING BOOKLET.

1 Butter or margarine
2 Low fat spread or reduced fat spread, or half-fat butter
3 Spread not on coding list

SPONTANEOUS:

4 Does not have usual type
5 Does not use fat spread

IF NSpread = Other THEN
OthSprd
INTERVIEWER- SPECIFY NAME OF SPREAD.
Text: Maximum 40 characters
ENDIF

IF NSpread = Butter, low fat, not on list, no type THEN
SprdQua
How many pats or rounded teaspoons of margarine, butter or other spread do you use each day on average, for example on bread, sandwiches, toast, potatoes or vegetables?
Range: 0…99
ENDIF

FatQ

When you eat fried foods, what kind of fat or oil are the foods usually cooked in?
CODE ONE ONLY. Is it …READ OUT…

1 butter, ghee, lard, suet or other solid cooking fat,
2 hard or soft margarine, half fat butter,
3 vegetable oil e.g. sunflower, olive, rape, seed, mustard, peanut?
4 Does not use fat not oil in cooking

CMilk

What kind of milk do you **usually** use for drinks, in tea or coffee and on cereals?
Is it …READ OUT…

1 whole milk,
2 semi-skimmed (incl dried semi-skimmed),
3 skimmed (incl dried skimmed, Boots dried powder, Co-op powder),
4 or, some other kind of milk?

SPONTANEOUS:

5 Does not have usual type
6 Does not drink milk

IF CMilk = Other THEN

OMilk

Please specify other kind of milk.
Text: Maximum 20 characters

ENDIF

IF Milk = Whole, semi-skimmed, skimmed, does not have type THEN

CMilkQua

About how much milk do you use each day, on average for drinks, in tea and coffee, on cereals etc.
Is it …READ OUT…

1 less than a quarter of a pint,
2 about a quarter of a pint,
3 about half a pint,
4 Or, one pint or more?

ENDIF

HotSug

Do you usually have sugar in hot drinks like tea and coffee?
INTERVIEWER: If the respondent only uses artificial sweetener, code No.

1 Yes, always,
2 Yes, sometimes,
3 No,
4 Does not drink hot drinks.

CerQua

SHOW CARD K
About how many times a week do you have a bowl of breakfast cereal or porridge?

1 6 or more times a week,
2 3-5 times a week,
3 1-2 times a week,
4 less than once a week,
5 rarely or never.

StarchB
SHOW CARD K
How often, on average, do you eat a serving of pasta, including macaroni cheese, or rice?
INTERVIEWER: Do not include rice pudding at this question.
1 6 or more times a week,
2 3-5 times a week,
3 1-2 times a week,
4 less than once a week,
5 rarely or never.

NPotatB
SHOW CARD K
Excluding chips how often, on average, do you eat a serving of potatoes?
1 6 or more times a week,
2 3-5 times a week,
3 1-2 times a week,
4 less than once a week,
5 rarely or never.

CheesC
SHOW CARD K.
How often on average do you eat a serving of any type of cheese, except cottage cheese?
1 6 or more times a week
2 3-5 times a week
3 1-2 times a week
4 Less than once a week
5 Rarely or never

CRedMeat
SHOW CARD K
How often on average do you eat a serving of beef, pork or lamb, including beefburgers, sausages, bacon, meat pies, and processed meat?
1 6 or more times a week
2 3-5 times a week
3 1-2 times a week
4 Less than once a week
5 Rarely or never

CWhitMat
SHOW CARD K
How often on average do you eat a serving of chicken or turkey, including processed chicken or turkey?
1 6 or more times a week
2 3-5 times a week
3 1-2 times a week
4 Less than once a week
5 Rarely or never

CFriedFd
SHOW CARD K
How often on average do you eat a serving of **any** fried food, including fried fish, chips, cooked breakfast, samosas?

1 6 or more times a week
2 3-5 times a week
3 1-2 times a week
4 Less than once a week
5 Rarely or never

CFish
SHOW CARD K
Apart from fried fish, how often on average do you eat a serving of fish?

1 6 or more times a week
2 3-5 times a week
3 1-2 times a week
4 Less than once a week
5 Rarely or never

CSnacks
SHOW CARD K
How often on average do you eat snacks such as crisps, nuts or biscuits, including savoury biscuits such as cream crackers?

1 6 or more times a week
2 3-5 times a week
3 1-2 times a week
4 Less than once a week
5 Rarely or never

NCakes
SHOW CARD K
How often on average do you eat a serving of cakes, pies, puddings, including rice pudding or semolina, or pastries?

1 6 or more times a week
2 3-5 times a week
3 1-2 times a week
4 Less than once a week
5 Rarely or never

Sweets
SHOW CARD K
How often on average do you eat sweets or chocolate?

1 6 or more times a week
2 3-5 times a week
3 1-2 times a week
4 Less than once a week
5 Rarely or never

SofDrnk

SHOW CARD K

How often on average do you have fizzy drinks, or soft drinks like squash, excluding diet or sugar-free drinks?

1 6 or more times a week
2 3-5 times a week
3 1-2 times a week
4 Less than once a week
5 Rarely or never

ENDIF

ASK ALL AGED 5 +

SaltIntr

Now I would like to ask a couple of questions about the amount of salt used in cooking and at the table. Please think about all different types of food when answering these questions.

CkSalt

Has salt generally been added to your food during cooking?

1 Yes (include sea salt),
2 No, do not use salt in cooking,
3 Use Lo-Salt or salt alternative.

CTabSalt

At the table do you….READ OUT…

CODE ONE ONLY. TREAT LOSALT AS SALT.

1 generally add salt to your food without tasting it first,
2 taste the food, but then generally add salt,
3 taste the food, but only occasionally add salt,
4 rarely, or never, add salt at the table?

Children's Physical Activity

ASK ALL AGED 2-15 IN CHILD BOOST ONLY

IF Age=4 THEN

ChSch

Can I just check, is *(child's name)* at school in reception class yet?

1 Yes
2 No

ENDIF

Wlk5Ch

Now I'd like to ask you about some of the things *(you/child's name) (have/has)* done in the last week. By last week I mean last *(day seven days ago)* up to yesterday. In the last week, *(have/has) (he/she)* done a continuous walk that lasted at least 5 minutes *(not counting things done as part of school lessons*)?

1 Yes
2 No

IF Wlk5Ch = Yes

DaysWlk

On how many days in the last week did *(you/child's name)* do a continuous walk that lasted at least 5 minutes *(not counting things done as part of school lessons)?*

1 One day
2 Two days
3 Three days
4 Four days
5 Five days
6 Six days
7 Every day

DayWlkT

SHOW CARD L

On each day that *(you/child's name)* did a walk like this for at least 5 minutes, how long did *(you/he/she)* spend walking?

Please give an answer from this card.

INTERVIEWER NOTE: What we want recorded is the average time spent walking per weekday. If the respondent walked for over 5 minutes on more than one day in the last week, take an average of the time spent per day.

1 5 minutes, less than 15 minutes
2 15 minutes, less than 30 minutes
3 30 minutes, less than 1 hour
4 1 hour, less than 1 1/2 hours
5 1 1/2 hours, less than 2 hours
6 2 hours, less than 2 1/2 hours
7 1/2 hours, less than 3 hours
8 3 hours, less than 3 1/2 hours
9 1/2 hours, less than 4 hours
10 4 hours or more (please specify how long)

IF DayWlkT = more than 4 hours THEN

WlkHrs

How long did *(you/child's name)* spend walking on each day?
INTERVIEWER: Record hours spent below.
Record minutes at the next question.
Range: 4..12

WlkMin

INTERVIEWER: Record here minutes spent walking.
Range: 0..59

ENDIF

ENDIF

IF Age >=13 AND <=15 THEN

ChPace

Which of the following describes your usual walking pace...
...READ OUT...

1 ... a slow pace
2 ... a steady average pace
3 ... a fairly brisk pace
4 ... or, a fast pace
5 None of these

IF Age>=8 AND Age<=15 THEN

HWkCh

In the last week *(have/has) (you/child's name)* done any housework or gardening which involved pulling or pushing, like hoovering, cleaning a car, mowing grass or sweeping up leaves for at least 15 minutes a time?

1 Yes
2 No

IF HWkCh = Yes THEN

DHWkCh

On how many days in the last week *(have/has) (you/child's name)* done any housework or gardening of this type for at least 15 minutes a time?

1 One day
2 Two days
3 Three days
4 Four days
5 Five days
6 Six days
7 Every day

THWk

SHOW CARD L
On each day that *(have/has) (you/child's name)* did any housework or gardening of this type for at least 15 minutes a time, how long did *(you/he/she)* spend?
Please give an answer from this card.

INTERVIEWER: If it varied, take average.

1 15 minutes, less than 30 minutes
2 30 minutes, less than 1 hour
3 1 hour, less than 1 1/2 hours
4 1 1/2 hours, less than 2 hours
3 2 hours, less than 2 1/2 hours
3 1/2 hours, less than 3 hours
4 3 hours, less than 3 1/2 hours
4 1/2 hours, less than 4 hours
5 4 hours or more (please specify how long)

IF THWk = More than 4 hours THEN

HWkHrs

How long did *(you/child's name)* spend doing housework or gardening on each day?
INTERVIEWER: Record hours spent below.
Record minutes at next question.

Range: 4..12

HWkMin

INTERVIEWER: Record here minutes spent doing housework/gardening

Range : 0..59

ENDIF
ENDIF
ENDIF

IF age>=2 AND age<=15 THEN

Sport

I would now like to ask you about any sports or exercise activities that *(you/child's name) (have/has)* done. I will then go on to ask about other active things *(you/he/she)* may have done like running about, riding a bike, kicking a ball around and things like that.
For the following questions please *(include any activities done at a nursery or playgroup/don't count any activities done as part of school lessons).*

Continue

SportDo

SHOW CARD M
In the last week, that is last *(weekday seven days ago)* up to yesterday, *(have/has) (you/ child's name)* done any sports or exercise activities (not counting things done as part of school lessons)?
This card shows some of the things *(you/he/she)* might have done; please also include any other sports or exercise activities like these.
INTERVIEWER: Do not count anything done today.

1 Yes
2 No

IF SportDo = Yes

WESpDo

Did *(you/he/she)* do any of these sports or exercise activities at the weekend

1 Yes
2 No

IF WESpDo = Yes

DWESp

Was that on Saturday or Sunday or on both days?

1 Saturday only
2 Sunday only
3 Both Saturday and Sunday

WeSpor

SHOW CARD L

On *(Saturday/Sunday)* when *(you/child's name)* did these sports or exercise activities, how long did *(you/he/she)* spend *(on each day)?*

Please give an answer from this card.

INTERVIEWER: If it varied, take average.

1 15 minutes, less than 30 minutes
2 30 minutes, less than 1 hour
3 1 hour, less than 1 1/2 hours
4 1 1/2 hours, less than 2 hours
3 2 hours, less than 2 1/2 hours
3 1/2 hours, less than 3 hours
4 3 hours, less than 3 1/2 hours
4 1/2 hours, less than 4 hours
5 4 hours or more (please specify how long)

IF WeSpor = More than four hours THEN

WeSpH

How long did *(you/child's name)* spend doing these sports or exercise activities on *(that/each)* day?

INTERVIEWER: Record hours spent below.

Record minutes at next question.

Range: 4..12

WeSpM

INTERVIEWER: Record here minutes spent doing sports or exercise activities.

Range: 0..59

ENDIF

ENDIF

ENDIF

IF SportDo = Yes

DaySp

Still thinking about last week. On how many of the weekdays did *(you/child's name)* do any of these sports or exercise activities?

Please remember not to count things done as part of school lessons.

None in last week

1 1 day
2 2 days
3 3 days
4 4 days
5 5 days

IF DaySp = 1-5 THEN

WkSpor

SHOW CARD L

On each weekday that *(you/he/she)* did these sports or exercise activities, how long did *(you/he/she)* spend?

Please give an answer from this card.

INTERVIEWER: If it varied, take average.

1 15 minutes, less than 30 minutes
2 30 minutes, less than 1 hour
3 1 hour, less than 1 1/2 hours
4 1 1/2 hours, less than 2 hours
5 2 hours, less than 2 1/2 hours
6 1/2 hours, less than 3 hours
7 3 hours, less than 3 1/2 hours
8 1/2 hours, less than 4 hours
9 4 hours or more (please specify how long)

IF WkSpor = More that 4 hours THEN

WkSpH

How long did *(you/child's name)* spend doing these sports or exercise activities on each weekday?

INTERVIEWER: Record hours spent below.

Record minutes at next question.

Range: 4..12

WkSpM

INTERVIEWER: Record here minutes spent doing sports or exercise activities.

Range: 0..59

ENDIF

ENDIF

ENDIF

ENDIF

IF age>=2 AND age<=15 THEN

WEActDo

SHOW CARD N

Now I would like to know about when *(you/child's name) (do/does)* active things, like the examples on this card or other activities like these. Did *(you/he/she)* do any active things like these at the weekend

INTERVIEWER NOTE: Do not include any activities already covered under sports and exercise activities.

1 Yes
2 No

IF WEActDo = Yes THEN

DWEact

Was that on Saturday or Sunday or on both days?

1 Saturday only
2 Sunday only
3 Both Saturday and Sunday

WEAct

SHOW CARD L

On *(Saturday/Sunday)* when *(you/child's name)* did active things like these, how long did *(you/he/she)* spend *(on each day)?*

Please give an answer from this card.

INTERVIEWER: If it varied, take average.

1 15 minutes, less than 30 minutes
2 30 minutes, less than 1 hour
3 1 hour, less than 1 1/2 hours
4 1 1/2 hours, less than 2 hours
3 2 hours, less than 2 1/2 hours
3 1/2 hours, less than 3 hours
4 3 hours, less than 3 1/2 hours
4 1/2 hours, less than 4 hours
5 4 hours or more (please specify how long)

IF WeAct = More than four hours THEN

WeActH

How long did *(you/child's name)* spend doing active things like these on *(each/that)* day?

INTERVIEWER: Record hours spent below.

Record minutes at next question.

Range: 4..12

WeActM

INTERVIEWER: Record here minutes spent doing active things like these.

Range: 0..59

ENDIF

ENDIF

IF WEActDo = Yes THEN

WkActDo

SHOW CARD N

Still thinking about last week. On how many of the weekdays did *(you/child's name)* do active things, like the examples on this card or other activities like *these (not counting things done as part of school lessons)*?

INTERVIEWER NOTE: Do not include any activities already covered under sports and exercise activities.

1 None in last week
2 1 day
3 2 days
4 3 days
5 4 days
6 5 days

IF WkActDo = 1-5 THEN

WkAct

SHOW CARD L

On each weekday that *(you/he/she)* did active things like these, how long did *(you/he/she)* spend? Please give an answer from this card.

INTERVIEWER: If it varied, take average.

1 15 minutes, less than 30 minutes
2 30 minutes, less than 1 hour
3 1 hour, less than 1 1/2 hours
4 1 1/2 hours, less than 2 hours
5 2 hours, less than 2 1/2 hours
6 1/2 hours, less than 3 hours
7 3 hours, less than 3 1/2 hours
8 1/2 hours, less than 4 hours
9 4 hours or more (please specify how long)

IF WkAct = more than four hours THEN

WkActH

How long did *(you/child's name)* spend doing active things like these on each weekday?

INTERVIEWER: Record hours spent below.

Record minutes at next question.

Range: 4..12

WkActM

INTERVIEWER: Record here minutes spent doing active things like these.

Range : 0..59

ENDIF

ENDIF

ENDIF

ENDIF

IF age>=2 AND age<=15 THEN

DaysTot

Now thinking about all the activities during the past week you have just told me about including any walking, *(gardeing, housework)*, sports or other active things. On how many days in the last week in total did *(you/child's name)* do any of these activities *(not counting things done as part of school lessons)*?

1 None
2 One day
3 Two days
4 Three days
5 Four days
6 Five days
7 Six days
8 Every day

ENDIF

IF age>=2 AND age<=15 THEN

WESitDo

SHOW CARD O

Now I'd like to know about when *(you/child's name)* spend*(s)* time sitting down doing things like the ones on this card. Did *(you/child's name)* spend time sitting down doing any things like these for at least 5 minutes a time at the weekend?

1 Yes
2 No

IF WESitDo=Yes

DSitWE

Was that on Saturday or Sunday or on both days?

1 Saturday only
2 Sunday only
3 Both Saturday and Sunday

SitWE

SHOW CARD L

On *(Saturday/Sunday)* when *(you/child's name)* spent time sitting down doing things like these, how long did *(you/he/she)* spend *(on each day)*.

Please give an answer from this card.

INTERVIEWER: If it varied, take average.

1 15 minutes, less than 30 minutes
2 30 minutes, less than 1 hour
3 1 hour, less than 1 1/2 hours
4 1 1/2 hours, less than 2 hours
5 2 hours, less than 2 1/2 hours
6 1/2 hours, less than 3 hours
7 3 hours, less than 3 1/2 hours
8 1/2 hours, less than 4 hours
9 4 hours or more (please specify how long)

IF SitWE = More than four hours THEN

WeSitH

How long did *(you/child's name)* spend sitting down doing things like these on *(each/that)* day?

INTERVIEWER: Record hours spent below.

Record minutes at the next question.

Range: 4..12

WeSitM

INTERVIEWER: Record here minutes spent sitting down doing things like these.

Range: 0..59

ENDIF

ENDIF

WkSitDo

SHOW CARD O

On how many weekdays last week did *(you/child's name)* spend time sitting down doing things like the ones on this card for at least 5 minutes a time not counting things *(you/he/she)* did as part of school lessons?

1 None in last week
2 1 day
3 2 days
4 3 days
5 4 days
6 5 days

IF WkSitDo = 1-5 THEN

WkSitHrs

SHOW CARD L

On each weekday that *(you/he/she)* spent time sitting down doing things like these, how long did *(you/he/she)* spend?

Please give an answer from this card.

INTERVIEWER: If it varied, take average.

1 15 minutes, less than 30 minutes
2 30 minutes, less than 1 hour
3 1 hour, less than 1 1/2 hours
4 1 1/2 hours, less than 2 hours
5 2 hours, less than 2 1/2 hours
6 1/2 hours, less than 3 hours
7 3 hours, less than 3 1/2 hours
8 1/2 hours, less than 4 hours
9 4 hours or more (please specify how long)

IF WkSitHrs=More than four hours THEN

WkSitH

How long did *(you/child's name)* spend sitting down doing things like these on each weekday?

INTERVIEWER: Record hours spent below.

Record minutes at the next question.

Range: 4..12

WkSitM

INTERVIEWER: Record here minutes spent sitting down doing things like these.

Range: 0..59

ENDIF

ENDIF

ENDIF

Usual

Were the activities *(you/child's name)* did last week different from what *(you/he/she)* would usually do for any reason?

IF YES PROBE: Would *(you/he/she)* usually do more physical activity or less?

1 No - same as usual
2 Yes different - usually do more
3 Yes different - usually do less

Smoking (Aged 18+)

IF Age of Respondent = 18 to 24 THEN

BookChk

INTERVIEWER CHECK: *(name of respondent)* IS AGED *(age of respondent)*. RESPONDENT TO BE...:

1 Asked Smoking/Drinking questions
2 Given SELF-COMPLETION BOOKLET FOR YOUNG ADULTS

ENDIF

IF Age of respondent = 16 to 17 AND (is in joint session with Adult aged 25+ OR with adult aged 18-24 AND BookChk=1) THEN

YAIntro

INTERVIEWER: Prepare lilac or grey self-completion booklet for young adults by entering serial numbers. Check that you have the correct person number.

Press <1> and <Enter> to continue.

YAInt2

At this point, I would now like you to answer some questions by completing all of this booklet on your own. The questions cover smoking, drinking and attitudes to health. I will need to ask you a few more questions from the laptop in a little while, and I will ask you to close the booklet for a few minutes while I do this.

INTERVIEWER: Explain how to complete booklet and show example in booklet.

Press <1> and <Enter> to continue.

IF (Age of Respondent is 18 years or over) OR (BookChk = Asked) THEN

SmokEver

May I just check, have you ever smoked a cigarette, a cigar or a pipe?

1 Yes
2 No

IF SmokEver = Yes THEN

SmokeNow

Do you smoke cigarettes at all nowadays?

1 Yes
2 No

ENDIF

IF SmokeNow = Yes THEN

DlySmoke

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 DlySmoke = 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.

WKndSmok

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 WkndSmok = 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.

CigType

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

ENDIF

ENDIF

IF SmokeNow=Yes THEN

SmokWher

SHOW CARD Q

Which of these places, if any, did you smoke in during the last 7 days ending yesterday? CODE ALL THAT APPLY

1 At my home
2 Outside
3 At work
4 Inside other people's homes
5 Inside pubs or bars
6 Inside restaurants, cafes, or canteens
7 Inside shops
8 Whilst travelling by car
9 In other places

IF SmokWher = 1 OR 2 THEN SmokHome

SmokHome

SHOWCARD Q2

Where in your home do you usually smoke?

1 Outdoors, for example in the garden or outside the front door
2 Own room/bedroom
3 Living room
4 Kitchen
5 Toilet
6 Bathroom
7 Study
8 Dining room
9 Everywhere
10 Somewhere else in the home

ENDIF

ENDIF

IF SmokWher = Outside, other than at home THEN
SmokOut
SHOWCARD R
Where did you smoke outside during the last 7 days ending yesterday?
1 In the street, or out and about
2 Outside at work
3 Outside at other people's home
4 Outside pubs or bars
5 Outside restaurants, cafes or canteens
6 Outside shops
7 Outside other places

IF SmokeNow=Yes THEN
SmokPpl
SHOWCARD S
In the last 7 days, did you smoke near to any of the following types of people?
1 Babies aged 2 and under
2 Children aged 2-10
3 Children aged 11-15
4 Older adults over the age of 65
5 Pregnant women
6 Adults aged 16-64 with asthma or breathing problems
7 None of these
ENDIF

IF SmokeNow = Yes

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?

ENDIF

GiveUp

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

IF GiveUp = YES

GvUpReas

SHOWCARD T

What are your main reasons for wanting to give up?

1 Because of a health problem I have at present
2 Better for my health in general
3 To reduce the risk of getting smoking related illnesses
4 Because of the (*forthcoming*) smoking ban in all enclosed public places, including pubs and restaurants
5 Family/friends wanted me to stop
6 Financial reasons (couldn't afford it)
7 Worried about the effect on my children
8 Worried about the effect on other family members
9 Something else

ENDIF

ENDIF

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

ENDIF

ELSE IF SmokeNow<>Yes ***(Smoked but doesn't smoke cigarettes nowadays)***

SmokeCig

Have you ever smoked cigarettes?

1 Yes
2 No

IF SmokEver = YES and SmokeNow = NO

QuitReas

SHOW CARD P

Why did you decide to give up smoking?

CODE ALL THAT APPLY

1 Advice from a GP or health professional
2 Advert for a nicotine replacement product
3 Government TV, radio or press advert
4 Hearing about a new stop smoking treatment
5 Financial reasons (couldn't afford it)
6 Being faced with the (*forthcoming*) smoking ban in all enclosed public places, including pubs and restaurants
7 I knew someone else who was stopping
8 Seeing a health warning on cigarette packet
9 Family or friends wanted me to stop
10 Being contacted by my local NHS Stop Smoking Services
11 Health problems I had at the time
12 A concern about future health problems

13 Pregnancy
14 Worried about the effect on my children
15 Worried about the effect on other family member
16 My own motivation
17 Something else

ENDIF

NOTE:

One of the answer categories in showcards T and P changed after the smoking ban came into force on 1st July 2007.

Before the ban, showcard T, answer option 4 read 'because of the forthcoming smoking ban'. After 1st July, this changed to 'because of the smoking ban'.

Before the ban, showcard P, answer option 6 read 'being faced with the forthcoming smoking ban'. After 1st July, this changed to 'being faced with a smoking ban'.

IF SmokeCig = Yes THEN

SmokeReg

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 SmokeReg = 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 (SmokeNow=Yes) OR (SmokeReg=Smoked cigarettes regularly)
StartSmk
How old were you when you started to smoke cigarettes regularly?
INTERVIEWER: IF 'Never smoked regularly' CODE 97.
Range: 1..97
ENDIF

IF SmokeReg=[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
ENDIF

IF EndSmoke = Response THEN
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

ELSEIF (IsPreg = No) OR (IsPreg = NONRESPONSE) OR (SmokeNow = 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
ENDIF
ENDIF
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

IF (SmokeNow= Yes) OR (SmokeReg= smoked occasionally..regularly) THEN

SmokeTry

Have you ever tried to give up smoking because of a particular health condition you have had at the time?

1 Yes
2 No

ENDIF

DrSmoke

Did/Has a medical person, for example a doctor or nurse ever advised you to stop smoking altogether because of your health?

1 Yes
2 No

IF DrSmoke = Yes THEN

DrSmoke1

How long ago was that?

INTERVIEWER: PROMPT AS NECESSARY.

1 Within the last twelve months
2 Over twelve months ago

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

FathSm

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

1 Yes
2 No

MothSm

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

1 Yes
2 No

ENDIF

IF age = 0-12 OR (age >=18 AND Bookchk = 1)

XExpSm

Now, in most weeks, how many hours a week are (you/name of child) exposed to other people's tobacco smoke?

Range: 0..168

ChExpSm

Is (name of child) looked after for more than two hours per week by anyone who smokes while looking after (him/her), including anyone in this household?

1 Yes
2 No

IF XExpSm >=1 AND age >=18 THEN

Passive

SHOW CARD U

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

PROBE: Where else?

CODE ALL THAT APPLY.

1 At own home
2 At work
3 In other people's home
4 On public transport
5 In pubs
6 In other places
7 No, none of these

IF Passive=1-6 THEN

Bother

Does this bother you at all?

1 Yes
2 No

ENDIF

ENDIF

IF age<=15 THEN

ChPasSm

Do you find that (you/child's name) are/is often near people who are smoking in any of these places?

1 At home
2 On buses or trains
3 In other people's home
4 In other places
5 No, none of these

IF ChPasSm = 4 THEN

ChPasOth

INTERVIEWER: Write in other place
Text: 200 characters

ENDIF
ENDIF

IF (Age of respondent = 16 years or over AND BookChc = 2) THEN

SCIntro

INTERVIEWER: Prepare Salmon or Blue/Orange or Pink self-completion booklet for adults (aged up to 64)/adults (65 years and over) by entering serial numbers. Check that you have the correct person number.

Press <1> and <Enter> to continue."

SCSmkAtt

I would now like you to answer some questions by completing the first section of this booklet on your own. The questions cover attitudes to smoking. I'd like you to stop when you get to the end of the first section.

INTERVIEWER: Explain how to complete booklet and show example in booklet.

Press <1> and <Enter> to continue.

IntDrink

I would like to ask you some more questions from the laptop, so please could you close the booklet for now.

Press <1> and <Enter> to continue.

Drinking (Aged 18+)

IF (Age of Respondent is 25 years or over) OR (BookChk = Asked)

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

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

ENDIF

IF (Drink = Yes) OR (DrinkAny = very occasionally) THEN

DrinkOft

SHOW CARD V

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 <> Not at all in the last 12 months 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 W

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 Alcopops/pre-mixed alcoholic drinks
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

NBrL7Q(1)

ASK OR CODE: How many half pints of **normal strength beer, lager, stout, cider or shandy** *(excluding cans and bottles of shandy)* did you drink that day?

Range: 1..97

ENDIF

IF NBrL7Q = Small cans THEN

NBrL7Q(2)

ASK OR CODE: How many small cans of **normal strength beer, lager, cider or shandy** did you drink that day?

Range: 1..97

ENDIF

IF NBrL7=Large cans THEN

NBrL7Q(3)

ASK OR CODE: How many large cans of **normal strength beer, lager, cider or shandy** did you drink that day?

Range: 1..97

ENDIF

IF NBrL7=Bottles THEN

NBrL7Q(4)

ASK OR CODE: How many bottles of **normal strength beer, lager, cider or shandy** did you drink that day?

Range: 1..97

NBotL7

ASK OR CODE: What make of **normal strength beer, lager, stout, cider or shandy** 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

SBrL7Q(1)

ASK OR CODE: How many half pints of **strong beer, lager, stout or cider** *(excluding cans and bottles of shandy)* did you drink on that day?

Range: 1..97

ENDIF

IF SBrL7=Small cans THEN

SBrL7Q(2)

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

SBrL7Q(3)

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

SBrL7Q(4)

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?

INTERVIEWER: please note that respondent may give answer in bottles and glasses. Please code the relevant option.

INTERVIEWER: CODE THE MEASURE THE RESPONDENT USED
1 Bottle or parts of bottle
2 Glasses
3 Both bottles or parts of bottle, and glasses

IF WineL7= 1 (Bottles or part of bottle)
WL7Bt
INTERVIEWER: code the number of 125ml glasses drunk **from the bottle** by the respondent. E.g. If they drank half a bottle, code 3 glasses. Press <F9> for information

CODE THE NUMBER OF GLASSES.
1 BOTTLE =6 GLASSES
½ BOTTLE=3 GLASSES
1/3 BOTTLE=2 GLASSES
¼ BOTTLE=1.5 GLASSES

1 LITRE=8 GLASSES
½ LITRE=4 GLASSES
1/3 LITRE=2.5 GLASSES
¼ LITRE=2 GLASSES

Range: 1..97 (ALLOW FRACTIONS)
ENDIF
F9 for WL7Bt
If respondent has answered in bottles or litres convert to glasses using the information provided on the screen. For example if a respondents said they shared a bottle with one other person and they shared it equally code 3 glasses.

IF WineL7= 2 (Glasses)
WL7Gl
CODE THE NUMBER OF GLASSES drunk as glasses.
Range: 1..97 (ALLOW FRACTIONS)

WL7Glz
Were you drinking from a large, standard or small glass?
INTERVIEWER: If respondent drank from two or three different size glasses, please code all that apply.

INTERVIEWER: please note that if respondent was drinking in a pub or wine bar and had a small glass, this would usually be 175ml.
1 Large glass (250mL)
2 Standard glass (175 mL)
3 Small glass (125 mL)

IF WL7Glz=1 THEN 250mlGlz
250mlGlz
How many large (250ml) glasses did you drink?
Range 1..97

IF WL7Glz=2 THEN 175mlGlz

175mlGlz

How many standard (175ml) glasses did you drink?

Range 1..97

IF WL7Glz=3 THEN 125mlGlz

125mlGlz

How many small (125ml) glasses did you drink?

Range 1..97

ENDIF

ENDIF

ENDIF

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

PopsL7Q(1)

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

PopsL7Q(2)

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

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

ENDIF

IF (Age of Respondent is 18 years or over) OR (BookChk = Asked) THEN

SCDnkAtt

I would now like you to answer some questions by completing the second section of this booklet on your own. The questions cover attitudes to drinking. I'd like you to stop when you get to the end of the second section.

Press <1> and <Enter> to continue.

IntDemog

I would like to ask a few more questions from the laptop, so please could you close the booklet again.

Press <1> and <Enter> to continue.

ENDIF

IF Age of respondent = 16 to 17 AND (is in joint session with Adult aged 25+ OR with adult aged 18-24 AND BookChc=1) THEN

YAPause

I would like to ask a few more questions from the laptop, so please could stop at the question you are on, and close the booklet for now. You will get a chance to complete the booklet in a few minutes.

Press <1> and <Enter> to continue.

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 X
Which of these descriptions applies to what you were doing last week, that is in the seven days ending *(date seven days ago)*?
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 64 years AND Sex=Male) OR (Age = 16 to 59 years AND Sex=Female))) THEN

H4WkLook

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 NActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook =Yes) THEN

HowLong

How long have you been looking for paid work/a place in a government scheme?

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

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

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
Directr
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 Directr=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

SlfWtMa

What *(did/will)* you make or do in your business?

Text: Maximum 100 characters

ENDIF

ENDIF

IF NActiv = Response THEN

HRPOcc

INTERVIEWER: DID *(name of respondent)* ANSWER THE OCCUPATION QUESTIONS HIM/HERSELF?

ELSEIF (NActiv) non response THEN

ENDIF

OEmpStat
Derived employment status.
Range: 0..8

SOC, SOCls, SEG, SIC coded during edit stage

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 Y

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

Qual1A

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

ASK ALL

EthnicI

SHOW CARD Z

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 Asian or Asian British
4 Black or Black British
5 Chinese or other ethnic group

IF EthnicI = White THEN

EurCult

What is your cultural background? CODE ALL THAT APPLY

1 English
2 Irish
3 Scottish
4 Welsh
5 Other European
95 Any other White background (specify).

ELSEIF EthnicI = Mixed THEN

MixCult

What is your cultural background?

CODE ALL THAT APPLY

1 White and Black Caribbean
2 White and Black African
3 White and Asian
95 Any other mixed 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
95 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
95. Any other Asian background (specify)

ELSEIF EthnicI = Other THEN

OthCultI

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
95 Any other cultural background (specify)

ENDIF

ENDIF

Self-completion placement (Aged 8+)

IF (Age of Respondent is 8-15 years) OR (Age of respondent is 16 to 17 years and is not in a joint session) THEN

SCIntro

PREPARE *(Yellow/Green/Brown/Lilac or Grey)* SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 8-10/FOR CHILDREN AGED 11-12/FOR CHILDREN AGED 13-15/FOR YOUNG ADULTS) 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 PINK BOOKLET TO PARENT(S). IF AGREES, PREPARE PINK BOOKLET. SEE CHILD. EXPLAIN HOW TO COMPLETE. REMEMBER TO USE A BLACK PEN

ENDIF

IF Age of Respondent is 13 years or over THEN

SComp2

I would now like you to answer some more questions in this booklet on your own. The questions cover general health and attitudes towards healthy eating and physical activity.

Press <1> and <Enter> to continue.

ENDIF

IF Age of respondent is 8 years or over THEN

SComp3

INTERVIEWER CHECK: WAS THE *(**LILAC/YELLOW/BLUE/PINK**)* BOOKLET *(*FOR ADULTS 16+/FOR YOUNG ADULTS/FOR CHILDREN AGED 13-15/ FOR CHILDREN AGED 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 Completed alone in room

ENDIF

ENDIF

IF Age of respondent is 4 TO 15 years THEN

SDQChk

INTERVIEWER PLEASE CHECK: Was the WHITE booklet for parents completed?

1 Fully completed
2 Partially completed
3 Not completed

IF SDQChk= Partially completed OR Not completed THEN
SDQComp
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 SDQComp =Other THEN
SDQComp0
PLEASE SPECIFY OTHER REASON.
Text: Maximum 60 characters
ENDIF
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 MRC FOR EACH PERSON.

IF Age >=2 THEN

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

ENDIF

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 60 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 Confined to bed
6 Respondent unable to move shoes
7 Child: subject would not stand still
8 Ill or in pain
9 Stadiometer faulty or not available
10 Child asleep
11 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 None of these

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
ENDIF

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

IF RESPONDENT IS <16

Birth

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 = Kilograms THEN

Birthkg

PLEASE RECORD *(name of child's)* BIRTHWEIGHT IN KILOGRAMS.

Range: 1.00..6.75

ELSEIF Birth = Pounds and ounces THEN

BirthL

PLEASE RECORD *(name of child's)* BIRTHWEIGHT. ENTER POUNDS.

Range: 2..15

BirthO

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 = [between 0.1kg and 2.5kg] THEN

Prmature

W as *(name of child)* born prematurely?

1 Yes
2 No

IF Prmature = Yes THEN

PrWeeks

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

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 (e.g. blood sample)
7 Not interested/Can't be bothered/No particular reason
95 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

INTERVIEWER: RECORD DETAILS OF THE NURSE APPOINTMENT ON THE BACK OF THE MEASUREMENT RECORD CARD I.

ENTER THE NURSE'S NAME, APPOINTMENT DATE AND TIME.

1 Continue

ENDIF

ENDIF

ENDIF

ASK ALL

NHSCan

We would like your consent for us to send your name, address and date of birth to three National Health Service registers. These are the NHS Central Register, the NHS Cancer Registry and the Hospital Episodes Statistics Register. Please read these forms, it explains more about what is involved.

INTERVIEWER: GIVE THE RESPONDENT THE COLOUR (GREEN/YELLOW) CONSENT FORM (NHS AND CANCER REGISTRY) AND ALLOW THEM TIME TO READ THE INFORMATION.

1 Consent given
2 Consent not given

IF NHSCAN = Consent given THEN

NHSSig

EXPLAIN THE NEED FOR WRITTEN CONSENT: Before I can pass your details on, I have to obtain written consent from you.
ENTER THE RESPONDENT'S SERIAL NUMBER ON THE TOP OF THE CONSENT FORMS.
ASK RESPONDENT TO SIGN AND DATE BOTH FORMS.
GIVE THE SECOD COPY OF THE FORM TO THE RESPODENT.
CODE WHETHER SIGNED CONSENTS OBTAINED.
CODE ALL THAT APPLY.

1 Hospital Episodes Statistics Register consent obtained
2 NHS Central Register and Cancer Registry consent obtained
3 All consents signed
4 No signed consents

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

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 premises (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 Room or rooms
9 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/minority ethnic
3 Mixed ethnicity
4 Don't know

NatCen National Centre for Social Research

The Health Survey for England

On behalf of The Information Centre for health & social care

UCL

P2727

Health Survey for England 2007

Booklet for Adults 65+

In Confidence

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

First name:

Spare	Card	Version	Spare
	3131		
9-11	12-15		16-20

Survey month:

Example Questions : How to fill in this questionnaire

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

		Tick ONE box			
		Very healthy life	**Fairly healthy life**	**Not very healthy life**	**An unhealthy life**
Example 1	Do you feel that you lead a...		3		

Some questions might ask you to circle an answer instead of ticking a box.

Example 2 The questions in this booklet can be answered by simply circling the number below the answer that applies.

	Circle one answer			
	Very healthy life	**Fairly healthy life**	**Not very healthy life**	**An unhealthy life**
Do you feel that you lead a ...	1	(2)	3	4

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

	Tick ONE box	
Example 3: Would you like to lead a healthier life than you do now?	Yes 3 →	**GO TO Q5**
	No →	**GO TO Q4**

By following the arrows carefully, you will miss out the questions that do not apply to you.

Attitudes towards Smoking

Q1 In general, do you mind if other people smoke near you? ATSMOKNR

Spare 21-153

154

Yes 1

No 2

It depends 3

Q2 How much, if at all, do you think breathing in other people's smoke affects the health of **adults** who are exposed to it? KNSMHLAD

155

A great deal 1

A fair amount 2

Just a little 3

Not at all 4 → **Go to Q4**

I don't know 8

Q3 In what ways would you say breathing in other people's smoke affects the health of **adults**? KSMHLA

Tick ALL that apply

156-173

Causes breathlessness 01

Causes coughing 02

Causes wheezing 03

Causes people to get asthma or makes asthma worse 04

Makes people more prone to chest infections or bronchitis 05

Makes people less fit than they used to be 06

Makes people more likely to suffer from cancer 07

Makes people more likely to suffer from another serious illness (such as heart disease or stroke) 08

Something else 09

I don't know 98

Q4 How much, if at all, do you think breathing in other people's smoke affects the health of **children** under the age of 16? KNSMHLCH

174

A great deal	1
A fair amount	2
Just a little	3
Not at all	4
I don't know	8

→ **Go to Q6**

Q5 In what ways would you say breathing in other people's smoke affects the health of **children** under the age of 16? KSMHLC

Tick ALL that apply

175-194

Causes breathlessness	01
Causes coughing	02
Causes wheezing	03
Causes children to get asthma or makes asthma worse	04
Makes children more prone to chest infections or bronchitis	05
Makes children more likely to suffer from cancer	06
Makes children more likely to suffer from another serious illness (such as heart disease or stroke)	07
Makes children less likely to grow well	08
Causes ear infections and glue ear	09
Something else	10
I don't know	98

Q6 Are there any rules about whether people should smoke in your home or where they should smoke? ATSMRULE

195

Yes	1
No	2
I don't know	8

Q7 If you did not want visitors to smoke in your home how confident would you feel about asking them not to? ATSMHOME

196

Very confident	1	→ **Go to Q9**
Fairly confident	2	
Not very confident	3	
Not at all confident	4	
I don't know	8	→ **Go to Q9**

Q8 Why would you not feel confident about asking visitors not to smoke in your home? ATSMHOM

Tick ALL that apply

197-203

It's not up to me to decide who smokes here	1
I feel too embarrassed to ask	2
I don't want to be bossy	3
I don't want to make a fuss	4
I don't want to offend people	5
I don't want to be unfriendly	6
Something else	7

Q9 How far do you agree or disagree with the total ban on smoking inside **pubs**? ATBANPUB

204

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q10 How far do you agree or disagree with the total ban on smoking inside **restaurants**? ATBANRES

205

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q11 How far do you agree or disagree that there should be restrictions on smoking in public places where there are, or are likely to be, children under the age of 16? ATBANCH

206

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q12 When pubs and restaurants are smoke free, would you visit them... ATBANVIS1

207

...more often than you do nowadays	1
...less often than you do nowadays	2
...or about the same as you do nowadays	3
I don't go to pubs or restaurants	4

IF YOU ARE A CURRENT CIGARETTE SMOKER ANSWER QUESTIONS Q13 TO Q16 BELOW, OTHERWISE PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS:

Q13 Will the smoking ban in **pubs** make you **cut down** on the number of cigarettes you smoke?

APUSMCT1

208

Yes	1
No	2

Q14 Will the smoking ban in **pubs** make you more likely to **stay at home** where you can smoke?

APUSMHM1

209

Yes 1

No 2

Q15 Will the smoking ban in **restaurants** make you **cut down** on the number of cigarettes you smoke? ARESMCT1

210

Yes 1

No 2

Q16 Will the smoking ban in **restaurants** make you more likely to **stay at home** where you can smoke? ARESMHM1

211

Yes 1

No 2

Spare 212-216

****STOP HERE****

THANK YOU FOR COMPLETING THE SMOKING SECTION

PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS

Attitudes towards Drinking

Q17 Have you heard of units of alcohol? KNUNIT

217

Yes ☐ 1

No ☐ 2 → **Go to Q23**

Q18 What **do you think** is the current official recommended maximum number of **units per day** for **men**? KNUNMEN

Write in NUMBER 218-219		**OR tick**	
☐	**Units per day**	☐ 98	**I don't know**

Q19 What **do you think** is the current official recommended maximum number of **units per day** for **women**? KNUNWOM

Write in NUMBER 220-221		**OR tick**	
☐	**Units per day**	☐ 98	**I don't know**

We are interested to know what people understand by a unit of alcohol.

Q20 How many units **do you think** there are in a glass of wine? (A small 125ml glass) KNUNW125

Write in NUMBER 222		**OR tick**	
☐	**Units**	☐ 8	**I don't know**

Q21 How many units **do you think** there are in a pint of normal strength beer? KNUNNSBR

Write in NUMBER 223		**OR tick**	
☐	**Units**	☐ 8	**I don't know**

Q22 How many units **do you think** there are in a single pub measure of spirits? For example whisky or gin.
KNUNSPIR

Write in NUMBER		OR tick	
224			
	Units	8	**I don't know**

Q23 How much do you agree or disagree with the following statement:
Some people I know would think it odd if I didn't drink alcohol at all.
ATODDTT

Tick ONE box
225

Strongly agree	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Strongly disagree	5
I don't drink alcohol	6

Q24 Some people say that pubs and bars now being open for longer means that people will drink more alcohol. Others say that longer opening hours mean that people will drink the same amount of alcohol over a longer period of time. Which of the following statements comes closest to your views about this?
ATDNKHRS

Tick ONE box
226

People will drink more alcohol	1
People will drink the same amount of alcohol over a longer period of time	2
There will be no change in the amount of alcohol people drink and the time they spend in pubs and bars	3
I don't know what the effect will be	4

Q25 Here are some statements about drinking.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box for each row

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose	
a)	Getting drunk is a perfectly acceptable thing for people to do ADRUNKAC	1	2	3	4	5	8	227
b)	Drinking is a major part of the British way of life ADNKBRIT	1	2	3	4	5	8	228
c)	It's easier to enjoy a social event if you've had a drink ADNKSOC	1	2	3	4	5	8	229
d)	There is nothing wrong with people getting drunk regularly ADRUNKRG	1	2	3	4	5	8	230
e)	Most people with serious drinking problems can never fully recover ADNKPROB	1	2	3	4	5	8	231
f)	People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain ADNKEUR	1	2	3	4	5	8	232
g)	The government should tax alcohol more heavily to encourage people to drink less ADNKTAX	1	2	3	4	5	8	233
h)	Most people with serious drinking problems have only themselves to blame ADNKBLME	1	2	3	4	5	8	234

Q26 Would you like to drink less than, more than or about the same amount of alcohol as you do at the moment? ATOWNDNK

Tick ONE box

235

Less 1

More 2

About the same 3

****STOP HERE****

THANK YOU FOR COMPLETING THE DRINKING SECTION

PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS

Attitudes towards Healthy Eating

Q27 Official guidelines measure the fruit and vegetables that people eat in terms of 'portions'.

a) Which of the following **do you think** make up **ONE** 'portion of fruit or vegetables'?

Please tick ALL that apply KPORTN

236-241

2 cherry tomatoes	1
1 apple	2
1 melon	3
4 grapes	4
1 jacket potato	5
2 tablespoons of carrots	6

b) How many portions of fruit and vegetables do you think **people should** eat everyday? AFVSHUD

242-243

Please write in NUMBER ____ **per day**

OR tick 98 **I don't know**

Q28 Have you heard of the guidelines for salt intake? KSALGUID

244

Yes 1

No 2 → **Go to Q30**

Q29 What do you think is the official guideline for maximum daily salt intake? KSALTMAX

245-247

Please write in NUMBER ____ **of grams per day**

OR tick 998 **I don't know**

Q30 **Thinking about adults**, please **circle** the number that indicates how important you think these are for their healthy eating.

		Very important	Quite important	Not very important	Not at all important	Can't choose	
a)	Limiting the amount of fat KETFATA	1	2	3	4	8	248
b)	Limiting the amount of saturated fat (found in meat and dairy products) KETSFATA	1	2	3	4	8	249
c)	Eating lots of red meat KETRMTA	1	2	3	4	8	250
d)	Limiting sugar (sweets, chocolates, biscuits) KETSUGA	1	2	3	4	8	251
e)	Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix) KETWGRNA	1	2	3	4	8	252
f)	Limiting the amount of cholesterol (such as in eggs) KETEGGA	1	2	3	4	8	253
g)	Drinking lots of milk KETMILKA	1	2	3	4	8	254
h)	Eating lots of fruit and vegetables KETFVA	1	2	3	4	8	255
i)	Limiting salt KETSALTA	1	2	3	4	8	256
j)	Taking vitamin supplements KETVITA	1	2	3	4	8	257
k)	Drinking lots of water KETWATA	1	2	3	4	8	258
l)	Eating a balanced diet KETBALDA	1	2	3	4	8	259
m)	Eating lots of pulses (such as soya beans, lentils or chickpeas) KETPULA	1	2	3	4	8	260

Q31 **Thinking about children**, please **circle** the number that indicates how important you think these are for their healthy eating.

		Very important	Quite important	Not very important	Not at all important	Can't choose	
a)	Limiting the amount of fat KETFATC	1	2	3	4	8	261
b)	Limiting the amount of saturated fat (found in meat and dairy products) KETSFATC	1	2	3	4	8	262
c)	Eating lots of red meat KETRMTC	1	2	3	4	8	263
d)	Limiting sugar (sweets, chocolates, biscuits) KETSUGC	1	2	3	4	8	264
e)	Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix) KETWGRNC	1	2	3	4	8	265
f)	Limiting the amount of cholesterol (such as in eggs) KETEGGC	1	2	3	4	8	266
g)	Drinking lots of milk KETMILKC	1	2	3	4	8	267
h)	Eating lots of fruit and vegetables KETFVC	1	2	3	4	8	268
i)	Limiting salt KETSALTC	1	2	3	4	8	269
j)	Taking vitamin supplements KETVITC	1	2	3	4	8	270
k)	Drinking lots of water KETWATC	1	2	3	4	8	271
l)	Eating a balanced diet KETBALDC	1	2	3	4	8	272
m)	Eating lots of pulses (such as soya beans, lentils or chickpeas) KETPULC	1	2	3	4	8	273

Q32 Here are some statements about eating.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box per row

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose
a)	The tastiest foods are the ones that are bad for you ASTEBAD	1	2	3	4	5	8 274
b)	Healthy foods are enjoyable AHELFENJ	1	2	3	4	5	8 275
c)	I get confused over what's supposed to be healthy and what isn't AHELFCNF	1	2	3	4	5	8 276
d)	I really care about what I eat ACAREEAT	1	2	3	4	5	8 277
e)	Healthy eating is just another fad AHLETFAD	1	2	3	4	5	8 278
f)	If you do enough exercise you can eat whatever you like AETWHATR	1	2	3	4	5	8 279

Q33 Overall, would you say that what you usually eat is...

AGENEAT

280

Very healthy 1 → **Go to Q36**

Quite healthy 2

Not very healthy 3

Very unhealthy 4

Q34 Would you like to eat more healthily than you do at the moment?

AEMORHEL

281

Yes 1

No 2 → **Go to Q36**

Don't know 8

Q35 Which of these statements applies to you:

AEHELFUT

282

I'm unlikely ever to eat more healthily [1]

I expect to eat more healthily within the next year [2]

I expect to eat more healthily but not in the next year [3]

I don't know [8]

Q36 In what ways could **you** improve what you eat?

a) I could improve what I eat by **eating less**:

Tick ALL that apply

AEATLES

283-288

generally [1]

convenience foods, fast foods, takeaways [2]

red meat (fatty meat) [3]

sugar, sweets, chocolates, biscuits, cakes [4]

salty snacks, crisps [5]

fried foods [6]

none, no changes necessary [7]

b) I could improve what I eat by **switching to:**

Tick ALL that apply

AESWTCH

289-293

lower fat food [1]

lean meats [2]

low fat spreads & unsaturated fats (Flora, sunflower oil, olive oil etc) [3]

food made with fresh fruit & vegetables [4]

skimmed or semi-skimmed milk [5]

none, no changes necessary [6]

Q36 I could improve what I eat by **eating more:**
c)

Tick ALL that apply

294-299

AEATMOR

generally	1
high fibre food (such as granary or wholemeal bread, pulses, bran cereals)	2
starchy food (rice, pasta, potatoes, bread, cereals)	3
fruit, vegetables, salad	4
unbattered fish	5
lean meat	6
none, no changes necessary	7

Q37 Overall, how easy or difficult would you find it to make these improvements to the way **you** eat?

300

AETIMPRV

Very easy	1
Quite easy	2
Quite difficult	3
Very difficult	4
No changes necessary	5 → **Go to the end**

Q38 What would **stop** you making these improvements to the way **you** eat?

ASTPHE

Tick ALL that apply

301-320

It costs too much	01
I don't have enough time	02
I don't have the cooking ability	03
I eat what I'm given	04
It doesn't satisfy hunger	05
I don't like healthy foods	06
My family won't eat healthy foods	07
It is hard to change my eating habits	08
I am not motivated to	09
Something else	10
None of these	11

Q39 What would encourage you to make these improvements to the way you eat?

AENCHE

Tick ALL that apply

321-342

Advice from doctor or nurse	01
Advice from family member	02
My own ill health	03
Family member's ill health	04
Increased income	05
Lower cost of food	06
Better access to shops and supermarkets	07
Clearer advice from the government	08
Clearer labelling of foods	09
Being motivated to	10

	11
None of these	12

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NatCen National Centre for Social Research

The Health Survey for England

On behalf of The Information Centre for health & social care

UCL

P2727

Health Survey for England 2007

Booklet for Adults 65+

In Confidence

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

First name:

Spare	Card	Version	Spare
	3131	2	
9-11	12-15		16-20

Survey month:

Example Questions : How to fill in this questionnaire

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

Tick ONE box

	Very healthy life	**Fairly healthy life**	**Not very healthy life**	**An unhealthy life**
Example 1 Do you feel that you lead a...	☐	3	☐	☐

Some questions might ask you to circle an answer instead of ticking a box.

Example 2 The questions in this booklet can be answered by simply circling the number below the answer that applies.

Circle one answer

	Very healthy life	**Fairly healthy life**	**Not very healthy life**	**An unhealthy life**
Do you feel that you lead a ...	1	(2)	3	4

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

Tick ONE box

Example 3: Would you like to lead a healthier life than you do now?

Yes 3 → **GO TO Q5**

No ☐ → **GO TO Q4**

By following the arrows carefully, you will miss out the questions that do not apply to you.

Attitudes towards Smoking

Q1 In general, do you mind if other people smoke near you? ATSMOKNR

Spare 21-153

154

Yes 1

No 2

It depends 3

Q2 How much, if at all, do you think breathing in other people's smoke affects the health of **adults** who are exposed to it? KNSMHLAD

155

A great deal 1

A fair amount 2

Just a little 3

Not at all 4 → **Go to Q4**

I don't know 8

Q3 In what ways would you say breathing in other people's smoke affects the health of **adults**? KSMHLA

Tick ALL that apply

156-173

Causes breathlessness 01

Causes coughing 02

Causes wheezing 03

Causes people to get asthma or makes asthma worse 04

Makes people more prone to chest infections or bronchitis 05

Makes people less fit than they used to be 06

Makes people more likely to suffer from cancer 07

Makes people more likely to suffer from another serious illness (such as heart disease or stroke) 08

Something else 09

I don't know 98

Q4 How much, if at all, do you think breathing in other people's smoke affects the health of **children** under the age of 16?

KNSMHLCH

174

A great deal 1

A fair amount 2

Just a little 3

Not at all 4

I don't know 8

→ **Go to Q6**

Q5 In what ways would you say breathing in other people's smoke affects the health of **children** under the age of 16?

KSMHLC

Tick ALL that apply

175-194

Causes breathlessness 01

Causes coughing 02

Causes wheezing 03

Causes children to get asthma or makes asthma worse 04

Makes children more prone to chest infections or bronchitis 05

Makes children more likely to suffer from cancer 06

Makes children more likely to suffer from another serious illness (such as heart disease or stroke) 07

Makes children less likely to grow well 08

Causes ear infections and glue ear 09

Something else 10

I don't know 98

Q6 Are there any rules about whether people should smoke in your home or where they should smoke? ATSMRULE

195

Yes 1

No 2

I don't know 8

Q7 If you did not want visitors to smoke in your home how confident would you feel about asking them not to? ATSMHOME

196

Very confident	1	→ **Go to Q9**
Fairly confident	2	
Not very confident	3	
Not at all confident	4	
I don't know	8	→ **Go to Q9**

Q8 Why would you not feel confident about asking visitors not to smoke in your home? ATSMHOM

Tick ALL that apply

197-203

It's not up to me to decide who smokes here	1
I feel too embarrassed to ask	2
I don't want to be bossy	3
I don't want to make a fuss	4
I don't want to offend people	5
I don't want to be unfriendly	6
Something else	7

Q9 How far do you agree or disagree with the total ban on smoking inside **pubs**? ATBANPUB

204

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q10 How far do you agree or disagree with the total ban on smoking inside **restaurants**?
ATBANRES

205

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q11 How far do you agree or disagree that there should be restrictions on smoking in public places where there are, or are likely to be, children under the age of 16?

206

ATBANCH

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Spare 207-211

Q12 Now that pubs and restaurants are smoke free, would you visit them...

212

ABANVIS2

...more often than you used to	1
...less often than you used to	2
...or about the same as you used to	3
I don't go to pubs or restaurants	4

IF YOU ARE A CURRENT CIGARETTE SMOKER ANSWER QUESTIONS Q13 TO Q16 BELOW, OTHERWISE PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS:

Q13 Has the smoking ban in **pubs** made you **cut down** on the number of cigarettes you smoke?

213

APUSMCT2

Yes	1
No	2

Q14 Has the smoking ban in **pubs** made you more likely to **stay at home** where you can smoke?

APUSMHM2

214

Yes 1

No 2

Q15 Has the smoking ban in **restaurants** made you **cut down** on the number of cigarettes you smoke?

ARESMCT2

215

Yes 1

No 2

Q16 Has the smoking ban in **restaurants** made you more likely to **stay at home** where you can smoke?

ARESMHM2

216

Yes 1

No 2

****STOP HERE****

THANK YOU FOR COMPLETING THE SMOKING SECTION

PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS

Attitudes towards Drinking

Q17 Have you heard of units of alcohol?

KNUNIT

217

Yes ☐ 1

No ☐ 2 → **Go to Q23**

Q18 What **do you think** is the current official recommended maximum number of **units per day** for **men**?

KNUNMEN

Write in NUMBER 218-219 ☐ **Units per day**

OR tick ☐ 98 **I don't know**

Q19 What **do you think** is the current official recommended maximum number of **units per day** for **women**?

KNUNWOM

Write in NUMBER 220-221 ☐ **Units per day**

OR tick ☐ 98 **I don't know**

We are interested to know what people understand by a unit of alcohol.

Q20 How many units **do you think** there are in a glass of wine? (A small 125ml glass)

KNUNW125

Write in NUMBER 222 ☐ **Units**

OR tick ☐ 8 **I don't know**

Q21 How many units **do you think** there are in a pint of normal strength beer?

KNUNNSBR

Write in NUMBER 223 ☐ **Units**

OR tick ☐ 8 **I don't know**

Q22 How many units **do you think** there are in a single pub measure of spirits? For example whisky or gin.
KNUNSPIR

Write in NUMBER		OR tick	
224			
	Units	8	**I don't know**

Q23 How much do you agree or disagree with the following statement:
Some people I know would think it odd if I didn't drink alcohol at all.
ATODDTT

Tick ONE box
225

Strongly agree	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Strongly disagree	5
I don't drink alcohol	6

Q24 Some people say that pubs and bars now being open for longer means that people will drink more alcohol. Others say that longer opening hours mean that people will drink the same amount of alcohol over a longer period of time. Which of the following statements comes closest to your views about this?
ATDNKHRS

Tick ONE box
226

People will drink more alcohol	1
People will drink the same amount of alcohol over a longer period of time	2
There will be no change in the amount of alcohol people drink and the time they spend in pubs and bars	3
I don't know what the effect will be	4

Q25 Here are some statements about drinking.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box for each row

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose	
a)	Getting drunk is a perfectly acceptable thing for people to do ADRUNKAC	1	2	3	4	5	8	227
b)	Drinking is a major part of the British way of life ADNKBRIT	1	2	3	4	5	8	228
c)	It's easier to enjoy a social event if you've had a drink ADNKSOC	1	2	3	4	5	8	229
d)	There is nothing wrong with people getting drunk regularly ADRUNKRG	1	2	3	4	5	8	230
e)	Most people with serious drinking problems can never fully recover ADNKPROB	1	2	3	4	5	8	231
f)	People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain ADNKEUR	1	2	3	4	5	8	232
g)	The government should tax alcohol more heavily to encourage people to drink less ADNKTAX	1	2	3	4	5	8	233
h)	Most people with serious drinking problems have only themselves to blame ADNKBLUE	1	2	3	4	5	8	234

Q26 Would you like to drink less than, more than or about the same amount of alcohol as you do at the moment? ATOWNDNK

Tick ONE box

235

Less 1

More 2

About the same 3

****STOP HERE****

THANK YOU FOR COMPLETING THE DRINKING SECTION

PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS

Attitudes towards Healthy Eating

Q27 Official guidelines measure the fruit and vegetables that people eat in terms of 'portions'.

a) Which of the following **do you think** make up **ONE** 'portion of fruit or vegetables'?

Please tick ALL that apply KPORTN

236-241

2 cherry tomatoes	1
1 apple	2
1 melon	3
4 grapes	4
1 jacket potato	5
2 tablespoons of carrots	6

b) How many portions of fruit and vegetables do you think **people should** eat everyday? AFUSHUD

242-243

Please write in NUMBER ____ **per day**

OR tick 98 **I don't know**

Q28 Have you heard of the guidelines for salt intake? KSALGUID

244

Yes 1

No 2 → **Go to Q30**

Q29 What do you think is the official guideline for maximum daily salt intake? KSALTMAX

245-247

Please write in NUMBER ____ **of grams per day**

OR tick 998 **I don't know**

Q30 **Thinking about adults**, please **circle** the number that indicates how important you think these are for their healthy eating.

		Very important	Quite important	Not very important	Not at all important	Can't choose	
a)	Limiting the amount of fat KETFATA	1	2	3	4	8	248
b)	Limiting the amount of saturated fat (found in meat and dairy products) KETSFATA	1	2	3	4	8	249
c)	Eating lots of red meat KETRMTA	1	2	3	4	8	250
d)	Limiting sugar (sweets, chocolates, biscuits) KETSUGA	1	2	3	4	8	251
e)	Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix) KETWGRNA	1	2	3	4	8	252
f)	Limiting the amount of cholesterol (such as in eggs) KETEGGA	1	2	3	4	8	253
g)	Drinking lots of milk KETMILKA	1	2	3	4	8	254
h)	Eating lots of fruit and vegetables KETFVA	1	2	3	4	8	255
i)	Limiting salt KETSALTA	1	2	3	4	8	256
j)	Taking vitamin supplements KETVITA	1	2	3	4	8	257
k)	Drinking lots of water KETWATA	1	2	3	4	8	258
l)	Eating a balanced diet KETBALDA	1	2	3	4	8	259
m)	Eating lots of pulses (such as soya beans, lentils or chickpeas) KETPULA	1	2	3	4	8	260

Q31 **Thinking about children**, please **circle** the number that indicates how important you think these are for their healthy eating.

		Very important	Quite important	Not very important	Not at all important	Can't choose	
a)	Limiting the amount of fat KETFATC	1	2	3	4	8	261
b)	Limiting the amount of saturated fat (found in meat and dairy products) KETSFATC	1	2	3	4	8	262
c)	Eating lots of red meat KETRMTC	1	2	3	4	8	263
d)	Limiting sugar (sweets, chocolates, biscuits) KETSUGC	1	2	3	4	8	264
e)	Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix) KETWGRNC	1	2	3	4	8	265
f)	Limiting the amount of cholesterol (such as in eggs) KETEGGC	1	2	3	4	8	266
g)	Drinking lots of milk KETMILKC	1	2	3	4	8	267
h)	Eating lots of fruit and vegetables KETFVC	1	2	3	4	8	268
i)	Limiting salt KETSALTC	1	2	3	4	8	269
j)	Taking vitamin supplements KETVITC	1	2	3	4	8	270
k)	Drinking lots of water KETWATC	1	2	3	4	8	271
l)	Eating a balanced diet KETBALDC	1	2	3	4	8	272
m)	Eating lots of pulses (such as soya beans, lentils or chickpeas) KETPULC	1	2	3	4	8	273

Q32 Here are some statements about eating.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box per row

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose
a)	The tastiest foods are the ones that are bad for you ASTEBAD	1	2	3	4	5	8 274
b)	Healthy foods are enjoyable AHELFENJ	1	2	3	4	5	8 275
c)	I get confused over what's supposed to be healthy and what isn't AHELFCNF	1	2	3	4	5	8 276
d)	I really care about what I eat ACAREEAT	1	2	3	4	5	8 277
e)	Healthy eating is just another fad AHLETFAB	1	2	3	4	5	8 278
f)	If you do enough exercise you can eat whatever you like AETWHATR	1	2	3	4	5	8 279

Q33 Overall, would you say that what you usually eat is...

AGENEAT

280

Very healthy 1 → **Go to Q36**

Quite healthy 2

Not very healthy 3

Very unhealthy 4

Q34 Would you like to eat more healthily than you do at the moment?

AEMORHEL

281

Yes 1

No 2 → **Go to Q36**

Don't know 8

Q35 Which of these statements applies to you:

AEHELFUT

282

I'm unlikely ever to eat more healthily 1

I expect to eat more healthily within the next year 2

I expect to eat more healthily but not in the next year 3

I don't know 8

Q36 In what ways could **you** improve what you eat?

a) I could improve what I eat by **eating less**:

Tick ALL that apply

AEATLES

283-288

generally 1

convenience foods, fast foods, takeaways 2

red meat (fatty meat) 3

sugar, sweets, chocolates, biscuits, cakes 4

salty snacks, crisps 5

fried foods 6

none, no changes necessary 7

b) I could improve what I eat by **switching to:**

Tick ALL that apply

AESWTCH

289-293

lower fat food 1

lean meats 2

low fat spreads & unsaturated fats (Flora, sunflower oil, olive oil etc) 3

food made with fresh fruit & vegetables 4

skimmed or semi-skimmed milk 5

none, no changes necessary 6

Q36 I could improve what I eat by **eating more:**
c) AEATMOR

Tick ALL that apply

294-299

generally	1
high fibre food (such as granary or wholemeal bread, pulses, bran cereals)	2
starchy food (rice, pasta, potatoes, bread, cereals)	3
fruit, vegetables, salad	4
unbattered fish	5
lean meat	6
none, no changes necessary	7

Q37 Overall, how easy or difficult would you find it to make these improvements to the way **you** eat? AETIMPRV

300

Very easy	1
Quite easy	2
Quite difficult	3
Very difficult	4
No changes necessary	5 → **Go to the end**

Q38 What would **stop** you making these improvements to the way **you** eat? ASTPHE

Tick ALL that apply

301-320

It costs too much	01
I don't have enough time	02
I don't have the cooking ability	03
I eat what I'm given	04
It doesn't satisfy hunger	05
I don't like healthy foods	06
My family won't eat healthy foods	07
It is hard to change my eating habits	08
I am not motivated to	09
Something else	10
None of these	11

Q39 What would encourage you to make these improvements to the way you eat? AENCHE

Tick ALL that apply

321-342

Advice from doctor or nurse	01
Advice from family member	02
My own ill health	03
Family member's ill health	04
Increased income	05
Lower cost of food	06
Better access to shops and supermarkets	07
Clearer advice from the government	08
Clearer labelling of foods	09
Being motivated to	10
Something else	11
None of these	12

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NatCen
National Centre for Social Research

The Health Survey for England

On behalf of The Information Centre for health & social care

UCL

P2727

Health Survey for England 2007

Booklet for Adults (up to age 64)

In Confidence

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

First name:

Spare	Card	Version	Spare
	3 1 2	1	
9-11	12-15		16-20

Survey month:

Example Questions : How to fill in this questionnaire

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

Tick ONE box

	Very healthy life	**Fairly healthy life**	**Not very healthy life**	**An unhealthy life**
Example 1 Do you feel that you lead a...	☐	3	☐	☐

Some questions might ask you to circle an answer instead of ticking a box.

Example 2 The questions in this booklet can be answered by simply circling the number below the answer that applies.

Circle one answer

	Very healthy life	**Fairly healthy life**	**Not very healthy life**	**An unhealthy life**
Do you feel that you lead a ...	1	(2)	3	4

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

Tick ONE box

Example 3: Would you like to lead a healthier life than you do now?

Yes 3 → **GO TO Q5**

No ☐ → **GO TO Q4**

By following the arrows carefully, you will miss out the questions that do not apply to you.

Attitudes towards Smoking

Q1 In general, do you mind if other people smoke near you?

Spare 21-153

ATSMOKNR

154

Yes 1

No 2

It depends 3

Q2 How much, if at all, do you think breathing in other people's smoke affects the health of **adults** who are exposed to it?

KNSMHLAD

155

A great deal 1

A fair amount 2

Just a little 3

Not at all 4

I don't know 8

→ **Go to Q4**

Q3 In what ways would you say breathing in other people's smoke affects the health of **adults**?

KSMHLA

Tick ALL that apply

156-173

Causes breathlessness 01

Causes coughing 02

Causes wheezing 03

Causes people to get asthma or makes asthma worse 04

Makes people more prone to chest infections or bronchitis 05

Makes people less fit than they used to be 06

Makes people more likely to suffer from cancer 07

Makes people more likely to suffer from another serious illness (such as heart disease or stroke) 08

Something else 09

I don't know 98

Q4 How much, if at all, do you think breathing in other people's smoke affects the health of **children** under the age of 16?

KNSMHLCH

174

A great deal	1
A fair amount	2
Just a little	3
Not at all	4
I don't know	8

→ **Go to Q6**

Q5 In what ways would you say breathing in other people's smoke affects the health of **children** under the age of 16?

KSMHLC

Tick ALL that apply

175-194

Causes breathlessness	01
Causes coughing	02
Causes wheezing	03
Causes children to get asthma or makes asthma worse	04
Makes children more prone to chest infections or bronchitis	05
Makes children more likely to suffer from cancer	06
Makes children more likely to suffer from another serious illness (such as heart disease or stroke)	07
Makes children less likely to grow well	08
Causes ear infections and glue ear	09
Something else	10
I don't know	98

Q6 Are there any rules about whether people should smoke in your home or where they should smoke? ATSMRULE

195

Yes	1
No	2
I don't know	8

Q7 If you did not want visitors to smoke in your home how confident would you feel about asking them not to? ATSMHOME

196

Very confident	1	→ **Go to Q9**
Fairly confident	2	
Not very confident	3	
Not at all confident	4	
I don't know	8	→ **Go to Q9**

Q8 Why would you not feel confident about asking visitors not to smoke in your home? ATSMHOM

Tick ALL that apply

197-203

It's not up to me to decide who smokes here	1
I feel too embarrassed to ask	2
I don't want to be bossy	3
I don't want to make a fuss	4
I don't want to offend people	5
I don't want to be unfriendly	6
Something else	7

Q9 How far do you agree or disagree with the total ban on smoking inside **pubs**?

ATBANPUB

204

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q10 How far do you agree or disagree with the total ban on smoking inside **restaurants**?

ATBANRES

205

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q11 How far do you agree or disagree that there should be restrictions on smoking in public places where there are, or are likely to be, children under the age of 16?

ATBANCH

206

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q12 When pubs and restaurants are smoke free, would you visit them...

ATBANVIS1

207

...more often than you do nowadays	1
...less often than you do nowadays	2
...or about the same as you do nowadays	3
I don't go to pubs or restaurants	4

IF YOU ARE A CURRENT CIGARETTE SMOKER ANSWER QUESTIONS Q13 TO Q16 BELOW, OTHERWISE PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS:

Q13 Will the smoking ban in **pubs** make you **cut down** on the number of cigarettes you smoke?

APUSMCT1

208

Yes	1
No	2

Q14 Will the smoking ban in **pubs** make you more likely to **stay at home** where you can smoke?

APUSMHM1

209

Yes [1]

No [2]

Q15 Will the smoking ban in **restaurants** make you **cut down** on the number of cigarettes you smoke?

ARESMCT1

210

Yes [1]

No [2]

Q16 Will the smoking ban in **restaurants** make you more likely to **stay at home** where you can smoke?

ARESMHM1

211

Yes [1]

No [2]

Spare 212-216

****STOP HERE****

THANK YOU FOR COMPLETING THE SMOKING SECTION

PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS

Attitudes towards Drinking

Q17 Have you heard of units of alcohol?

KNUNIT

217

Yes [1]

No [2] → **Go to Q23**

Q18 What **do you think** is the current official recommended maximum number of **units per day** for **men**?

KNUNMEN

Write in NUMBER 218-219 [ ] **Units per day**

OR tick

[98] **I don't know**

Q19 What **do you think** is the current official recommended maximum number of **units per day** for **women**?

KNUNWOM

Write in NUMBER 220-221 [ ] **Units per day**

OR tick

[98] **I don't know**

We are interested to know what people understand by a unit of alcohol.

Q20 How many units **do you think** there are in a glass of wine? (A small 125ml glass)

KNUNW125

Write in NUMBER 222 [ ] **Units**

OR tick

[8] **I don't know**

Q21 How many units **do you think** there are in a pint of normal strength beer?

KNUNNSBR

Write in NUMBER 223 [ ] **Units**

OR tick

[8] **I don't know**

Q22 How many units **do you think** there are in a single pub measure of spirits? For example whisky or gin.
KNUNSPIR

Write in NUMBER
224
[ ] **Units**

OR tick
[ ] 8 **I don't know**

Q23 How much do you agree or disagree with the following statement:
Some people I know would think it odd if I didn't drink alcohol at all.
ATODDTT

Tick ONE box
225

- Strongly agree [ ] 1
- Agree [ ] 2
- Neither agree nor disagree [ ] 3
- Disagree [ ] 4
- Strongly disagree [ ] 5
- I don't drink alcohol [ ] 6

Q24 Some people say that pubs and bars now being open for longer means that people will drink more alcohol. Others say that longer opening hours mean that people will drink the same amount of alcohol over a longer period of time. Which of the following statements comes closest to your views about this?
ATDNKHRS

Tick ONE box
226

- People will drink more alcohol [ ] 1
- People will drink the same amount of alcohol over a longer period of time [ ] 2
- There will be no change in the amount of alcohol people drink and the time they spend in pubs and bars [ ] 3
- I don't know what the effect will be [ ] 4

Q25 Here are some statements about drinking.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box for each row

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose	
a)	Getting drunk is a perfectly acceptable thing for people to do ADRUNKAC	1	2	3	4	5	8	227
b)	Drinking is a major part of the British way of life ADRNKBRIT	1	2	3	4	5	8	228
c)	It's easier to enjoy a social event if you've had a drink ADNKSOC	1	2	3	4	5	8	229
d)	There is nothing wrong with people getting drunk regularly ADRUNKRG	1	2	3	4	5	8	230
e)	Most people with serious drinking problems can never fully recover ADNKPROB	1	2	3	4	5	8	231
f)	People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain ADNKEUR	1	2	3	4	5	8	232
g)	The government should tax alcohol more heavily to encourage people to drink less ADNKTAX	1	2	3	4	5	8	233
h)	Most people with serious drinking problems have only themselves to blame ADNKBLME	1	2	3	4	5	8	234

Q26 Would you like to drink less than, more than or about the same amount of alcohol as you do at the moment? ATOWNDNK

Tick ONE box

235

Less 1

More 2

About the same 3

****STOP HERE****

THANK YOU FOR COMPLETING THE DRINKING SECTION

PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS

Attitudes towards Healthy Eating

Q27 Official guidelines measure the fruit and vegetables that people eat in terms of 'portions'.

a) Which of the following **do you think** make up **ONE** 'portion of fruit or vegetables'?

Please tick ALL that apply KPORTN

236-241

2 cherry tomatoes	1
1 apple	2
1 melon	3
4 grapes	4
1 jacket potato	5
2 tablespoons of carrots	6

b) How many portions of fruit and vegetables do you think **people should** eat everyday? AFVSHUD

242-243

Please write in NUMBER ☐☐ **per day**

OR tick 98 **I don't know**

Q28 Have you heard of the guidelines for salt intake? KSALGUID

244

Yes 1

No 2 → **Go to Q30**

Q29 What do you think is the official guideline for maximum daily salt intake? KSALTMAX

245-247

Please write in NUMBER ☐☐☐ **of grams per day**

OR tick 998 **I don't know**

Q30 **Thinking about adults**, please **circle** the number that indicates how important you think these are for their healthy eating.

		Very important	Quite important	Not very important	Not at all important	Can't choose	
a)	Limiting the amount of fat KETFATA	1	2	3	4	8	248
b)	Limiting the amount of saturated fat (found in meat and dairy products) KETSFATA	1	2	3	4	8	249
c)	Eating lots of red meat KETRMTA	1	2	3	4	8	250
d)	Limiting sugar (sweets, chocolates, biscuits) KETSUGA	1	2	3	4	8	251
e)	Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix) KETWGRNA	1	2	3	4	8	252
f)	Limiting the amount of cholesterol (such as in eggs) KETEGGA	1	2	3	4	8	253
g)	Drinking lots of milk KETMILKA	1	2	3	4	8	254
h)	Eating lots of fruit and vegetables KETFVA	1	2	3	4	8	255
i)	Limiting salt KETSALTA	1	2	3	4	8	256
j)	Taking vitamin supplements KETVITA	1	2	3	4	8	257
k)	Drinking lots of water KETWATA	1	2	3	4	8	258
l)	Eating a balanced diet KETBALDA	1	2	3	4	8	259
m)	Eating lots of pulses (such as soya beans, lentils or chickpeas) KETPULA	1	2	3	4	8	260

Q31 **Thinking about children**, please **circle** the number that indicates how important you think these are for their healthy eating.

		Very important	Quite important	Not very important	Not at all important	Can't choose	
a)	Limiting the amount of fat KETFATC	1	2	3	4	8	261
b)	Limiting the amount of saturated fat (found in meat and dairy products) KETSFATC	1	2	3	4	8	262
c)	Eating lots of red meat KETRMTC	1	2	3	4	8	263
d)	Limiting sugar (sweets, chocolates, biscuits) KETSUGC	1	2	3	4	8	264
e)	Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix) KETWGRNC	1	2	3	4	8	265
f)	Limiting the amount of cholesterol (such as in eggs) KETEGGC	1	2	3	4	8	266
g)	Drinking lots of milk KETMILKC	1	2	3	4	8	267
h)	Eating lots of fruit and vegetables KETFVC	1	2	3	4	8	268
i)	Limiting salt KETSALTC	1	2	3	4	8	269
j)	Taking vitamin supplements KETVITC	1	2	3	4	8	270
k)	Drinking lots of water KETWATC	1	2	3	4	8	271
l)	Eating a balanced diet KETBALDC	1	2	3	4	8	272
m)	Eating lots of pulses (such as soya beans, lentils or chickpeas) KETPULC	1	2	3	4	8	273

Q32 Here are some statements about eating.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box per row

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose
a)	The tastiest foods are the ones that are bad for you ASTEBAD	1	2	3	4	5	8 274
b)	AHELFENJ Healthy foods are enjoyable	1	2	3	4	5	8 275
c)	I get confused over what's supposed to be healthy and what isn't AHELFCNF	1	2	3	4	5	8 276
d)	I really care about what I eat ACAREEAT	1	2	3	4	5	8 277
e)	Healthy eating is just another fad AHLETFAD	1	2	3	4	5	8 278
f)	If you do enough exercise you can eat whatever you like AETWHATR	1	2	3	4	5	8 279

Q33 Overall, would you say that what you usually eat is...

AGENEAT

280

Very healthy 1 → **Go to Q36**

Quite healthy 2

Not very healthy 3

Very unhealthy 4

Q34 Would you like to eat more healthily than you do at the moment?

AEMORHEL

281

Yes 1

No 2 → **Go to Q36**

Don't know 8

Q35 Which of these statements applies to you:

AEHELFUT

282

I'm unlikely ever to eat more healthily [1]

I expect to eat more healthily within the next year [2]

I expect to eat more healthily but not in the next year [3]

I don't know [8]

Q36 In what ways could **you** improve what you eat?

a) I could improve what I eat by **eating less**:

Tick ALL that apply

AEATLES

283-288

generally [1]

convenience foods, fast foods, takeaways [2]

red meat (fatty meat) [3]

sugar, sweets, chocolates, biscuits, cakes [4]

salty snacks, crisps [5]

fried foods [6]

none, no changes necessary [7]

b) I could improve what I eat by **switching to:**

Tick ALL that apply

AESWTCH

289-293

lower fat food [1]

lean meats [2]

low fat spreads & unsaturated fats (Flora, sunflower oil, olive oil etc) [3]

food made with fresh fruit & vegetables [4]

skimmed or semi-skimmed milk [5]

none, no changes necessary [6]

Q36 I could improve what I eat by **eating more:**
c) AEATMOR

Tick ALL that apply

294-299

generally	1
high fibre food (such as granary or wholemeal bread, pulses, bran cereals)	2
starchy food (rice, pasta, potatoes, bread, cereals)	3
fruit, vegetables, salad	4
unbattered fish	5
lean meat	6
none, no changes necessary	7

Q37 Overall, how easy or difficult would you find it to make these improvements to the way **you** eat?

AETIMPRV

300

Very easy	1
Quite easy	2
Quite difficult	3
Very difficult	4
No changes necessary	5 → **Go to Q40**

Q38 What would stop you making these improvements to the way you eat?

Tick ALL that apply

ASTPHE

301-320

It costs too much	01
I don't have enough time	02
I don't have the cooking ability	03
I eat what I'm given	04
It doesn't satisfy hunger	05
I don't like healthy foods	06
My family won't eat healthy foods	07
It is hard to change my eating habits	08
I am not motivated to	09
Something else	10
None of these	11

Q39 What would encourage you to make these improvements to the way you eat? AENCHE

Tick ALL that apply

321-342

Advice from doctor or nurse	01
Advice from family member	02
My own ill health	03
Family member's ill health	04
Increased income	05
Lower cost of food	06
Better access to shops and supermarkets	07
Clearer advice from the government	08
Clearer labelling of foods	09
Being motivated to	10
Something else	11

12

Attitudes towards Physical Activity

In this section we use the terms **physical activity, exercise and sport**.

Our definitions are given below:

Physical activity means a wide range of activities involving movement including housework such as vacuuming and digging the garden, active hobbies, walking and cycling, dancing, exercise such as swimming or going to the gym, and sport. It includes movement done as part of a job such as walking, lifting and carrying.

Exercise means a type of physical activity which is more structured and planned for the purpose of improving health and fitness.

Sport means a type of physical activity which is structured. It is often used to describe exercise which has rules such as football, martial arts, or competitive swimming.

Q40 You may have heard about official recommended levels of physical activity. Which of the following statements applies to you?
KPAGUID

Tick ONE box

343

I know what the recommended level of physical activity is 1

I have heard of the recommended level of physical activity but don't know what it is 2

I have not heard about the recommended level of physical activity 3

Q41 How many days a week do you think **people of your age should** do physical activity?

Include all moderate physical activity, including physical activity as part of a job.
By week we mean the whole week including weekends.
KPADAYS

344

Please write in NUMBER ____ **Days**

OR TICK I don't know 8

Q42 On each of the days **someone of your age** does moderate physical activity, how many **minutes a day** should they do it for it to be good for their health? KPAMINS

345-347

Please write in NUMBER ____ **Minutes per day**

OR TICK I don't know 998

Q43 Here are some statements about physical activity and exercise.

Please indicate how strongly you agree or disagree with the statements.
ATPHYSA

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose
a)	You can get enough physical activity in your daily life without doing sport or exercise such as jogging or going to the gym	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8 348
b)	Physical activity is good for your health even if it is only for 10 minutes at a time	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8 349
c)	Physical activity is good for your health even if it is moderate, such as walking briskly, gardening (for example digging) and housework (for example vacuuming)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8 350
d)	Physical activity is better for your health if you keep it up for at least 30 minutes at a time	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8 351
e)	Physical activity is better for your health if it gets you out of breath	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8 352

Q44 There are many reasons for taking part in physical activity, exercise or sport. Which, if any, on the following list apply **to you**?

ARESPA

	Tick ALL that apply 353-378
I don't participate in any physical activity	01 → **Go to Q45**
To release tension or relax	02
To be out of doors	03
To maintain good health	04
To socialise with other people	05
To lose or control weight	06
I have a physically demanding job	07
To have fun or adventure or excitement	08
To get or feel fit	09
To gain a sense of achievement	10
To enjoy the competition	11
To work harder or concentrate better	12
I have to walk or cycle to get around	13
Something else	14

Q45 Compared to other people of your own age would you describe yourself as...

AOWNPHYA

Tick ONE box

379

Very physically active	1
Fairly physically active	2
Not very physically active	3
Not at all physically active	4 → **Go to Q48**

Q46 Which of the following activities do you think contribute most to keeping **you** fit?

AFIT

Tick ALL that apply

380-403

Walking or cycling to get around	01
Climbing stairs instead of taking a lift or escalator	02
Keeping active at home with housework, gardening or childcare	03
Having a physically active job	04
Going for walks or going hiking	05
Going out for cycle rides or going mountain biking	06
Going to the gym	07
Going jogging, running or swimming	08
Playing golf	09
Taking part in sport	10
Doing keep fit, exercise or dance	11
Something else	12

Q47 Do you think you do enough physical activity, exercise, or sport to keep you as fit as you would like?

AOWNFIT

404

Yes	1
No	2

Q48 Would you like to do more exercise or physical activity than you do at the moment?

ADOMORPA

405

Yes 1

No 2 → **Go to Q51**

At the moment I am unable to 3

Q49 Which of the following statements best describes you?

APAFUTR

Tick ONE box

406

I'm unlikely ever to do more physical activity, exercise or sport 1 → **Go to Q51**

I expect to do more physical activity, exercise or sport in the next year 2

I expect to do more physical activity, exercise or sport but not in the next year 3

I don't know 8

Q50 Which types of physical activity, exercise or sport do you expect to take more of in the future?

APAFUT

Tick ALL that apply

407-430

Walking or cycling to get around 01

Climbing stairs instead of taking a lift or escalator 02

Keeping active at home with housework, gardening or childcare 03

Having a physically active job 04

Going for walks or going hiking 05

Going out for cycle rides or going mountain biking 06

Going to the gym 07

Going jogging, running or swimming 08

Playing golf 09

Taking part in sport 10

Doing keep fit, exercise or dance 11

Something else 12

Q51 What **stops** you from doing more physical activity, exercise or sport than you do now?

ASTPPA

	Tick ALL that apply (431-448)	
I don't need to do more	01	→ **Go to the end**
My work commitments	02	
I don't have enough leisure time	03	
Caring for children or older people	04	
I have no one to exercise with	05	
I don't have enough money	06	
There are no suitable places to do it in my area	07	
I haven't got the right clothes or equipment	08	
Poor health or physical limitations	09	
I have injuries which prevent me	10	
None of these	11	

Q52 Many other factors can prevent people from doing more physical activity, exercise or sport. From the following list which, if any, apply **to you**?

APRVPA

	Tick ALL that apply 449-468
I'm not the sporty type	01
I'm too shy or embarrassed	02
I'm worried about injury	03
I'm too old	04
I prefer to do other things	05
I think exercise is a waste of time	06
I'm too overweight	07
I am not motivated to do more	08
I don't enjoy physical activity	09
Something else	10
None of these	11
Don't know	98

Q53 What would encourage you to do more physical activity, exercise or sport?

AENCPA

	Tick ALL that apply 469-490
I don't need to do more	01
Advice from a doctor or a nurse	02
Advice from a family member	03
My own ill health	04
Family member's ill health	05
Increased income	06
More leisure time	07
Self-motivation	08
Having someone to do it with	09
Having a physical activity I am capable of	10
Clearer advice from the government	11
Something else	12
None of these	13

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NatCen
National Centre for Social Research

The Health Survey for England

On behalf of The Information Centre for health & social care

UCL

P2727

Health Survey for England 2007

Booklet for Adults (up to age 64)

In Confidence

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

First name:

Spare	Card	Version	Spare
	3 1	2 2	
9-11	12-15		16-20

Survey month:

Example Questions : How to fill in this questionnaire

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

		Tick ONE box			
		Very healthy life	**Fairly healthy life**	**Not very healthy life**	**An unhealthy life**
Example 1	Do you feel that you lead a...		3		

Some questions might ask you to circle an answer instead of ticking a box.

Example 2 The questions in this booklet can be answered by simply circling the number below the answer that applies.

	Circle one answer			
	Very healthy life	**Fairly healthy life**	**Not very healthy life**	**An unhealthy life**
Do you feel that you lead a ...	1	(2)	3	4

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

	Tick ONE box	
Example 3: Would you like to lead a healthier life than you do now?	Yes 3 →	**GO TO Q5**
	No →	**GO TO Q4**

By following the arrows carefully, you will miss out the questions that do not apply to you.

Attitudes towards Smoking

Q1 In general, do you mind if other people smoke near you?

Spare 21-153

ATSMOKNR

154

Yes 1

No 2

It depends 3

Q2 How much, if at all, do you think breathing in other people's smoke affects the health of **adults** who are exposed to it?

KNSMHLAD

155

A great deal 1

A fair amount 2

Just a little 3

Not at all 4 → **Go to Q4**

I don't know 8

Q3 In what ways would you say breathing in other people's smoke affects the health of **adults**?

KSMHLA

Tick ALL that apply

156-173

Causes breathlessness 01

Causes coughing 02

Causes wheezing 03

Causes people to get asthma or makes asthma worse 04

Makes people more prone to chest infections or bronchitis 05

Makes people less fit than they used to be 06

Makes people more likely to suffer from cancer 07

Makes people more likely to suffer from another serious illness (such as heart disease or stroke) 08

Something else 09

I don't know 98

Q4 How much, if at all, do you think breathing in other people's smoke affects the health of **children** under the age of 16?

KNSMHLCH

174

A great deal	1
A fair amount	2
Just a little	3
Not at all	4
I don't know	8

→ **Go to Q6**

Q5 In what ways would you say breathing in other people's smoke affects the health of **children** under the age of 16?

KSMHLC

Tick ALL that apply

175-194

Causes breathlessness	01
Causes coughing	02
Causes wheezing	03
Causes children to get asthma or makes asthma worse	04
Makes children more prone to chest infections or bronchitis	05
Makes children more likely to suffer from cancer	06
Makes children more likely to suffer from another serious illness (such as heart disease or stroke)	07
Makes children less likely to grow well	08
Causes ear infections and glue ear	09
Something else	10
I don't know	98

Q6 Are there any rules about whether people should smoke in your home or where they should smoke? ATSMRULE

195

Yes	1
No	2
I don't know	8

Q7 If you did not want visitors to smoke in your home how confident would you feel about asking them not to? ATSMHOME

196

Very confident	1	→ **Go to Q9**
Fairly confident	2	
Not very confident	3	
Not at all confident	4	
I don't know	8	→ **Go to Q9**

Q8 Why would you not feel confident about asking visitors not to smoke in your home? ATSMHOM

Tick ALL that apply

197-203

It's not up to me to decide who smokes here	1
I feel too embarrassed to ask	2
I don't want to be bossy	3
I don't want to make a fuss	4
I don't want to offend people	5
I don't want to be unfriendly	6
Something else	7

Q9 How far do you agree or disagree with the total ban on smoking inside **pubs**?

ATBANPUB

204

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q10 How far do you agree or disagree with the total ban on smoking inside **restaurants**?

ATBANRES

205

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q11 How far do you agree or disagree that there should be restrictions on smoking in public places where there are, or are likely to be, children under the age of 16?

ATBANCH

206

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Spare 207-211

Q12 Now that pubs and restaurants are smoke free, would you visit them...

ATBANVIS2

212

...more often than you used to	1
...less often than you used to	2
...or about the same as you used to	3
I don't go to pubs or restaurants	4

IF YOU ARE A CURRENT CIGARETTE SMOKER ANSWER QUESTIONS Q13 TO Q16 BELOW, OTHERWISE PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS:

Q13 Has the smoking ban in **pubs** made you **cut down** on the number of cigarettes you smoke?

APUSMCT2

213

Yes	1
No	2

Q14 Has the smoking ban in **pubs** made you more likely to **stay at home** where you can smoke?

APUSMHM2

214

Yes [1]

No [2]

Q15 Has the smoking ban in **restaurants** made you **cut down** on the number of cigarettes you smoke?

ARESMCT2

215

Yes [1]

No [2]

Q16 Has the smoking ban in **restaurants** made you more likely to **stay at home** where you can smoke?

ARESMHM2

216

Yes [1]

No [2]

****STOP HERE****

THANK YOU FOR COMPLETING THE SMOKING SECTION

PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS

Attitudes towards Drinking

Q17 Have you heard of units of alcohol?

KNUNIT

217

Yes ☐ 1

No ☐ 2 → **Go to Q23**

Q18 What **do you think** is the current official recommended maximum number of **units per day** for **men**?

KNUNMEN

Write in NUMBER 218-219 ☐ **Units per day**

OR tick ☐ 98 **I don't know**

Q19 What **do you think** is the current official recommended maximum number of **units per day** for **women**?

KNUNWOM

Write in NUMBER 220-221 ☐ **Units per day**

OR tick ☐ 98 **I don't know**

We are interested to know what people understand by a unit of alcohol.

Q20 How many units **do you think** there are in a glass of wine? (A small 125ml glass)

KNUNW125

Write in NUMBER 222 ☐ **Units**

OR tick ☐ 8 **I don't know**

Q21 How many units **do you think** there are in a pint of normal strength beer?

KNUNNSBR

Write in NUMBER 223 ☐ **Units**

OR tick ☐ 8 **I don't know**

Q22 How many units **do you think** there are in a single pub measure of spirits? For example whisky or gin.
KNUNSPIR

Write in NUMBER		OR tick	
224			
	Units	8	**I don't know**

Q23 How much do you agree or disagree with the following statement:
Some people I know would think it odd if I didn't drink alcohol at all.
ATODDTT

Tick ONE box
225

Strongly agree	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Strongly disagree	5
I don't drink alcohol	6

Q24 Some people say that pubs and bars now being open for longer means that people will drink more alcohol. Others say that longer opening hours mean that people will drink the same amount of alcohol over a longer period of time. Which of the following statements comes closest to your views about this?
ATDNKHRS

Tick ONE box
226

People will drink more alcohol	1
People will drink the same amount of alcohol over a longer period of time	2
There will be no change in the amount of alcohol people drink and the time they spend in pubs and bars	3
I don't know what the effect will be	4

Q25 Here are some statements about drinking.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box for each row

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose	
a)	Getting drunk is a perfectly acceptable thing for people to do ADRUNKAC	1	2	3	4	5	8	227
b)	Drinking is a major part of the British way of life ADRNKBRIT	1	2	3	4	5	8	228
c)	It's easier to enjoy a social event if ADNKSOC you've had a drink	1	2	3	4	5	8	229
d)	There is nothing wrong with people ADRUNKRG getting drunk regularly	1	2	3	4	5	8	230
e)	Most people with serious drinking ADNKPROB problems can never fully recover	1	2	3	4	5	8	231
f)	People in some other parts of Europe tend to drink alcohol more sensibly than ADNKEUR people in Britain	1	2	3	4	5	8	232
g)	The government should tax alcohol more heavily to encourage people to drink less ADNKTAX	1	2	3	4	5	8	233
h)	Most people with serious drinking problems have only themselves to blame ADNKBLME	1	2	3	4	5	8	234

Q26 Would you like to drink less than, more than or about the same amount of alcohol as you do at the moment? ATOWNDNK

Tick ONE box

235

Less 1

More 2

About the same 3

****STOP HERE****

THANK YOU FOR COMPLETING THE DRINKING SECTION

PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS

Attitudes towards Healthy Eating

Q27 Official guidelines measure the fruit and vegetables that people eat in terms of 'portions'.

a) Which of the following **do you think** make up **ONE** 'portion of fruit or vegetables'?

Please tick ALL that apply KPORTN

236-241

2 cherry tomatoes	1
1 apple	2
1 melon	3
4 grapes	4
1 jacket potato	5
2 tablespoons of carrots	6

b) How many portions of fruit and vegetables do you think **people should** eat everyday?
AFVSHUD

242-243

Please write in NUMBER ____ **per day**

OR tick 98 **I don't know**

Q28 Have you heard of the guidelines for salt intake?
KSALGUID

244

Yes 1

No 2 → **Go to Q30**

Q29 What do you think is the official guideline for maximum daily salt intake?
KSALTMAX

245-247

Please write in NUMBER ____ **of grams per day**

OR tick 998 **I don't know**

Q30 **Thinking about adults**, please **circle** the number that indicates how important you think these are for their healthy eating.

		Very important	Quite important	Not very important	Not at all important	Can't choose	
a)	Limiting the amount of fat KETFATA	1	2	3	4	8	248
b)	Limiting the amount of saturated fat (found in meat and dairy products) KETSFATA	1	2	3	4	8	249
c)	Eating lots of red meat KETRMTA	1	2	3	4	8	250
d)	Limiting sugar (sweets, chocolates, biscuits) KETSUGA	1	2	3	4	8	251
e)	Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix) KETWGRNA	1	2	3	4	8	252
f)	Limiting the amount of cholesterol (such as in eggs) KETEGGA	1	2	3	4	8	253
g)	Drinking lots of milk KETMILKA	1	2	3	4	8	254
h)	Eating lots of fruit and vegetables KETFVA	1	2	3	4	8	255
i)	Limiting salt KETSALTA	1	2	3	4	8	256
j)	Taking vitamin supplements KETVITA	1	2	3	4	8	257
k)	Drinking lots of water KETWATA	1	2	3	4	8	258
l)	Eating a balanced diet KETBALDA	1	2	3	4	8	259
m)	Eating lots of pulses (such as soya beans, lentils or chickpeas) KETPULA	1	2	3	4	8	260

Q31 **Thinking about children**, please **circle** the number that indicates how important you think these are for their healthy eating.

		Very important	Quite important	Not very important	Not at all important	Can't choose	
a)	Limiting the amount of fat KETFATC	1	2	3	4	8	261
b)	Limiting the amount of saturated fat (found in meat and dairy products) KETSFATC	1	2	3	4	8	262
c)	Eating lots of red meat KETRMTC	1	2	3	4	8	263
d)	Limiting sugar (sweets, chocolates, biscuits) KETSUGC	1	2	3	4	8	264
e)	Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix) KETWGRNC	1	2	3	4	8	265
f)	Limiting the amount of cholesterol (such as in eggs) KETEGGC	1	2	3	4	8	266
g)	Drinking lots of milk KETMILKC	1	2	3	4	8	267
h)	Eating lots of fruit and vegetables KETFVC	1	2	3	4	8	268
i)	Limiting salt KETSALTC	1	2	3	4	8	269
j)	Taking vitamin supplements KETVITC	1	2	3	4	8	270
k)	Drinking lots of water KETWATC	1	2	3	4	8	271
l)	Eating a balanced diet KETBALDC	1	2	3	4	8	272
m)	Eating lots of pulses (such as soya beans, lentils or chickpeas) KETPULC	1	2	3	4	8	273

Q32 Here are some statements about eating.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box per row

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose	
a)	The tastiest foods are the ones that are bad for you ASTEBAD	1	2	3	4	5	8	274
b)	AHELFENJ Healthy foods are enjoyable	1	2	3	4	5	8	275
c)	I get confused over what's supposed to be healthy and what isn't AHELFCNF	1	2	3	4	5	8	276
d)	I really care about what I eat ACAREEAT	1	2	3	4	5	8	277
e)	Healthy eating is just another fad AHLETFAD	1	2	3	4	5	8	278
f)	If you do enough exercise you can eat whatever you like AETWHATR	1	2	3	4	5	8	279

Q33 Overall, would you say that what you usually eat is...

AGENEAT

280

- Very healthy 1 → **Go to Q36**
- Quite healthy 2
- Not very healthy 3
- Very unhealthy 4

Q34 Would you like to eat more healthily than you do at the moment?

AEMORHEL

281

- Yes 1
- No 2 → **Go to Q36**
- Don't know 8 → **Go to Q36**

Q35 Which of these statements applies to you:

		282
AEHELFUT	I'm unlikely ever to eat more healthily	1
	I expect to eat more healthily within the next year	2
	I expect to eat more healthily but not in the next year	3
	I don't know	8

Q36 In what ways could **you** improve what you eat?

a) I could improve what I eat by **eating less**:

Tick ALL that apply

		283-288
AEATLES	generally	1
	convenience foods, fast foods, takeaways	2
	red meat (fatty meat)	3
	sugar, sweets, chocolates, biscuits, cakes	4
	salty snacks, crisps	5
	fried foods	6
	none, no changes necessary	7

b) I could improve what I eat by **switching to:**

Tick ALL that apply

		289-293
AESWTCH	lower fat food	1
	lean meats	2
	low fat spreads & unsaturated fats (Flora, sunflower oil, olive oil etc)	3
	food made with fresh fruit & vegetables	4
	skimmed or semi-skimmed milk	5
	none, no changes necessary	6

Q36 I could improve what I eat by **eating more:**
c) AEATMOR

Tick ALL that apply

294-299

Zgenerally	1
high fibre food (such as granary or wholemeal bread, pulses, bran cereals)	2
starchy food (rice, pasta, potatoes, bread, cereals)	3
fruit, vegetables, salad	4
unbattered fish	5
lean meat	6
none, no changes necessary	7

Q37 Overall, how easy or difficult would you find it to make these improvements to the way **you** eat?

AETLMPRV

300

Very easy	1
Quite easy	2
Quite difficult	3
Very difficult	4
No changes necessary	5 → **Go to Q40**

Q38 What would **stop** you making these improvements to the way **you** eat?

Tick ALL that apply

ASTPHE

301-320

It costs too much	01
I don't have enough time	02
I don't have the cooking ability	03
I eat what I'm given	04
It doesn't satisfy hunger	05
I don't like healthy foods	06
My family won't eat healthy foods	07
It is hard to change my eating habits	08
I am not motivated to	09
Something else	10
None of these	11

Q39 What would encourage you to make these improvements to the way you eat? AENCHE

Tick ALL that apply

321-342

Advice from doctor or nurse	01
Advice from family member	02
My own ill health	03
Family member's ill health	04
Increased income	05
Lower cost of food	06
Better access to shops and supermarkets	07
Clearer advice from the government	08
Clearer labelling of foods	09
Being motivated to	10
Something else	11

12

Attitudes towards Physical Activity

In this section we use the terms **physical activity, exercise and sport**.

Our definitions are given below:

Physical activity means a wide range of activities involving movement including housework such as vacuuming and digging the garden, active hobbies, walking and cycling, dancing, exercise such as swimming or going to the gym, and sport. It includes movement done as part of a job such as walking, lifting and carrying.

Exercise means a type of physical activity which is more structured and planned for the purpose of improving health and fitness.

Sport means a type of physical activity which is structured. It is often used to describe exercise which has rules such as football, martial arts, or competitive swimming.

Q40 You may have heard about official recommended levels of physical activity. Which of the following statements applies to you?
KPAGUID

Tick ONE box

343

I know what the recommended level of physical activity is [1]

I have heard of the recommended level of physical activity but don't know what it is [2]

I have not heard about the recommended level of physical activity [3]

Q41 How many days a week do you think **people of your age should** do physical activity?

Include all moderate physical activity, including physical activity as part of a job.
By week we mean the whole week including weekends.
KPADAYS

344

Please write in NUMBER [ ] **Days**

OR TICK I don't know [8]

Q42 On each of the days **someone of your age** does moderate physical activity, how many **minutes a day** should they do it for it to be good for their health? KPAMINS

345-347

Please write in NUMBER [ ] **Minutes per day**

OR TICK I don't know [998]

Q43 Here are some statements about physical activity and exercise.

Please indicate how strongly you agree or disagree with the statements.
ATPHYSA

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose	
a)	You can get enough physical activity in your daily life without doing sport or exercise such as jogging or going to the gym	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8	348
b)	Physical activity is good for your health even if it is only for 10 minutes at a time	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8	349
c)	Physical activity is good for your health even if it is moderate, such as walking briskly, gardening (for example digging) and housework (for example vacuuming)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8	350
d)	Physical activity is better for your health if you keep it up for at least 30 minutes at a time	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8	351
e)	Physical activity is better for your health if it gets you out of breath	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8	352

Q44 There are many reasons for taking part in physical activity, exercise or sport. Which, if any, on the following list apply **to you**?

ARESPA

	Tick ALL that apply 353-378	
I don't participate in any physical activity	01	→ **Go to Q45**
To release tension or relax	02	
To be out of doors	03	
To maintain good health	04	
To socialise with other people	05	
To lose or control weight	06	
I have a physically demanding job	07	
To have fun or adventure or excitement	08	
To get or feel fit	09	
To gain a sense of achievement	10	
To enjoy the competition	11	
To work harder or concentrate better	12	
I have to walk or cycle to get around	13	
Something else	14	

Q45 Compared to other people of your own age would you describe yourself as...

AOWNPHYA

Tick ONE box

379

Very physically active	1
Fairly physically active	2
Not very physically active	3
Not at all physically active	4 → **Go to Q48**

Q46 Which of the following activities do you think contribute most to keeping **you** fit?

AFIT

Tick ALL that apply

380-403

Walking or cycling to get around	01
Climbing stairs instead of taking a lift or escalator	02
Keeping active at home with housework, gardening or childcare	03
Having a physically active job	04
Going for walks or going hiking	05
Going out for cycle rides or going mountain biking	06
Going to the gym	07
Going jogging, running or swimming	08
Playing golf	09
Taking part in sport	10
Doing keep fit, exercise or dance	11
Something else	12

Q47 Do you think you do enough physical activity, exercise, or sport to keep you as fit as you would like?

AOWNFIT

404

Yes	1
No	2

Q48 Would you like to do more exercise or physical activity than you do at the moment?

ADOMORPA

405

Yes 1

No 2 → **Go to Q51**

At the moment I am unable to 3

Q49 Which of the following statements best describes you?

APAFUTR

Tick ONE box

406

I'm unlikely ever to do more physical activity, exercise or sport 1 → **Go to Q51**

I expect to do more physical activity, exercise or sport in the next year 2

I expect to do more physical activity, exercise or sport but not in the next year 3

I don't know 8

Q50 Which types of physical activity, exercise or sport do you expect to take more of in the future?

APAFUT

Tick ALL that apply

407-430

Walking or cycling to get around 01

Climbing stairs instead of taking a lift or escalator 02

Keeping active at home with housework, gardening or childcare 03

Having a physically active job 04

Going for walks or going hiking 05

Going out for cycle rides or going mountain biking 06

Going to the gym 07

Going jogging, running or swimming 08

Playing golf 09

Taking part in sport 10

Doing keep fit, exercise or dance 11

Something else

12

Q51 What **stops** you from doing more physical activity, exercise or sport than you do now?

ASTPPA

Tick ALL that apply

431-448

I don't need to do more	01 → **Go to the end**
My work commitments	02
I don't have enough leisure time	03
Caring for children or older people	04
I have no one to exercise with	05
I don't have enough money	06
There are no suitable places to do it in my area	07
I haven't got the right clothes or equipment	08
Poor health or physical limitations	09
I have injuries which prevent me	10
None of these	11

Q52 Many other factors can prevent people from doing more physical activity, exercise or sport. From the following list which, if any, apply **to you**?

APRVPA

	Tick ALL that apply 449-468
I'm not the sporty type	01
I'm too shy or embarrassed	02
I'm worried about injury	03
I'm too old	04
I prefer to do other things	05
I think exercise is a waste of time	06
I'm too overweight	07
I am not motivated to do more	08
I don't enjoy physical activity	09
Something else	10
None of these	11
Don't know	98

Q53 What would encourage you to do more physical activity, exercise or sport?

AENCPA

	Tick ALL that apply 469-490
I don't need to do more	01
Advice from a doctor or a nurse	02
Advice from a family member	03
My own ill health	04
Family member's ill health	05
Increased income	06
More leisure time	07
Self-motivation	08
Having someone to do it with	09
Having a physical activity I am capable of	10
Clearer advice from the government	11
Something else	12
None of these	13

Thank you for answering these questions.

Please give the booklet back to the interviewer.

The Health Survey for England

On behalf of The Information Centre for health & social care

P2727

Health Survey for England 2007

Booklet for Young Adults

In Confidence

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

First name:

Spare	Card	Version	Spare
	3 1 1 1		
9-11	12-15		16-20

Survey month:

Example Questions : How to fill in this questionnaire

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

		Tick ONE box			
		Very healthy life	**Fairly healthy life**	**Not very healthy life**	**An unhealthy life**
Example 1	Do you feel that you lead a...		3		

Some questions might ask you to circle an answer instead of ticking a box.

Example 2 The questions in this booklet can be answered by simply circling the number below the answer that applies.

	Circle one answer			
	Very healthy life	**Fairly healthy life**	**Not very healthy life**	**An unhealthy life**
Do you feel that you lead a ...	1	(2)	3	4

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

		Tick ONE box	
Example 3: Would you like to lead a healthier life than you do now?	Yes	3 →	**GO TO Q5**
	No	→	**GO TO Q4**

By following the arrows carefully, you will miss out the questions that do not apply to you.

Smoking

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

DSMOKEVR

Tick ONE box

21

Yes [1]

No [2] → **Go to Q12 on page 4**

Q2 Have you ever smoked a cigarette?

DSMOKCIG

Tick ONE box

22

Yes [1]

No [2] → **Go to Q12 on page 4**

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

DCIGAGE **Write in how old you were then**

23-24 [ ]

Q4 Do you smoke cigarettes at all nowadays?

DSMOKNOW

Tick ONE box

25

Yes [1] → **Go to Q7**

No [2]

Q5 Why did you decide to give up smoking?

Tick ALL that apply
26-43

DQTRES

Advice from a GP/health professional	01
Advert for a nicotine replacement product	02
Government TV, radio or press advert	03
Hearing about a new stop smoking treatment	04
Financial reasons (couldn't afford it)	05
Because of the forthcoming ban on smoking in all public places, including pubs and restaurants	06
I knew someone else who was stopping	07
Seeing a health warning on a cigarette packet	08
Family or friends wanted me to stop	09
Being contacted by my local NHS Stop Smoking Services	10
Health problems I had at the time	11
Worried about future health problems	12
Pregnancy	13
Worried about the effect on my children	14
Worried about the effect on other family members	15
My own motivation	16
Something else	17
Cannot remember	98

Q6 Did you smoke cigarettes regularly or occasionally?

Tick ONE box
44

DSMOKREG

Regularly, that is at least one cigarette a day	1	
Occasionally	2	**Go to Q12 on page 4**
I never really smoked cigarettes, just tried them once or twice	3	

CURRENT SMOKERS

Q7 About how many cigarettes a day do you usually smoke on weekdays?

DDLYSMOK **Write in number smoked a day** 45-46 ☐☐

Q8 And about how many cigarettes a day do you usually smoke at weekends?

DWKNDSMO **Write in number smoked a day** 47-48 ☐☐

Q9 Do you mainly smoke ...

DCIGTYPE **Tick ONE box** 49

- filter-tipped cigarettes, ☐ 1
- plain or untipped cigarettes, ☐ 2
- or hand-rolled cigarettes? ☐ 3

Q10 Would you like to give up smoking altogether?

DGIVEUP **Tick ONE box** 50

- Yes ☐ 1
- No ☐ 2 → **Go to Q12**

Q11 What are your main reasons for wanting to give up?

DYGVUP **Tick ALL that apply** 51-66

- Because of a health problem I have at present ☐ 01
- Better for my health in general ☐ 02
- Less risk of getting smoking related illnesses ☐ 03
- Family/friends wanted me to stop ☐ 04
- Financial reasons (couldn't afford it) ☐ 05
- Worried about the effect on my children ☐ 06
- Because of the forthcoming ban on smoking in all public places ☐ 07
- Other ☐ 08

EVERYONE PLEASE ANSWER

Q12 Did your father ever smoke regularly when you were a child?

Tick ONE box

67

DPAREG

Yes	1
No	2
Don't know	8

Q13 Did your mother ever smoke regularly when you were a child?

Tick ONE box

68

DMAREG

Yes	1
No	2
Don't know	8

Q14 In most weeks, how many hours a week are you exposed to other people's tobacco smoke?

DEXPSM

Number of hours a week 69-71

Write in

Q15 a) Do you find that you are often near people who are smoking in any of these places?

Please tick <u>all</u> the places where you are often near people who are smoking

Tick <u>ALL</u> boxes which apply

72-77

DNRSMO

At home	1
At work	2
On buses or trains	3
In other people's homes	4
In pubs	5
In other places	6
No, none of these	7 → **Go to Q16 on page 5**

Q15 b) Does this bother you?

DSMKBTHR

Tick ONE box

78

Yes [1]

No [2]

Spare 49-51

Drinking

Q16 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

DDRINK

Tick ONE box

79

Yes [1] → **Go to Q19**

No [2]

Q17 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?

DDRINKAN

Tick ONE box

80

Very occasionally [1]

Never [2] → **Go to Q18**

Q18 Have you always been a non-drinker or did you stop drinking for some reason?

DALWAYTT

Tick ONE box

81

Always a non-drinker [1]

Used to drink but stopped [2]

→ **Go to Q24 on page 8**

Q19 How old were you the first time you ever had a proper alcoholic drink?

DDRINKAG

Write in how old you were then

82-83

Q20 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

DDRINKOF

Tick ONE box
84-85

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
Once every couple of months	06
Once or twice a year	07
Not all in the last 12 months	08

Q21 Did you have an alcoholic drink in the seven days ending yesterday?

DDRINKL7

Tick ONE box
86

Yes	1	
No	2	→ **Go to Q24 on page 8**

Q22 On how many days out of the last seven did you have an alcoholic drink?

DDRNKDAY

Tick ONE box
87

One	1
Two	2
Three	3
Four	4
Five	5
Six	6
Seven	7

Q23 Please think about the day in the last week on which you drank the most. (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 on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

TICK ALL DRINKS DRUNK ON THAT DAY	88-103	**WRITE IN HOW MUCH DRUNK ON THAT DAY**				
		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles	
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy. DDKTYP01	01		NBERQPT7	DNBL7Q2	DNBL7Q3	104-111
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White) DDKTYP02	02		SBERQPT7	DSBL7Q2	DSBL7Q3	112-119
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails DDKTYP03	03	DSPIRLQ				120-121
Sherry or martini (including port, vermouth, cinzano, dubonnet) DDKTYP04	04	DSHRLQ				122-123
Alcoholic soft drink ('alcopop') such as Hooch, or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice DDKTYP05	05				DPOPSL7Q	124-125
		Large glasses (250ml)	Standard Glasses (175ml)	Small Glasses (125ml)	Bottles (750ml)	
Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle DDKTYP06	06	DW250ML	DW175ML	DW125ML	DWBTL	126-133
Other kinds of alcoholic drink **WRITE IN NAME OF DRINK**		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles	
1. DDKTYP07	07					134-143
2. DDKTYP08	08					144-153

Attitudes towards Smoking

Q24 In general, do you mind if other people smoke near you?
ATSMOKNR

154

Yes 1

No 2

It depends 3

Q25 How much, if at all, do you think breathing in other people's smoke affects the health of **adults** who are exposed to it?

KNSMHLAD

155

A great deal 1

A fair amount 2

Just a little 3

Not at all 4 → **Go to Q27**

I don't know 8 → **Go to Q27**

Q26 In what ways would you say breathing in other people's smoke affects the health of **adults**?

KSMHLA

Tick ALL that apply

156-173

Causes breathlessness 01

Causes coughing 02

Causes wheezing 03

Causes people to get asthma or makes asthma worse 04

Makes people more prone to chest infections or bronchitis 05

Makes people less fit than they used to be 06

Makes people more likely to suffer from cancer 07

Makes people more likely to suffer from another serious illness (such as heart disease or stroke) 08

Something else 09

I don't know 98

Q27 How much, if at all, do you think breathing in other people's smoke affects the health of **children** under the age of 16?

KNSMHLCH

174

A great deal 1

A fair amount 2

Just a little 3

Not at all 4

I don't know 8

→ **Go to Q29**

Q28 In what ways would you say breathing in other people's smoke affects the health of **children** under the age of 16?

KSMHLC

Tick ALL that apply

175-194

Causes breathlessness 01

Causes coughing 02

Causes wheezing 03

Causes children to get asthma or makes asthma worse 04

Makes children more prone to chest infections or bronchitis 05

Makes children more likely to suffer from cancer 06

Makes children more likely to suffer from another serious illness (such as heart disease or stroke) 07

Makes children less likely to grow well 08

Causes ear infections and glue ear 09

Something else 10

I don't know 98

Q29 Are there any rules about whether people should smoke in your home or where they should smoke?

ATSMRULE

195

Yes 1

No 2

I don't know 8

Q30 If you did not want visitors to smoke in your home how confident would you feel about asking them not to?

ATSMHOME

196

Very confident	1	→ **Go to Q32**
Fairly confident	2	
Not very confident	3	
Not at all confident	4	
I don't know	8	→ **Go to Q32**

Q31 Why would you not feel confident about asking visitors not to smoke in your home?

Tick ALL that apply

ATSMHOM

197-203

It's not up to me to decide who smokes here	1
I feel too embarrassed to ask	2
I don't want to be bossy	3
I don't want to make a fuss	4
I don't want to offend people	5
I don't want to be unfriendly	6
Something else	7

Q32 How far do you agree or disagree with the total ban on smoking inside **pubs**?
a)

ATBANPUB

204

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q32 b) How far do you agree or disagree with the total ban on smoking inside **restaurants**?

ATBANRES

205

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q33 How far do you agree or disagree that there should be restrictions on smoking in public places where there are, or are likely to be, children under the age of 16?

ATBANCH

206

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q34 When pubs and restaurants are smoke free, would you visit them...

ATBANVIS1

207

...more often than you do nowadays	1
...less often than you do nowadays	2
...or about the same as you do nowadays	3
I don't go to pubs or restaurants	4

IF YOU ARE A CURRENT CIGARETTE SMOKER ANSWER QUESTIONS Q35 TO Q38 BELOW, OTHERWISE GO TO Q39 ON PAGE 13:

Q35 Will the smoking ban in **pubs** make you **cut down** on the number of cigarettes you smoke?

APUSMCT1

208

Yes	1
No	2

Q36 Will the smoking ban in **pubs** make you more likely to **stay at home** where you can smoke?

APUSMHM1

209

Yes 1

No 2

Q37 Will the smoking ban in **restaurants** make you **cut down** on the number of cigarettes you smoke?

ARESMCT1

210

Yes 1

No 2

Q38 Will the smoking ban in **restaurants** make you more likely to **stay at home** where you can smoke?

ARESMHM1

211

Yes 1

No 2

Spare 212-216

Attitudes towards Drinking

Q39 Have you heard of units of alcohol?

KNUNIT

217

Yes [1]

No [2] → **Go to Q45**

Q40 What **do you think** is the current official recommended maximum number of **units per day** for **men**?

KNUNMEN

Write in NUMBER
218-219

[ ] **Units per day**

OR tick

[98] **I don't know**

Q41 What **do you think** is the current official recommended maximum number of **units per day** for **women**?

KNUNWOM

Write in NUMBER
220-221

[ ] **Units per day**

OR tick

[98] **I don't know**

We are interested to know what people understand by a unit of alcohol.

Q42 How many units **do you think** there are in a glass of wine? (A small 125ml glass)

KNUNW125

Write in NUMBER
222

[ ] **Units**

OR tick

[8] **I don't know**

Q43 How many units **do you think** there are in a pint of normal strength beer?

KNUNNSBR

Write in NUMBER
223

[ ] **Units**

OR tick

[8] **I don't know**

Q44 How many units **do you think** there are in a single pub measure of spirits? For example whisky or gin.
KNUNSPIR

Write in NUMBER
224
[ ] **Units**

OR tick
[ ] 8 **I don't know**

Q45 How much do you agree or disagree with the following statement:
Some people I know would think it odd if I didn't drink alcohol at all.
ATODDTT

Tick ONE box
225

- Strongly agree [ ] 1
- Agree [ ] 2
- Neither agree nor disagree [ ] 3
- Disagree [ ] 4
- Strongly disagree [ ] 5
- I don't drink alcohol [ ] 6

Q46 Some people say that pubs and bars now being open for longer means that people will drink more alcohol. Others say that longer opening hours means that people will drink the same amount of alcohol over a longer period of time. Which of the following statements comes closest to your views about this?
ATDNKHRS

Tick ONE box
226

- People will drink more alcohol [ ] 1
- People will drink the same amount of alcohol over a longer period of time [ ] 2
- There will be no change in the amount of alcohol people drink and the time they spend in pubs and bars [ ] 3
- I don't know what the effect will be [ ] 4

Q47 Here are some statements about drinking.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box for each row

		Strongly agree	Agree	Neither agree nor Disagree	Disagree	Strongly disagree	Can't choose	
a)	Getting drunk is a perfectly acceptable thing for people to do ADRUNKAC	1	2	3	4	5	8	227
b)	Drinking is a major part of the British way of life ADNKBRIT	1	2	3	4	5	8	228
c)	It's easier to enjoy a social event if you've had a drink ADNKSOC	1	2	3	4	5	8	229
d)	There is nothing wrong with people getting drunk regularly ADRUNKRC	1	2	3	4	5	8	230
e)	Most people with serious drinking problems can never fully recover ADNKPROB	1	2	3	4	5	8	231
f)	People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain ADNKEUR	1	2	3	4	5	8	232
g)	The government should tax alcohol more heavily to encourage people to drink less ADNKTAX	1	2	3	4	5	8	233
h)	Most people with serious drinking problems have only themselves to blame ADNKBLME	1	2	3	4	5	8	234

Q48 Would you like to drink less than, more than or about the same amount of alcohol as you do at the moment? ATOWNDNK

Tick ONE box

235

Less 1

More 2

About the same 3

Attitudes towards Healthy Eating

Q49 Official guidelines measure the fruit and vegetables that people eat in terms of 'portions'.

a) Which of the following **do you think** make up **ONE** 'portion of fruit or vegetables'?

Please tick ALL that apply KPORTN

236-241

2 cherry tomatoes	1
1 apple	2
1 melon	3
4 grapes	4
1 jacket potato	5
2 tablespoons of carrots	6

b) How many portions of fruit and vegetables do you think **people should** eat everyday? AFVSHUD

242-243

Please write in NUMBER ____ **per day**

OR tick 98 **I don't know**

Q50 Have you heard of the guidelines for salt intake?

KSALGUID

244

Yes 1

No 2 → **Go to Q52**

Q51 What do you think is the official guideline for maximum daily salt intake?

KSALTMAX

245-247

Please write in NUMBER ____ **of grams per day**

OR tick 998 **I don't know**

Q52 **Thinking about adults**, please **circle** the number that indicates how important you think these are for their healthy eating.

		Very important	Quite important	Not very important	Not at all important	Can't choose	
a)	Limiting the amount of fat KETFATA	1	2	3	4	8	248
b)	Limiting the amount of saturated fat (found in meat and dairy products) KETSFATA	1	2	3	4	8	249
c)	Eating lots of red meat KETRMTA	1	2	3	4	8	250
d)	Limiting sugar (sweets, chocolates, biscuits) KETSUGA	1	2	3	4	8	251
e)	Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix) KETWGRNA	1	2	3	4	8	252
f)	Limiting the amount of cholesterol (such as in eggs) KETEGGA	1	2	3	4	8	253
g)	Drinking lots of milk KETMILKA	1	2	3	4	8	254
h)	Eating lots of fruit and vegetables KETFVA	1	2	3	4	8	255
i)	Limiting salt KETSALTA	1	2	3	4	8	256
j)	Taking vitamin supplements KETVITA	1	2	3	4	8	257
k)	Drinking lots of water KETWATA	1	2	3	4	8	258
l)	Eating a balanced diet KETBALDA	1	2	3	4	8	259
m)	Eating lots of pulses (such as soya beans, lentils or chickpeas) KETPULA	1	2	3	4	8	260

Q53 **Thinking about children**, please **circle** the number that indicates how important you think these are for their healthy eating.

		Very important	Quite important	Not very important	Not at all important	Can't choose	
a)	Limiting the amount of fat KETFATC	1	2	3	4	8	261
b)	Limiting the amount of saturated fat (found in meat and dairy products) KETSFATC	1	2	3	4	8	262
c)	Eating lots of red meat KETRMTC	1	2	3	4	8	263
d)	Limiting sugar (sweets, chocolates, biscuits) KETSUGC	1	2	3	4	8	264
e)	Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix) KETWGRNC	1	2	3	4	8	265
f)	Limiting the amount of cholesterol (such as in eggs) KETEGGC	1	2	3	4	8	266
g)	Drinking lots of milk KETMILKC	1	2	3	4	8	267
h)	Eating lots of fruit and vegetables KETFVC	1	2	3	4	8	268
i)	Limiting salt KETSALTC	1	2	3	4	8	269
j)	Taking vitamin supplements KETVITC	1	2	3	4	8	270
k)	Drinking lots of water KETWATC	1	2	3	4	8	271
l)	Eating a balanced diet KETBALDC	1	2	3	4	8	272
m)	Eating lots of pulses (such as soya beans, lentils or chickpeas) KETPULC	1	2	3	4	8	273

Q54 Here are some statements about eating.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box per row

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose	
a)	The tastiest foods are the ones that are bad for you ASTEBAD	1	2	3	4	5	8	274
b)	AHELFENJ Healthy foods are enjoyable	1	2	3	4	5	8	275
c)	I get confused over what's supposed to be healthy and what isn't AHELFCNF	1	2	3	4	5	8	276
d)	I really care about what I eat ACAREEAT	1	2	3	4	5	8	277
e)	Healthy eating is just another fad AHLETFAD	1	2	3	4	5	8	278
f)	If you do enough exercise you can eat whatever you like AETWHATR	1	2	3	4	5	8	279

Q55 Overall, would you say that what you usually eat is...

AGENEAT

280

- Very healthy 1 → **Go to Q58**
- Quite healthy 2
- Not very healthy 3
- Very unhealthy 4

Q56 Would you like to eat more healthily than you do at the moment?

AEMORHEL

281

- Yes 1
- No 2
- Don't know 8

→ **Go to Q58**

Q57 Which of these statements applies to you:

		282
AEHELFUT	I'm unlikely ever to eat more healthily	1
	I expect to eat more healthily within the next year	2
	I expect to eat more healthily but not in the next year	3
	I don't know	8

Q58 In what ways could **you** improve what you eat?

a) I could improve what I eat by **eating less**:

Tick ALL that apply

		283-288
AEATLES	generally	1
	convenience foods, fast foods, takeaways	2
	red meat (fatty meat)	3
	sugar, sweets, chocolates, biscuits, cakes	4
	salty snacks, crisps	5
	fried foods	6
	none, no changes necessary	7

b) I could improve what I eat by **switching to:**

Tick ALL that apply

		289-293
AESWTCH	lower fat food	1
	lean meats	2
	low fat spreads & unsaturated fats (Flora, sunflower oil, olive oil etc)	3
	food made with fresh fruit & vegetables	4
	skimmed or semi-skimmed milk	5
	none, no changes necessary	6

Q58 I could improve what I eat by **eating more:**
c) AEATMOR

Tick ALL that apply

294-299

generally	1
high fibre food (such as granary or wholemeal bread, pulses, bran cereals)	2
starchy food (rice, pasta, potatoes, bread, cereals)	3
fruit, vegetables, salad	4
unbattered fish	5
lean meat	6
none, no changes necessary	7

Q59 Overall, how easy or difficult would you find it to make these improvements to the way **you** eat?

AETIMPRV

300

Very easy	1
Quite easy	2
Quite difficult	3
Very difficult	4
No changes necessary	5 → **Go to Q62**

Q60 What would stop you making these improvements to the way you eat?

Tick ALL that apply

ASTPHE

301-320

It costs too much	01
I don't have enough time	02
I don't have the cooking ability	03
I eat what I'm given	04
It doesn't satisfy hunger	05
I don't like healthy foods	06
My family won't eat healthy foods	07
It is hard to change my eating habits	08
I am not motivated to	09
Something else	10
None of these	11

Q61 What would encourage you to make these improvements to the way you eat? AENCHE

Tick ALL that apply

321-342

Advice from doctor or nurse	01
Advice from family member	02
My own ill health	03
Family member's ill health	04
Increased income	05
Lower cost of food	06
Better access to shops and supermarkets	07
Clearer advice from the government	08
Clearer labelling of foods	09
Being motivated to	10
Something else	11
None of these	12

Attitudes towards Physical Activity

In this section we use the terms **physical activity, exercise and sport**.

Our definitions are given below:

Physical activity means a wide range of activities involving movement including housework such as vacuuming and digging the garden, active hobbies, walking and cycling, dancing, exercise such as swimming or going to the gym, and sport. It includes movement done as part of a job such as walking, lifting and carrying.

Exercise means a type of physical activity which is more structured and planned for the purpose of improving health and fitness.

Sport means a type of physical activity which is structured. It is often used to describe exercise which has rules such as football, martial arts, or competitive swimming.

Q62 You may have heard about official recommended levels of physical activity. Which of the following statements applies to you?
KPAGUID

Tick ONE box

343

I know what the recommended level of physical activity is [ ] 1

I have heard of the recommended level of physical activity but don't know what it is [ ] 2

I have not heard about the recommended level of physical activity [ ] 3

Q63 How many days a week do you think **people of your age should** do physical activity?

Include all moderate physical activity, including physical activity as part of a job.
By week we mean the whole week including weekends.
KPADAYS

344

Please write in NUMBER [ ] **Days**

OR TICK I don't know [ ] 8

Q64 On each of the days **someone of your age** does moderate physical activity, how many **minutes a day** should they do it for it to be good for their health? KPAMINS

345-347

Please write in NUMBER [ ] **Minutes per day**

OR TICK I don't know [ ] 998

Q65 Here are some statements about physical activity and exercise.

Please indicate how strongly you agree or disagree with the statements.

ATPHYSA

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose
a)	You can get enough physical activity in your daily life without doing sport or exercise such as jogging or going to the gym	1	2	3	4	5	8 348
b)	Physical activity is good for your health even if it is only for 10 minutes at a time	1	2	3	4	5	8 349
c)	Physical activity is good for your health even if it is moderate, such as walking briskly, gardening (for example digging) and housework (for example vacuuming)	1	2	3	4	5	8 350
d)	Physical activity is better for your health if you keep it up for at least 30 minutes at a time	1	2	3	4	5	8 351
e)	Physical activity is better for your health if it gets you out of breath	1	2	3	4	5	8 352

Q66 There are many reasons for taking part in physical activity, exercise or sport. Which, if any, on the following list apply **to you**?
ARESPA

	Tick ALL that apply 353-378	
I don't participate in any physical activity	01	→ **Go to Q67**
To release tension or relax	02	
To be out of doors	03	
To maintain good health	04	
To socialise with other people	05	
To lose or control weight	06	
I have a physically demanding job	07	
To have fun or adventure or excitement	08	
To get or feel fit	09	
To gain a sense of achievement	10	
To enjoy the competition	11	
To work harder or concentrate better	12	
I have to walk or cycle to get around	13	
Something else	14	

Q67 Compared to other people of your own age would you describe yourself as...

AOWNPHYA

Tick ONE box

379

Very physically active	1
Fairly physically active	2
Not very physically active	3
Not at all physically active	4 → **Go to Q70**

Q68 Which of the following activities do you think contribute most to keeping **you** fit?

AFIT

Tick ALL that apply

380-403

Walking or cycling to get around	01
Climbing stairs instead of taking a lift or escalator	02
Keeping active at home with housework, gardening or childcare	03
Having a physically active job	04
Going for walks or going hiking	05
Going out for cycle rides or going mountain biking	06
Going to the gym	07
Going jogging, running or swimming	08
Playing golf	09
Taking part in sport	10
Doing keep fit, exercise or dance	11
Something else	12

Q69 Do you think you do enough physical activity, exercise, or sport to keep you as fit as you would like?

AOWNFIT

404

Yes	1
No	2

Q70 Would you like to do more physical activity, exercise or sport than you do at the moment?

ADOMORPA

405

Yes 1

No 2 → **Go to Q73**

At the moment I am unable to 3

Q71 Which of the following statements best describes you?

APAFUTR

Tick ONE box

406

I'm unlikely ever to do more physical activity, exercise or sport 1 → **Go to Q73**

I expect to do more physical activity, exercise or sport in the next year 2

I expect to do more physical activity, exercise or sport but not in the next year 3

I don't know 8

Q72 Which types of physical activity, exercise or sport do you expect to take more of in the future?

APAFUT

Tick ALL that apply

407-430

Walking or cycling to get around 01

Climbing stairs instead of taking a lift or escalator 02

Keeping active at home with housework, gardening or childcare 03

Having a physically active job 04

Going for walks or going hiking 05

Going out for cycle rides or going mountain biking 06

Going to the gym 07

Going jogging, running or swimming 08

Playing golf 09

Taking part in sport 10

Doing keep fit, exercise or dance 11

Something else 12

Q73 What **stops** you from doing more physical activity, exercise or sport than you do now?

ASTPPA

	Tick ALL that apply (431-448)	
I don't need to do more	01	→ **Go to the end**
My work commitments	02	
I don't have enough leisure time	03	
Caring for children or older people	04	
I have no one to exercise with	05	
I don't have enough money	06	
There are no suitable places to do it in my area	07	
I haven't got the right clothes or equipment	08	
Poor health or physical limitations	09	
I have injuries which prevent me	10	
None of these	11	

Q74 Many other factors can prevent people from doing more physical activity, exercise or sport. From the following list which, if any, apply **to you**?

APRVPA

	Tick ALL that apply 449-468
I'm not the sporty type	01
I'm too shy or embarrassed	02
I'm worried about injury	03
I'm too old	04
I prefer to do other things	05
I think exercise is a waste of time	06
I'm too overweight	07
I'm not motivated to do more	08
I don't enjoy physical activity	09
Something else	10
None of these	11
Don't know	98

Q75 What would encourage you to do more physical activity, exercise or sport?

AENCPA

	Tick ALL that apply 469-490
I don't need to do more	01
Advice from a doctor or a nurse	02
Advice from a family member	03
My own ill health	04
Family member's ill health	05
Increased income	06
More leisure time	07
Self-motivation	08
Having someone to do it with	09
Having a physical activity I am capable of	10
Clearer advice from the government	11
Something else	12
None of these	13

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P2727

Health Survey for England 2007

Booklet for Young Adults

In Confidence

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

First name:

Spare	Card	Version	Spare
9-11	3 1 1 2 (12-15)		16-20

Survey month:

Example Questions : How to fill in this questionnaire

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

		Tick ONE box			
		Very healthy life	**Fairly healthy life**	**Not very healthy life**	**An unhealthy life**
Example 1	Do you feel that you lead a...	☐	☒ 3	☐	☐

Some questions might ask you to circle an answer instead of ticking a box.

Example 2 The questions in this booklet can be answered by simply circling the number below the answer that applies.

	Circle one answer			
	Very healthy life	**Fairly healthy life**	**Not very healthy life**	**An unhealthy life**
Do you feel that you lead a ...	1	(2)	3	4

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

	Tick ONE box	
Example 3: Would you like to lead a healthier life than you do now?	Yes ☒ 3 →	**GO TO Q5**
	No ☐ →	**GO TO Q4**

By following the arrows carefully, you will miss out the questions that do not apply to you.

Smoking

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

DSMOKEVR

Tick ONE box

21

Yes 1

No 2 → **Go to Q12 on page 4**

Q2 Have you ever smoked a cigarette?

DSMOKCIG

Tick ONE box

22

Yes 1

No 2 → **Go to Q12 on page 4**

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

DCIGAGE **Write in how old you were then**

23-24

Q4 Do you smoke cigarettes at all nowadays?

DSMOKNOW

Tick ONE box

25

Yes 1 → **Go to Q7**

No 2

Q5 Why did you decide to give up smoking?

Tick ALL that apply
26-43

DQTRES

Advice from a GP/health professional	01
Advert for a nicotine replacement product	02
Government TV, radio or press advert	03
Hearing about a new stop smoking treatment	04
Financial reasons (couldn't afford it)	05
Because of the forthcoming ban on smoking in all public places, including pubs and restaurants	06
I knew someone else who was stopping	07
Seeing a health warning on a cigarette packet	08
Family or friends wanted me to stop	09
Being contacted by my local NHS Stop Smoking Services	10
Health problems I had at the time	11
Worried about future health problems	12
Pregnancy	13
Worried about the effect on my children	14
Worried about the effect on other family members	15
My own motivation	16
Something else	17
Cannot remember	98

Q6 Did you smoke cigarettes regularly or occasionally?

Tick ONE box
44

DSMOKREG

Regularly, that is at least one cigarette a day	1	
Occasionally	2	**Go to Q12 on page 4**
I never really smoked cigarettes, just tried them once or twice	3	

CURRENT SMOKERS

Q7 About how many cigarettes a day do you usually smoke on weekdays?

DDLYSMOK **Write in number smoked a day** 45-46 ☐☐

Q8 And about how many cigarettes a day do you usually smoke at weekends?

DWKNDSMO **Write in number smoked a day** 47-48 ☐☐

Q9 Do you mainly smoke ...

DCIGTYPE **Tick ONE box** 49

- filter-tipped cigarettes, ☐ 1
- plain or untipped cigarettes, ☐ 2
- or hand-rolled cigarettes? ☐ 3

Q10 Would you like to give up smoking altogether?

DGIVEUP **Tick ONE box** 50

- Yes ☐ 1
- No ☐ 2 → **Go to Q12**

Q11 What are your main reasons for wanting to give up?

DYGVUP **Tick ALL that apply** 51-66

- Because of a health problem I have at present ☐ 01
- Better for my health in general ☐ 02
- Less risk of getting smoking related illnesses ☐ 03
- Family/friends wanted me to stop ☐ 04
- Financial reasons (couldn't afford it) ☐ 05
- Worried about the effect on my children ☐ 06
- Because of the forthcoming ban on smoking in all public places ☐ 07
- Other ☐ 08

EVERYONE PLEASE ANSWER

Q12 Did your father ever smoke regularly when you were a child?

Tick ONE box

67

DPAREG

Yes	1
No	2
Don't know	8

Q13 Did your mother ever smoke regularly when you were a child?

Tick ONE box

68

DMAREG

Yes	1
No	2
Don't know	8

Q14 In most weeks, how many hours a week are you exposed to other people's tobacco smoke?

DEXPSM

Number of hours a week 69-71

Write in

Q15 a) Do you find that you are often near people who are smoking in any of these places?

Please tick <u>all</u> the places where you are often near people who are smoking

Tick <u>ALL</u> boxes which apply

72-77

DNRSMO

At home	1
At work	2
On buses or trains	3
In other people's homes	4
In pubs	5
In other places	6
No, none of these	7 → **Go to Q16 on page 5**

Q15 b) Does this bother you?

DSMKBTHR

Tick ONE box

78

Yes [1]

No [2]

Spare 49-51

Drinking

Q16 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

DDRINK

Tick ONE box

79

Yes [1] → **Go to Q19**

No [2]

Q17 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?

DDRINKAN

Tick ONE box

80

Very occasionally [1]

Never [2] → **Go to Q18**

Q18 Have you always been a non-drinker or did you stop drinking for some reason?

DALWAYTT

Tick ONE box

81

Always a non-drinker [1]

Used to drink but stopped [2]

→ **Go to Q24 on page 8**

Q19 How old were you the first time you ever had a proper alcoholic drink?

DDRINKAG

Write in how old you were then

82-83

Q20 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

DDRINKOF

Tick ONE box
84-85

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
Once every couple of months	06
Once or twice a year	07
Not all in the last 12 months	08

Q21 Did you have an alcoholic drink in the seven days ending yesterday?

DDRINKL7

Tick ONE box
86

Yes	1	
No	2	→ **Go to Q24 on page 8**

Q22 On how many days out of the last seven did you have an alcoholic drink?

DDRNKDAY

Tick ONE box
87

One	1
Two	2
Three	3
Four	4
Five	5
Six	6
Seven	7

Q23 Please think about the day in the last week on which you drank the most. (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 on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

TICK ALL DRINKS DRUNK ON THAT DAY	88-103	**WRITE IN HOW MUCH DRUNK ON THAT DAY**				
		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles	
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy. DDKTYP01	01		NBERQPT7	DNBL7Q2	DNBL7Q3	104-111
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White) DDKTYP02	02		SBERQPT7	DSBL7Q2	DSBL7Q3	112-119
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails DDKTYP03	03	DSPIRLQ				120-121
Sherry or martini (including port, vermouth, cinzano, dubonnet) DDKTYP04	04	DSHRLQ				122-123
Alcoholic soft drink ('alcopop') such as Hooch, or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice DDKTYP05	05				DPOPSL7Q	124-125
		Large glasses (250ml)	Standard Glasses (175ml)	Small Glasses (125ml)	Bottles (750ml)	
Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle DDKTYP06	06	DW250ML	DW175ML	DW125ML	DWBTL	126-133
Other kinds of alcoholic drink **WRITE IN NAME OF DRINK**		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles	
1. DDKTYP07	07					134-143
2. DDKTYP08	08					144-153

Attitudes towards Smoking

Q24 In general, do you mind if other people smoke near you?
ATSMOKNR

154

Yes 1

No 2

It depends 3

Q25 How much, if at all, do you think breathing in other people's smoke affects the health of **adults** who are exposed to it?

KNSMHLAD

155

A great deal 1

A fair amount 2

Just a little 3

Not at all 4 → **Go to Q27**

I don't know 8 → **Go to Q27**

Q26 In what ways would you say breathing in other people's smoke affects the health of **adults**?

Tick ALL that apply

156-173

KSMHLA

Causes breathlessness 01

Causes coughing 02

Causes wheezing 03

Causes people to get asthma or makes asthma worse 04

Makes people more prone to chest infections or bronchitis 05

Makes people less fit than they used to be 06

Makes people more likely to suffer from cancer 07

Makes people more likely to suffer from another serious illness (such as heart disease or stroke) 08

Something else 09

I don't know 98

Q27 How much, if at all, do you think breathing in other people's smoke affects the health of **children** under the age of 16?

KNSMHLCH

174

A great deal	1
A fair amount	2
Just a little	3
Not at all	4
I don't know	8

→ **Go to Q29**

Q28 In what ways would you say breathing in other people's smoke affects the health of **children** under the age of 16?

KSMHLC

Tick ALL that apply

175-194

Causes breathlessness	01
Causes coughing	02
Causes wheezing	03
Causes children to get asthma or makes asthma worse	04
Makes children more prone to chest infections or bronchitis	05
Makes children more likely to suffer from cancer	06
Makes children more likely to suffer from another serious illness (such as heart disease or stroke)	07
Makes children less likely to grow well	08
Causes ear infections and glue ear	09
Something else	10
I don't know	98

Q29 Are there any rules about whether people should smoke in your home or where they should smoke?

ATSMRULE

195

Yes	1
No	2
I don't know	8

Q30 If you did not want visitors to smoke in your home how confident would you feel about asking them not to?

ATSMHOME

196

Very confident	1	→ **Go to Q32**
Fairly confident	2	
Not very confident	3	
Not at all confident	4	
I don't know	8	→ **Go to Q32**

Q31 Why would you not feel confident about asking visitors not to smoke in your home?

Tick ALL that apply

ATSMHOM

197-203

It's not up to me to decide who smokes here	1	–
I feel too embarrassed to ask	2	
I don't want to be bossy	3	
I don't want to make a fuss	4	
I don't want to offend people	5	
I don't want to be unfriendly	6	
Something else	7	

Q32 How far do you agree or disagree with the total ban on smoking inside **pubs**?
a)

ATBANPUB

204

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q32 b) How far do you agree or disagree with the total ban on smoking inside **restaurants**?

ATBANRES

205

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q33 How far do you agree or disagree that there should be restrictions on smoking in public places where there are, or are likely to be, children under the age of 16?

ATBANCH

206

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5

Q34 Now that pubs and restaurants are smoke free, would you visit them...

ATBANVIS2

212

...more often than you used to	1
...less often than you used to	2
...or about the same as you used to	3
I don't go to pubs or restaurants	4

IF YOU ARE A CURRENT CIGARETTE SMOKER ANSWER QUESTIONS Q35 TO Q38 BELOW, OTHERWISE PLEASE CLOSE THE BOOKLET & THE INTERVIEWER WILL ASK YOU SOME MORE QUESTIONS:

Q35 Has the smoking ban in **pubs** made you **cut down** on the number of cigarettes you smoke?

APUSMCT2

213

Yes	1
No	2

Q36 Has the smoking ban in **pubs** made you more likely to **stay at home** where you can smoke?

APUSMHM2

214

Yes 1

No 2

Q37 Has the smoking ban in **restaurants** made you **cut down** on the number of cigarettes you smoke?

ARESMCT2

215

Yes 1

No 2

Q38 Has the smoking ban in **restaurants** made you more likely to **stay at home** where you can smoke?

ARESMHM2

216

Yes 1

No 2

Spare 207-211

Attitudes towards Drinking

Q39 Have you heard of units of alcohol?

KNUNIT

217

Yes [1]

No [2] → **Go to Q45**

Q40 What **do you think** is the current official recommended maximum number of **units per day** for **men**?

KNUNMEN

Write in NUMBER
218-219

[ ] **Units per day**

OR tick

[98] **I don't know**

Q41 What **do you think** is the current official recommended maximum number of **units per day** for **women**?

KNUNWOM

Write in NUMBER
220-221

[ ] **Units per day**

OR tick

[98] **I don't know**

We are interested to know what people understand by a unit of alcohol.

Q42 How many units **do you think** there are in a glass of wine? (A small 125ml glass)

KNUNW125

Write in NUMBER
222

[ ] **Units**

OR tick

[8] **I don't know**

Q43 How many units **do you think** there are in a pint of normal strength beer?

KNUNNSBR

Write in NUMBER
223

[ ] **Units**

OR tick

[8] **I don't know**

Q44 How many units **do you think** there are in a single pub measure of spirits? For example whisky or gin.
KNUNSPIR

Write in NUMBER
224
[ ] **Units**

OR tick
[ ] 8 **I don't know**

Q45 How much do you agree or disagree with the following statement:
Some people I know would think it odd if I didn't drink alcohol at all.
ATODDTT

Tick ONE box
225

- Strongly agree [ ] 1
- Agree [ ] 2
- Neither agree nor disagree [ ] 3
- Disagree [ ] 4
- Strongly disagree [ ] 5
- I don't drink alcohol [ ] 6

Q46 Some people say that pubs and bars now being open for longer means that people will drink more alcohol. Others say that longer opening hours means that people will drink the same amount of alcohol over a longer period of time. Which of the following statements comes closest to your views about this?
ATDNKHRS

Tick ONE box
226

- People will drink more alcohol [ ] 1
- People will drink the same amount of alcohol over a longer period of time [ ] 2
- There will be no change in the amount of alcohol people drink and the time they spend in pubs and bars [ ] 3
- I don't know what the effect will be [ ] 4

Q47 Here are some statements about drinking.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box for each row

		Strongly agree	Agree	Neither agree nor Disagree	Disagree	Strongly disagree	Can't choose	
a)	Getting drunk is a perfectly acceptable thing for people to do ADRUNKAC	1	2	3	4	5	8	227
b)	Drinking is a major part of the British way of life ADNKBRIT	1	2	3	4	5	8	228
c)	It's easier to enjoy a social event if you've had a drink ADNKSOC	1	2	3	4	5	8	229
d)	There is nothing wrong with people getting drunk regularly ADRUNKRC	1	2	3	4	5	8	230
e)	Most people with serious drinking problems can never fully recover ADNKPROB	1	2	3	4	5	8	231
f)	People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain ADNKEUR	1	2	3	4	5	8	232
g)	The government should tax alcohol more heavily to encourage people to drink less ADNKTAX	1	2	3	4	5	8	233
h)	Most people with serious drinking problems have only themselves to blame ADNKBLME	1	2	3	4	5	8	234

Q48 Would you like to drink less than, more than or about the same amount of alcohol as you do at the moment? ATOWNDNK

Tick ONE box

235

Less 1

More 2

About the same 3

Attitudes towards Healthy Eating

Q49 Official guidelines measure the fruit and vegetables that people eat in terms of 'portions'.

a) Which of the following **do you think** make up **ONE** 'portion of fruit or vegetables'?

Please tick ALL that apply KPORTN

236-241

2 cherry tomatoes	1
1 apple	2
1 melon	3
4 grapes	4
1 jacket potato	5
2 tablespoons of carrots	6

b) How many portions of fruit and vegetables do you think **people should** eat everyday? AFVSHUD

242-243

Please write in NUMBER ____ **per day**

OR tick 98 **I don't know**

Q50 Have you heard of the guidelines for salt intake?

KSALGUID

244

Yes 1

No 2 → **Go to Q52**

Q51 What do you think is the official guideline for maximum daily salt intake?

KSALTMAX

245-247

Please write in NUMBER ____ **of grams per day**

OR tick 998 **I don't know**

Q52 **Thinking about adults**, please **circle** the number that indicates how important you think these are for their healthy eating.

		Very important	Quite important	Not very important	Not at all important	Can't choose	
a)	Limiting the amount of fat KETFATA	1	2	3	4	8	248
b)	Limiting the amount of saturated fat (found in meat and dairy products) KETSFATA	1	2	3	4	8	249
c)	Eating lots of red meat KETRMTA	1	2	3	4	8	250
d)	Limiting sugar (sweets, chocolates, biscuits) KETSUGA	1	2	3	4	8	251
e)	Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix) KETWGRNA	1	2	3	4	8	252
f)	Limiting the amount of cholesterol (such as in eggs) KETEGGA	1	2	3	4	8	253
g)	Drinking lots of milk KETMILKA	1	2	3	4	8	254
h)	Eating lots of fruit and vegetables KETFVA	1	2	3	4	8	255
i)	Limiting salt KETSALTA	1	2	3	4	8	256
j)	Taking vitamin supplements KETVITA	1	2	3	4	8	257
k)	Drinking lots of water KETWATA	1	2	3	4	8	258
l)	Eating a balanced diet KETBALDA	1	2	3	4	8	259
m)	Eating lots of pulses (such as soya beans, lentils or chickpeas) KETPULA	1	2	3	4	8	260

Q53 **Thinking about children**, please **circle** the number that indicates how important you think these are for their healthy eating.

		Very important	Quite important	Not very important	Not at all important	Can't choose	
a)	Limiting the amount of fat KETFATC	1	2	3	4	8	261
b)	Limiting the amount of saturated fat (found in meat and dairy products) KETSFATC	1	2	3	4	8	262
c)	Eating lots of red meat KETRMTC	1	2	3	4	8	263
d)	Limiting sugar (sweets, chocolates, biscuits) KETSUGC	1	2	3	4	8	264
e)	Eating lots of whole grain foods (such as brown or wholemeal bread and cereals like weetabix) KETWGRNC	1	2	3	4	8	265
f)	Limiting the amount of cholesterol (such as in eggs) KETEGGC	1	2	3	4	8	266
g)	Drinking lots of milk KETMILKC	1	2	3	4	8	267
h)	Eating lots of fruit and vegetables KETFVC	1	2	3	4	8	268
i)	Limiting salt KETSALTC	1	2	3	4	8	269
j)	Taking vitamin supplements KETVITC	1	2	3	4	8	270
k)	Drinking lots of water KETWATC	1	2	3	4	8	271
l)	Eating a balanced diet KETBALDC	1	2	3	4	8	272
m)	Eating lots of pulses (such as soya beans, lentils or chickpeas) KETPULC	1	2	3	4	8	273

Q54 Here are some statements about eating.

Please indicate how strongly you agree or disagree with the statements.

Please tick ONE box per row

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose	
a)	The tastiest foods are the ones that are bad for you ASTEBAD	1	2	3	4	5	8	274
b)	AHELFENJ Healthy foods are enjoyable	1	2	3	4	5	8	275
c)	I get confused over what's supposed to be healthy and what isn't AHELFCNF	1	2	3	4	5	8	276
d)	I really care about what I eat ACAREEAT	1	2	3	4	5	8	277
e)	Healthy eating is just another fad AHLETFAD	1	2	3	4	5	8	278
f)	If you do enough exercise you can eat whatever you like AETWHATR	1	2	3	4	5	8	279

Q55 Overall, would you say that what you usually eat is...

AGENEAT

280

- Very healthy 1 → **Go to Q58**
- Quite healthy 2
- Not very healthy 3
- Very unhealthy 4

Q56 Would you like to eat more healthily than you do at the moment?

AEMORHEL

281

- Yes 1
- No 2
- Don't know 8

→ **Go to Q58**

Q57 Which of these statements applies to you:

		282
AEHELFUT	I'm unlikely ever to eat more healthily	1
	I expect to eat more healthily within the next year	2
	I expect to eat more healthily but not in the next year	3
	I don't know	8

Q58 In what ways could **you** improve what you eat?

a) I could improve what I eat by **eating less**:

Tick ALL that apply

		283-288
AEATLES	generally	1
	convenience foods, fast foods, takeaways	2
	red meat (fatty meat)	3
	sugar, sweets, chocolates, biscuits, cakes	4
	salty snacks, crisps	5
	fried foods	6
	none, no changes necessary	7

b) I could improve what I eat by **switching to:**

Tick ALL that apply

		289-293
AESWTCH	lower fat food	1
	lean meats	2
	low fat spreads & unsaturated fats (Flora, sunflower oil, olive oil etc)	3
	food made with fresh fruit & vegetables	4
	skimmed or semi-skimmed milk	5
	none, no changes necessary	6

Q58 I could improve what I eat by **eating more:**
c) AEATMOR

Tick ALL that apply

294-299

generally	1
high fibre food (such as granary or wholemeal bread, pulses, bran cereals)	2
starchy food (rice, pasta, potatoes, bread, cereals)	3
fruit, vegetables, salad	4
unbattered fish	5
lean meat	6
none, no changes necessary	7

Q59 Overall, how easy or difficult would you find it to make these improvements to the way **you** eat?

AETIMPRV

300

Very easy	1
Quite easy	2
Quite difficult	3
Very difficult	4
No changes necessary	5 → **Go to Q62**

Q60 What would **stop** you making these improvements to the way **you** eat?

Tick ALL that apply

301-320

ASTPHE

It costs too much	01
I don't have enough time	02
I don't have the cooking ability	03
I eat what I'm given	04
It doesn't satisfy hunger	05
I don't like healthy foods	06
My family won't eat healthy foods	07
It is hard to change my eating habits	08
I am not motivated to	09
Something else	10
None of these	11

Q61 What would encourage you to make these improvements to the way you eat? AENCHE

Tick ALL that apply

321-342

Advice from doctor or nurse	01
Advice from family member	02
My own ill health	03
Family member's ill health	04
Increased income	05
Lower cost of food	06
Better access to shops and supermarkets	07
Clearer advice from the government	08
Clearer labelling of foods	09
Being motivated to	10
Something else	11
None of these	12

Attitudes towards Physical Activity

In this section we use the terms **physical activity, exercise and sport**.

Our definitions are given below:

Physical activity means a wide range of activities involving movement including housework such as vacuuming and digging the garden, active hobbies, walking and cycling, dancing, exercise such as swimming or going to the gym, and sport. It includes movement done as part of a job such as walking, lifting and carrying.

Exercise means a type of physical activity which is more structured and planned for the purpose of improving health and fitness.

Sport means a type of physical activity which is structured. It is often used to describe exercise which has rules such as football, martial arts, or competitive swimming.

Q62 You may have heard about official recommended levels of physical activity. Which of the following statements applies to you?
KPAGUID

Tick ONE box

343

I know what the recommended level of physical activity is [ ] 1

I have heard of the recommended level of physical activity but don't know what it is [ ] 2

I have not heard about the recommended level of physical activity [ ] 3

Q63 How many days a week do you think **people of your age should** do physical activity?

Include all moderate physical activity, including physical activity as part of a job.
By week we mean the whole week including weekends.
KPADAYS

344

Please write in NUMBER [ ] **Days**

OR TICK I don't know [ ] 8

Q64 On each of the days **someone of your age** does moderate physical activity, how many **minutes a day** should they do it for it to be good for their health? KPAMINS

345-347

Please write in NUMBER [ ] **Minutes per day**

OR TICK I don't know [ ] 998

Q65 Here are some statements about physical activity and exercise.

Please indicate how strongly you agree or disagree with the statements.

ATPHYSA

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose
a)	You can get enough physical activity in your daily life without doing sport or exercise such as jogging or going to the gym	1	2	3	4	5	8 348
b)	Physical activity is good for your health even if it is only for 10 minutes at a time	1	2	3	4	5	8 349
c)	Physical activity is good for your health even if it is moderate, such as walking briskly, gardening (for example digging) and housework (for example vacuuming)	1	2	3	4	5	8 350
d)	Physical activity is better for your health if you keep it up for at least 30 minutes at a time	1	2	3	4	5	8 351
e)	Physical activity is better for your health if it gets you out of breath	1	2	3	4	5	8 352

Q66 There are many reasons for taking part in physical activity, exercise or sport. Which, if any, on the following list apply **to you**?

ARESPA

	Tick ALL that apply 353-378	
I don't participate in any physical activity	01	→ **Go to Q67**
To release tension or relax	02	
To be out of doors	03	
To maintain good health	04	
To socialise with other people	05	
To lose or control weight	06	
I have a physically demanding job	07	
To have fun or adventure or excitement	08	
To get or feel fit	09	
To gain a sense of achievement	10	
To enjoy the competition	11	
To work harder or concentrate better	12	
I have to walk or cycle to get around	13	
Something else	14	

Q67 Compared to other people of your own age would you describe yourself as...

AOWNPHYA

Tick ONE box

379

Very physically active	1
Fairly physically active	2
Not very physically active	3
Not at all physically active	4 → **Go to Q70**

Q68 Which of the following activities do you think contribute most to keeping **you** fit?

AFIT

Tick ALL that apply

380-403

Walking or cycling to get around	01
Climbing stairs instead of taking a lift or escalator	02
Keeping active at home with housework, gardening or childcare	03
Having a physically active job	04
Going for walks or going hiking	05
Going out for cycle rides or going mountain biking	06
Going to the gym	07
Going jogging, running or swimming	08
Playing golf	09
Taking part in sport	10
Doing keep fit, exercise or dance	11
Something else	12

Q69 Do you think you do enough physical activity, exercise, or sport to keep you as fit as you would like?

AOWNFIT

404

Yes	1
No	2

Q70 Would you like to do more physical activity, exercise or sport than you do at the moment?

ADOMORPA

405

Yes 1

No 2 → **Go to Q73**

At the moment I am unable to 3

Q71 Which of the following statements best describes you?

APAFUTR

Tick ONE box

406

I'm unlikely ever to do more physical activity, exercise or sport 1 → **Go to Q73**

I expect to do more physical activity, exercise or sport in the next year 2

I expect to do more physical activity, exercise or sport but not in the next year 3

I don't know 8

Q72 Which types of physical activity, exercise or sport do you expect to take more of in the future?

APAFUT

Tick ALL that apply

407-430

Walking or cycling to get around 01

Climbing stairs instead of taking a lift or escalator 02

Keeping active at home with housework, gardening or childcare 03

Having a physically active job 04

Going for walks or going hiking 05

Going out for cycle rides or going mountain biking 06

Going to the gym 07

Going jogging, running or swimming 08

Playing golf 09

Taking part in sport 10

Doing keep fit, exercise or dance 11

Something else 12

Q73 What **stops** you from doing more physical activity, exercise or sport than you do now?

ASTPPA

	Tick ALL that apply (431-448)	
I don't need to do more	01	→ **Go to the end**
My work commitments	02	
I don't have enough leisure time	03	
Caring for children or older people	04	
I have no one to exercise with	05	
I don't have enough money	06	
There are no suitable places to do it in my area	07	
I haven't got the right clothes or equipment	08	
Poor health or physical limitations	09	
I have injuries which prevent me	10	
None of these	11	

Q74 Many other factors can prevent people from doing more physical activity, exercise or sport. From the following list which, if any, apply **to you**?

APRVPA

	Tick ALL that apply 449-468
I'm not the sporty type	01
I'm too shy or embarrassed	02
I'm worried about injury	03
I'm too old	04
I prefer to do other things	05
I think exercise is a waste of time	06
I'm too overweight	07
I'm not motivated to do more	08
I don't enjoy physical activity	09
Something else	10
None of these	11
Don't know	98

Q75 What would encourage you to do more physical activity, exercise or sport?

AENCPA

	Tick ALL that apply 469-490
I don't need to do more	01
Advice from a doctor or a nurse	02
Advice from a family member	03
My own ill health	04
Family member's ill health	05
Increased income	06
More leisure time	07
Self-motivation	08
Having someone to do it with	09
Having a physical activity I am capable of	10
Clearer advice from the government	11
Something else	12
None of these	13

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NatCen
National Centre for Social Research

The Health Survey for England

On behalf of The Information Centre for Health and Social Care

UCL

P2727

Health Survey for England 2007

Booklet for 13-15 year olds

In Confidence

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

First name:

Spare	Card	Spare
	3 1 4	
9-11	12-14	15-20

Survey month:

- 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

Brown **C / CS / B**

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 **13** 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 Q4**

Yes ☑ 1

I was **13** years old

write in

Cigarette Smoking

Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Spare 121-490

Tick one box

491

ASMOKCIG

Yes [1] → **Go to Q2**

No [2]

Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

492

ASMOKREG

I have never smoked [1] → **Go to Q6**

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 Q3**

I smoke between one and six cigarettes a week [5]

I smoke more than six cigarettes a week [6]

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

493-494

ACIGAGE

I was [ ] years old → **Go to Q4**

write in

Q4 Did you smoke any cigarettes last week?

Tick one box

495

ACIGWEEK

Yes [1] → **Go to Q5**

No [2] → **Go to Q6**

Q5 How many cigarettes did you smoke last week?

496-497

ACIGNUM

I smoked [ ] cigarettes → **Go to Q6**

write in

Spare 498-504

Q6 In most weeks, how many hours a week are you exposed to other people's tobacco smoke?

505-507

AEXPSM

Number of hours a week [ ] → **Go to Q7a**

write in

EVERYONE PLEASE ANSWER

Q7a Do you find that you are often near people who are smoking in any of these places?

Please tick <u>all</u> the places where you are often near people who are smoking

Tick <u>all</u> boxes which apply

508-511

ANRSMO

At home	1	
On buses or trains	3	➔ **Go to Q7b**
In other people's homes	4	
In other places	6	
No, none of these	7	➔ **Go to Q8**

Q7b Does this bother you?

Tick one box

512

ASMKBTHR

Yes	1	➔ **Go to Q8**
No	2	

Spare 513-514

Drinking

Q8 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

515

ADRPROP

Yes	1	➔ **Go to Q10 on page 4**
No	2	➔ **Go to Q9**

Q9 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch etc)?

Tick one box

516

ADRPOPS

Yes	1	➔ **Go to Q10**
No	2	➔ **Go to Q19 on page 8**

Q10 How old were you the first time you had a proper alcoholic drink or an alcopop?

ADRINKAG

I was 517-518 [ ] years old **Go to Q11**

write in

Q11 How often do you usually have an alcoholic drink or alcopop?

Tick one box

519

ADRINKOF

Almost every day	1
About twice a week	2
About once a week	3
About once a fortnight	4
About once a month	5
Only a few times a year	6
I never drink alcohol now	7

→ **Go to Q12**

Q12 When did you **last** have an alcoholic drink or alcopop?

Tick one box

520

ADRLAST

Today	1
Yesterday	2
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
1 month, but less than 6 months ago	6
6 months ago or more	7

→ **Go to Q13**

→ **Go to Q19 on page 8**

Q13 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 last 7 days.

Beer, lager cider or shandy (exclude bottles or cans of shandy)

Have you drunk this in the last 7 days?

Tick one box

521

ABER2W

No [2] ➔ **Go to Q14**

Yes [1]

How much did you drink in the last 7 days?
Write in:

522-525

ABER2QPT [ ] **Pints (if half a pint, write in ½)**

526-527

ABER2LG AND/OR [ ] **Large cans or bottles**

528-529

ABER2SM AND/OR [ ] **Small cans or bottles**

Q14 **Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails**

Have you drunk this in the last 7 days?

Tick one box

530

ASPIRW

No [2] ➔ **Go to Q15**

Yes [1]

How much did you drink in the last 7 days?
Write in:

531-532

SSPIRQGS [ ] **Glasses (count doubles as two glasses)**

Q15 Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the last 7 days?

Tick one box

533

ASHERW

No [2] ➔ **Go to Q16**

Yes [1]

How much did you drink in the last 7 days?

Write in:

534-535

ASHERQGS [ ] **Glasses (count doubles as two glasses)**

Q16 Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick one box

536

AWINEW

No [2] ➔ **Go to Q17**

Yes [1]

How much did you drink in the last 7 days?

Write in:

537-538

AW250ML [ ] **Large glasses (250 ml)**

539-540

AW175ML AND / OR [ ] **Standard glasses (175ml)**

541-542

AW125ML AND / OR [ ] **Small glasses (125 ml)**

543-544

AWBTL AND / OR [ ] **Bottles (if half a bottle write in ½)**

Q17 Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch, etc.)

Have you drunk this in the last 7 days?

Tick one box

545

APOPSW

No [2] ➔ **Go to Q18**

Yes [1]

How much did you drink in the last 7 days?

Write in:

546-547

APOPSQLG [ ] **Large cans or bottles**

548-549

APOPSQSM AND/OR [ ] **Small cans or bottles**

Q18 Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick one box

550

No [2] ➔ **Go to Q19**

Yes [1] ➔ **Complete details below**

Write in name of drink

How much did you drink in the last 7 days?

Write in:

551 → 552-561

562 → 563-572

573 → 574-583

Spare 584-600

Your weight

Everyone please answer

Q19 Given your age and height, would you say that you are...

Tick one box

601

SAYWGT

About the right weight	1
too heavy	2
or too light?	3
Not sure	8

Q20 At the present time are you trying to **lose** weight, trying to **gain** weight, or are you **not trying** to change your weight?

Tick one box

602

SAYDIET

Trying to lose weight	1
Trying to gain weight	2
Not trying to change weight	3

Spare 603-630

Attitudes towards healthy eating

Q21 Official guidelines measure the fruit and vegetables that people eat in terms of 'portions'.

Which of the following do you think make up **ONE** 'portion of fruit or vegetables'?

XKPORTN

	Tick all that apply 631-636
2 cherry tomatoes	1
1 apple	2
1 melon	3
4 grapes	4
1 jacket potato	5
2 tablespoons of carrots	6

Q22 How many portions of fruit and vegetables do you think **people should** eat everyday?

XAFVSHUD

Please write in NUMBER [ ] 637-638 **per day**

OR tick 98 **I don't know**

Q23 Here are some statements about eating.

Please could you say whether you agree or disagree with them.

Please tick ONE box per row

	XTSTEBAD	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Can't choose**
a)	The tastiest foods are the ones that are bad for you	1	2	3	4	5	8 639
	XHELFENJ						
b)	Healthy foods are enjoyable	1	2	3	4	5	8 640
	XHELFCNF						
c)	I get confused over what's supposed to be healthy and what isn't	1	2	3	4	5	8 641
	ADNTCARE						
d)	I don't really care what I eat	1	2	3	4	5	8 642
	XETWHATR						
e)	If you do enough exercise you can eat whatever you like	1	2	3	4	5	8 643

Q24 Overall, would you say that what you usually eat is...

XAGENEAT

644

Very healthy [1] → **Go to Q27**

Quite healthy [2]

Not very healthy [3] → **Go to Q25**

Very unhealthy [4]

Q25 Would you like to eat more healthily than you do at the moment?

XEMORHEL

645

Yes [1] → **Go to Q26**

No [2]

I don't know [8] → **Go to Q27**

Q26 Which of these statements applies to you:

XEHELFUT

646

I'm unlikely ever to eat more healthily [1]

I expect to eat more healthily within the next year [2]

I expect to eat more healthily but not in the next year [3]

I don't know [8]

Q27 What types of snacks do you eat between meals?

TSNACK

Tick all that apply

647-668

I don't eat snacks between meals	01 ➔ **Go to Q29**
Crisps	02
Biscuits and cakes	03
Chocolate and sweets	04
Cereal bars (such as Nutrigrain, Tracker)	05
Savoury crackers (such as Cheddars)	06
Fresh fruit	07
Dried fruit including raisins	08
Rice cakes and bread sticks	09
Vegetable sticks and tomatoes	10
Cheese	11
Something else	12

Q28 Would you eat healthier snacks (such as fresh fruit or raisins) if they were available?

HELSNAK

669

Yes	1
No	2

Q29 Which of the following do you think might be important for healthy eating for people of **your age**?

KHLEAT

Tick all that apply

670-685

Eating less fatty or fried foods	01
Eating less sugar (eg. sweets, cakes, chocolate, biscuits)	02
Eating lots of whole grain products (such as brown or wholemeal bread or cereals such as Weetabix)	03
Eating lots of fruit	04
Eating lots of vegetables	05
Eating lots of meat, fish, or cheese	06
Eating lots of pulses (such as soya beans, lentils or chickpeas)	07
Drinking fewer fizzy drinks	08

Q30 In what ways could **you** improve what you eat?

AETLESC

Tick all that apply

a) I could improve what I eat by **eating less:**

686-689

convenience foods (such as chicken nuggets and chips)	1
fast foods or takeaways (such as burgers or pizza)	2
crisps or savoury biscuits	3
sugar, sweets, chocolates, biscuits, cakes	4
none, no changes needed	5

b) I could improve what I eat by **eating more:** AETMORC

Tick all that apply

690-692

fruit	1
vegetables	2
salad	3
none, no changes needed	4

Q31 What would **stop** you from making these improvements to the way you eat?

Tick all that apply

693-710

ASTOPC

Don't like healthy foods	01	
Doesn't satisfy hunger	02	
Don't want to change eating habits	03	
Lack of motivation	04	
I eat what I'm given	05	
No healthy options at home	06	
No healthy options at school	07	
None of these	08	
No changes needed	09	➔ **Go to Q33**
Something else	10	

Q32 What would **encourage** you to make these improvements to the way you eat?

Tick all that apply

711-730

AENCC

Advice from parent	01	
Advice from teacher	02	
Advice from school nurse	03	
Advice from friend or brother or sister	04	
TV adverts	05	
Information leaflets	06	
Being motivated to	07	
Being given healthier food	08	
None of these	09	
Something else	10	

Attitudes towards Physical Activity

We would like to ask you some questions about physical activity. By physical activity we mean all types of exercise such as walking, running around, kicking a ball, dancing, riding a bike or swimming. This includes physical activity you do at school. It also includes any sports that you do.

Q33 How many days a week do you think **young people should do** physical activity of any type?

By week we mean the whole week including weekends KPADAYSC

731

Please write in **NUMBER** [ ] **Days**

I don't know [8]

Q34 On each of the days a young person does physical activity, how long should they do it for it to be good for them? KPAMINSC

732-734

Write in **NUMBER** [ ] **Minutes per day**

I don't know [998]

Q35 Compared to other people of your own age would you describe **yourself** as... XOWNPHYA

735

Very physically active [1]

Fairly physically active [2]

Not very physically active [3]

Not at all physically active [4]

Q36 Would you like to do more exercise or physical activity than you do at the moment? XDOMORPA

736

Yes [1] → **Go to Q37**

No [2] → **Go to Q38**

Q37 Which types of exercise/ physical activity would you like to do more of in the future? APFUTC

737-758

Walking	01
Riding a bike	02
Going swimming	03
Running or jogging	04
Ball sports such as football, netball, tennis or golf	05
Other sports such as gymnastics, athletics, martial arts or trampolining	06
Dancing	07
Horse riding	08
Playing outside in garden or playgrounds	09
Skate boarding, roller skating or ice skating	10
Something else	11

Spare 759-760

Attitudes towards drinking

Q38 Do you **ever** drink alcohol?

AEVRDRNK

761

Yes	1	➔ **Go to Q39**
No	2	➔ **Go to Q43**

Q39 Do your parent(s) know that you have ever drunk alcohol?

APKNOWDR

762

Yes	1	➔ **Go to Q40**
No	2	➔ **Go to Q41**
I don't know	8	➔ **Go to Q40**

Q40 What do your parent(s) think of you drinking alcohol?

APTHNKDR

Please tick ONE box

763

They don't like me drinking alcohol [1]

They don't mind me drinking alcohol [2]

They like me drinking alcohol [3]

It varies [4]

I don't know [8]

Q41 Have you been drunk in the **last 12 months**?

764

ADRNK12M

Yes [1] ➔ **Go to Q42**

No [2] ➔ **Go to Q43**

Q42 Do your parent(s) know that you have been drunk in the **last 12 months?**

765

APDNK12M

Yes [1]

No [2]

Q43 Here are some reasons why other people of your age may drink alcohol.

Please could you say whether you agree or disagree with them.

Please tick ONE box per row

		Strongly agree	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Can't choose**	
a)	People of my age drink because it helps them relax ADNKRLAX	1	2	3	4	5	8	766
b)	People of my age drink because it makes them feel more confident ADNKCONF	1	2	3	4	5	8	767
c)	People of my age drink to be sociable with their friends ADNKSOCB	1	2	3	4	5	8	768
d)	People of my age drink because of pressure from their friends ADNKPRES	1	2	3	4	5	8	769
f)	People of my age drink because they are bored and have nothing else to do ADNKBORE	1	2	3	4	5	8	770

Attitudes towards smoking

Q44 In general, do you mind if other people smoke near you, or not?

XSMOKNR

771

Yes 1

No 2

It depends 3

Q45 How much, if at all, would you say breathing in other people's smoke affects young people who are exposed to it?

KNSMHLYP

772

A great deal 1

A fair amount 2

Just a little 3

➔ **Go to Q46**

Not at all 4

I don't know 8

➔ **Go to the END**

Q46 In what ways would you say breathing in other people's smoke affects the health of young people?

Tick ALL that apply

KSMHLY

773-790

Causes breathlessness 01

Causes coughing 02

Causes wheezing 03

Causes people to get asthma or makes asthma worse 04

Makes people prone to chest infections or bronchitis 05

Makes people less fit than they used to be 06

Makes people more likely to suffer from cancer 07

Makes people more likely to suffer from other serious illnesses (such as heart disease or stroke) 08

Something else 09

I don't know 98

Thank you for answering these questions.

Please give the booklet back to the interviewer.

NatCen
National Centre for Social Research

The Health Survey for England

On behalf of The Information Centre for Health and Social Care

UCL

P2727

Health Survey for England 2007

Booklet for 11-12 year olds

In Confidence

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

First name:

Spare	Card	Spare
	3 1 5	
9-11	12-14	15-20

Survey month:

- 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

Green **C / CS / B**

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 **11** 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 Q4**

Yes ☑ 1

I was **11** years old

write in

Cigarette Smoking

Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

CSMOKCIG

498

No 2 ➔ **Go to Q2**

Yes 1

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

CSMOKAGE

499-500

I was [ ] years old

Write in

Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

CSMOKREG

501

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

I smoke between one and six cigarettes a week 5

I smoke more than six cigarettes a week 6

➔ **Go to Q3**

Q3 Did you smoke any cigarettes last week?

Tick one box

CCIGWEEK

502

No 2 ➔ **Go to Q4**

Yes 1

How many cigarettes did you smoke last week?

CCIGNUM

503-504

I smoked [ ] cigarettes

Write in

Spare 505-507

EVERYONE PLEASE ANSWER

Q4 Do you find that you are often near people who are smoking in any of these places?

Please tick <u>all</u> the places where you are often near people who are smoking

Tick <u>all</u> boxes that apply

508-511

ANRSMO

At home	1	
On buses or trains	3	➔ **Go to Q5**
In other people's homes	4	
In other places	6	
No, none of these	7	➔ **Go to Q6 on page 4**

Q5 Does this bother you?

Tick one box

512

ASMKBTHR

Yes	1	➔ **Go to Q6**
No	2	

Spare 513-514

Drinking

Q6 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

ADRPROP

515

Yes [1] → **Go to Q8**

No [2] → **Go to Q7**

Q7 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch etc)?

Tick one box

ADRPOPS

516

Yes [1] → **Go to Q8**

No [2] → **Go to Q11 on page 5**

Q8 How old were you the first time you had a proper alcoholic drink or alcopop?

ADRINKAG

I was [517-518] years old

write in

Q9 How often do you usually have an alcoholic drink or alcopop?

Tick one box

ADRINKOF

519

Almost every day [1]

About twice a week [2]

About once a week [3]

About once a fortnight [4] → **Go to Q10**

About once a month [5]

Only a few times a year [6]

I never drink alcohol now [7]

Q10 When did you **last** have an alcoholic drink or alcoholic soft drink?

ADRLAST

Tick one box
520

Today	1
Yesterday	2
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
1 month, but less than 6 months ago	6
6 months ago or more	7

➔ **Go to Q11**

Spare 521-600

Your weight

Everyone please answer

Q11 Given your age and height, would you say that you are...

SAYWGT

Tick one box
601

About the right weight	1
too heavy	2
or too light?	3
Not sure	8

Q12 At the present time are you trying to **lose** weight, trying to **gain** weight, or are you **not trying** to change your weight?

SAYDIET

Tick one box
602

Trying to lose weight	1
Trying to gain weight	2
Not trying to change weight	3

Spare 603-630

Attitudes towards healthy eating

Q13 Official guidelines measure the fruit and vegetables that people eat in terms of 'portions'.

Which of the following do you think make up **ONE** 'portion of fruit or vegetables'?

XKPORTN

	Tick all that apply 631-636
2 cherry tomatoes	1
1 apple	2
1 melon	3
4 grapes	4
1 jacket potato	5
2 tablespoons of carrots	6

Q14 How many portions of fruit and vegetables do you think **people should** eat everyday?

XAFVSHUD

637-638

Please write in NUMBER ____ **per day**

OR tick 98 **I don't know**

Q15 Here are some statements about eating.

Please could you say whether you agree or disagree with them.

Please tick ONE box per row

	XTSTEBAD	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Can't choose**	
a)	The tastiest foods are the ones that are bad for you	1	2	3	4	5	8	639
	XHELFENJ							
b)	Healthy foods are enjoyable	1	2	3	4	5	8	640
	XHELFCNF							
c)	I get confused over what's supposed to be healthy and what isn't	1	2	3	4	5	8	641
	ADNTCARE							
d)	I don't really care what I eat	1	2	3	4	5	8	642
	XETWHATR							
e)	If you do enough exercise you can eat whatever you like	1	2	3	4	5	8	643

Q16 Overall, would you say that what you usually eat is... XAGENEAT

644

Very healthy	1
Quite healthy	2
Not very healthy	3
Very unhealthy	4

Spare (645-646)

Q17 What types of snacks do you eat between meals?

TSNACK

Tick all that apply

647-668

I don't eat snacks between meals	01	➔ **Go to Q19**
Crisps	02	
Biscuits and cakes	03	
Chocolate and sweets	04	
Cereal bars (such as Nutrigrain, Tracker)	05	
Savoury crackers (such as Cheddars)	06	
Fresh fruit	07	
Dried fruit including raisins	08	
Rice cakes and bread sticks	09	
Vegetable sticks and tomatoes	10	
Cheese	11	
Something else	12	

Q18 Would you eat healthier snacks (such as fresh fruit or raisins) if they were available? HELSNAK

669

Yes	1
No	2

Q19 Which of the following do you think might be important for healthy eating for people of **your age**?

KHLEAT

	Tick all that apply 670-685
Eating less fatty or fried foods	01
Eating less sugar (eg. sweets, cakes, chocolate, biscuits)	02
Eating lots of whole grain products (such as brown or wholemeal bread or cereals such as Weetabix)	03
Eating lots of fruit	04
Eating lots of vegetables	05
Eating lots of meat, fish, or cheese	06
Eating lots of pulses (such as soya beans, lentils or chickpeas)	07
Drinking fewer fizzy drinks	08

Q20 In what ways could what **you** eat be improved?
AETLESC

a) I could improve what I eat by **eating less:**

	Tick all that apply 686-689
Convenience foods (such as chicken nuggets and chips)	1
Fast foods or takeaways (such as burgers or pizza)	2
Crisps or savoury biscuits	3
Sugar, sweets, chocolates, biscuits, cakes	4
None, no changes needed	5

b) I could improve what I eat by **eating more:** AETMORC

	Tick all that apply 690-692
Fruit	1
Vegetables	2
Salad	3
None, no changes needed	4

Q21 What would **stop** you making these improvements to the way you eat? ASTOPC

Tick all that apply
693-710

Don't like healthy foods	01
Doesn't satisfy hunger	02
Don't want to change eating habits	03
Lack of motivation	04
I eat what I'm given	05
No healthy options at home	06
No healthy options at school	07
None of these	08
No changes needed	09 → **Go to Q23**
Something else	10

Q22 What would **encourage** you to make these improvements to the way you eat? AENCC

Tick all that apply
711-730

Advice from parent	01
Advice from teacher	02
Advice from school nurse	03
Advice from friend or brother or sister	04
TV adverts	05
Information leaflets	06
Being motivated to	07
Being given healthier food	08
None of these	09
Something else	10

Attitudes towards physical activity

We would like to ask you some questions about physical activity. By physical activity we mean all types of exercise such as walking, running around, kicking a ball, dancing, riding a bike or swimming. This includes physical activity you do at school. It also includes any sports that you do.

Q23 How many days a week do you think **children of your age should do** physical activity of any type? KPADAYSC

By week we mean the whole week including weekends

731

Please write in **NUMBER** ☐ **Days**

I don't know ☐ 8

Q24 On each of the days children do physical activity, how long should they do it for it to be good for their health? KPAMIINSC

732-734

Please write in **NUMBER** of minutes ☐ **Minutes per day**

I don't know ☐ 8

Q25 Compared to other people of your own age would you describe **yourself** as... XOWNPHYA

735

Very physically active ☐ 1

Fairly physically active ☐ 2

Not very physically active ☐ 3

Not at all physically active ☐ 4

Q26 Would you like to do more exercise or physical activity than you do at the moment? XDOMORPA

736

Yes ☐ 1 ➔ **Go to Q27**

No ☐ 2 ➔ **Go to the END**

Q27 Which types of exercise/ physical activity would you like to do more of in the future? APFUTC

737-758

Walking	01
Riding a bike	02
Going swimming	03
Running or jogging	04
Ball sports such as football, netball, tennis or golf	05
Other sports such as gymnastics, athletics, martial arts or trampolining	06
Dancing	07
Horse riding	08
Playing outside in garden or playgrounds	09
Skate boarding, roller skating or ice skating	10
Something else	11

Thank you for your help with this questionnaire.

Please give the booklet back to the interviewer.

NatCen
National Centre for Social Research

The Health Survey for England

On behalf of The Information Centre for Health and Social Care

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P2727

Health Survey for England 2007

Booklet for 8-10 year olds

In Confidence

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

First name:

Spare	Card	Spare
	3 1 6	
9-11	12-14	15-20

Survey month:

- 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

Yellow **C / CS / B**

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 **9** 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?

CSMOKCIG

Tick one box

498

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?

CSMOKAGE

499-500

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.

CSMOKREG

Tick one box

501

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]

I smoke between one and six cigarettes a week [5]

I smoke more than six cigarettes a week [6]

➔ **Go to question 3**

3. Did you smoke any cigarettes last week?

CCIGWEEK

Tick one box

502

No [2] ➔ **Go to question 4**

Yes [1]

How many cigarettes did you smoke last week?

CCIGNUM

503-504

I smoked [ ] cigarettes

Write in

Spare 505-507

EVERYONE PLEASE ANSWER

4. Do you find that you are often near people who are smoking in any of these places?

Please tick <u>all</u> the places where you are often near people who are smoking

Tick <u>all</u> boxes which apply

508-511

ANRSMO

At home	1	
On buses or trains	3	➔ **Go to question 5**
In other people's homes	4	
In other places	6	
No, none of these	7	➔ **Go to question 6 on page 4**

5. Does this bother you?

Tick one box

512

ASMKBTHR

Yes	1	➔ **Go to next question**
No	2	

Spare 513-514

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.**

ADRPROP

Tick one box

515

Yes [1] ➔ **Go to question 8**

No [2] ➔ **Go to question 7**

7. Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch etc)?

ADRPOPS

Tick one box

516

Yes [1] ➔ **Go to question 8**

No [2] ➔ **Go to question 11 on page 6**

8. How old were you the first time you had a proper alcoholic drink or alcopop?

ADRINKAG

I was [517-518] years old

write in

9. How often do you usually have an alcoholic drink or alcopop?

ADRINKOF

Tick one box

519

Almost every day [1]

About twice a week [2]

About once a week [3]

About once a fortnight [4] ➔ **Go to question 10**

About once a month [5]

Only a few times a year [6]

I never drink alcohol now [7]

10. When did you **last** have an alcoholic drink or alcoholic soft drink?

ADRLAST

Tick one box
520

Today	1	
Yesterday	2	
Some other time during the last week	3	
1 week, but less than 2 weeks ago	4	➔ **Go to question 11**
2 weeks, but less than 4 weeks ago	5	
1 month, but less than 6 months ago	6	
6 months ago or more	7	

Spare 521-600

Your weight

Everyone please answer

11. Given your age and height, would you say that you are...

Tick one box
601

SAYWGT

About the right weight	1
too heavy	2
or too light?	3
Not sure	8

12. At the present time are you trying to **lose** weight, trying to **gain** weight, or are you **not trying** to change your weight?

Tick one box
602

SAYDIET

Trying to lose weight	1
Trying to gain weight	2
Not trying to change weight	3

Spare 603-614

Cycling

Everyone please answer

13. Do you have a bicycle?

CBICYCLE

Tick one box

615

Yes [1]

No [2]

➔ **Go to question 14**

14. Do you wear a bicycle helmet when you ride a bike?

Tick one box

616

CHELMA

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 15**

15. What do you think about bicycle helmets?
Please tick all the boxes that you agree with

Tick all boxes which apply

617-623

CHELMB

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 your help with this questionnaire.

NatCen National Centre for Social Research

The Health Survey for England

On behalf of the Information Centre for health and social care

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P2727

Health Survey for England 2007

Booklet for parents of 4-15 year olds

In Confidence

Point (1-3) | Address (4-5) | HHLD (6) | CKL | Child no (7-8) | Spare (9-11)

First name of **child**:

Card (12-13): 3 2

First name of **parent** completing booklet:

Person no of parent (14-15) | Spare (16-20)

Survey month:

How to fill in this questionnaire

The questions in this booklet can be answered by simply circling the number below the answer that applies.

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

Blue CS / B

Strengths and Difficulties Questionnaire

We'd like you to tell us something about your child's behaviour over the **last 6 months**.

For each item, please circle the number for Not true, Somewhat true, or Certainly true to show how true the item is of your child.

(CIRCLE **ONE** NUMBER ON EACH LINE)

		Not true	Somewhat true	Certainly true	Spare 21-50
1.	Considerate of other people's feelings SDQFEEL	1	2	3	51
2.	Restless, overactive, cannot stay still for long SDQHYPER	1	2	3	52
3.	Often complains of headaches, stomach-aches or sickness SDQACHES	1	2	3	53
4.	Shares readily with other children (treats, toys, pencils etc.) SDQSHARE	1	2	3	54
5.	Often has temper tantrums or hot tempers SDQTEMPR	1	2	3	55
6.	Rather solitary, tends to play alone SDQLONE	1	2	3	56
7.	Generally obedient, usually does what adults request SDQOBEYS	1	2	3	57
8.	Many worries, often seems worried SDQWORRY	1	2	3	58
9.	Helpful if someone is hurt, upset or feeling ill SDQHELP	1	2	3	59
10.	Constantly fidgeting or squirming SDQFIDGT	1	2	3	60
11.	Has at least one good friend SDQPAL	1	2	3	61
12.	Often fights with other children or bullies them DSQFIGHT	1	2	3	62
13.	Often unhappy, down-hearted or tearful DSQSAD	1	2	3	63
14.	Generally liked by other children SDQLIKED	1	2	3	64
15.	Easily distracted, concentration wanders SDQHAZE	1	2	3	65
16.	Nervous or clingy in new situations, easily loses confidence SDQCLING	1	2	3	66
17.	Kind to younger children SDQKIND	1	2	3	67
18.	Often lies or cheats SDQLIES	1	2	3	68
19.	Picked on or bullied by other children SDQBULLD	1	2	3	69

(CIRCLE **ONE** NUMBER ON EACH LINE)

		Not true	Somewhat true	Certainly true	Spare 21-50
20.	Often volunteers to help others (parents, teachers, other children) SDQVOL	1	2	3	70
21.	Thinks things out before acting SDQTHINK	1	2	3	71
22.	Steals from home, school or elsewhere SDQSTEAL	1	2	3	72
23.	Gets on better with adults than with other children SDQADULT	1	2	3	73
24.	Many fears, easily scared SDQFEARS	1	2	3	74
25.	Sees tasks through to the end, good attention span SDQTEND	1	2	3	75

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26. Have you ever consulted any of the following people or organisations about any behavioural or developmental problem your child may have had? PRBCO

	CIRCLE **ALL** THAT APPLY	
General Practitioner (GP)	01	76-93
Health Visitor	02	
Nurse at GP surgery or health centre	03	
Community, School or District nurse	04	
Consultant/Specialist or other doctor at hospital outpatients	05	
Social Worker	06	
Psychologist	07	
Teacher	08	
Other person or organisation (please write in who)	09	
None of these	10	

Thank you for answering these questions.

Please give the booklet back to the interviewer

NatCen National Centre for Social Research

The Health Survey for England

On behalf of The Information Centre for health & social care

UCL

P8727

Health Survey for England: 2007

Booklet for adults: Eating Habits

In Confidence

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

Spare	Card	Version	Spare
	3 2	2	
9-11	12-13	14	15-20

First name:

Survey month:

How to fill in this questionnaire

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

EXAMPLE QUESTION:

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

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

EXAMPLE QUESTION:

Tick ONE box

Do you feel there are things you can do to improve your health?

Yes ☒ 1 ➔ **GO TO Q4**

No ☐ 2 ➔ **GO TO Q3**

By following the arrows carefully, you will miss out the questions that do not apply to you.

Eating Habits

Please read this carefully

We would now like to ask you about some foods which you may eat.
Please answer ALL the questions by ticking the box which you think most applies to you.

1. What kind of milk do you **usually** use for drinks, in tea or coffee and on cereals? Is it ... 21
If you usually use soya, rice or other non-dairy milk substitutes please tick "do not drink milk" and record details in space below:

MILK

Tick ONE box

Whole milk	☐ 1	
Semi-skimmed milk, including dried semi-skimmed	☐ 2	→ **GO TO Q2**
Skimmed milk, including dried skimmed	☐ 3	
Do not have a usual type	☐ 4	
Do not drink milk	☐ 5	→ **GO TO Q3**

Details of non-dairy milk substitutes: _____

2. About how much milk do you yourself use each day, on average (for drinks, in tea and coffee, on cereals etc.). Is it ... 22

MILKQUA

Tick ONE box

Less than a quarter of a pint	☐
About a quarter of a pint	☐ 2
About half a pint	☐ 3
One pint or more	☐ 4

3. How often, on average, do you eat a serving of any type of cheese, except cottage cheese? 23

CHEESE

Tick ONE box

6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

4. How often, on average, do you eat a serving of chicken or turkey? 24

WHITMEAT

INCLUDE: processed chicken or turkey, chicken roll, chicken nuggets, turkey burgers

Tick ONE box

6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. How often, on average, do you eat a serving of beef, pork or lamb?
REDMEATB

INCLUDE: burgers, sausages, bacon, cold meats, ham, corned beef, luncheon meat, spam, meat pies, meat curries, casseroles.

25

Tick ONE box

6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never
1	2	3	4	5

6. How often, on average, do you eat a serving of any fried food?
FRIEDFDB

INCLUDE: Fried fish or chicken, chips (including oven chips), cooked breakfast, samosas.

26

Tick ONE box

6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never
1	2	3	4	5

7. Apart from fried fish, how often, on average do you eat a serving of fish?
FISH

INCLUDE: Prawns, tinned fish such as tuna.

27

Tick ONE box

6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never
1	2	3	4	5

8. How often, on average, do you eat sweet or savoury snacks such as chocolates, crisps, nuts or biscuits?
SNACK

INCLUDE: savoury biscuits such as cream crackers.

28

Tick ONE box

6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never
1	2	3	4	5

9. How often, on average, do you eat a serving of cakes, pies, puddings or pastries?

CAKESC

29

Tick ONE box

6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never
1	2	3	4	5

10. About how many rounded <u>teaspoons</u> of butter, margarine or other spread do you usually use in a <u>day</u>, for example on bread, sandwiches, toast, potatoes or vegetables?

WRITE IN
No. of teaspoons per <u>day</u>

a. <u>Butter or margarine</u> (eg. Anchor, Lurpak, Stork, I can't believe it's not butter, Clover) BUTTERQ ☐ 30-31

b. <u>Low fat or reduced spreads, half fat butter</u> (eg. Flora, Gold, Bertolli, Pure dairy free spread with Soya, Sunflower spreads, etc.) LOWFATQ ☐ 32-33

c. If you do not use any of these on a normal day, please tick (3) here NOFAT ☐ 1 34

11. What sort of fat or oil do you usually use for cooking or frying food?
FATCOOK

Tick ONE box

Butter, ghee, lard, suet, solid cooking fat ☐ 1 35

Hard or soft margarine, half fat butter ☐ 2

Vegetable oil, e.g. Sunflower, olive, rape seed, mustard, peanut, corn ☐ 3

Do not use oil or fat in cooking ☐ 4

Thank you for answering these questions.

Please give the booklet back to the nurse.

P2727

The Health Survey for England 2007

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 0..120

OC
Interview outcome of person who was interviewed
1 Agreed Nurse Visit
2 Refused Nurse Visit
3 No outcome yet

IF AGE <= 15 THEN
P1
Person number of child's Parent 1.
Range: 1..12

NatPs1
Parent type of Parent 1.
1 Parent
2 ***Legal parental responsibility***
P2
Person number of child's Parent 2
(code 97=no Parent 2 in household)
Range: 01..97

IF P2 IN [1..12] THEN
NatPs2
Parent type of Parent 2.
1 Parent
2 Legal parental responsibility
ENDIF

ENDIF

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 Nurse Par1 NatPs1 Par2 NatPs2
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 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.

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 your age is *(computed age)*?

1 Yes

2 No

IF Age of Respondent is 0 to 15 years THEN

CParInt

NURSE: A child can be interviewed only with the permission of, and in the presence of, their parent or person who has (permanent) legal parental responsibility, ('parent'). No measurements should be carried out without the agreement of both parent and the child. ENTER '1' TO CONTINUE

CParNo

NURSE CHECK: WHICH PARENT (OR "PARENT") IS GIVING PERMISSION FOR MEASUREMENTS TO BE TAKEN AND ANSWERING QUESTIONS FOR THIS CHILD?

A *(Name of Parent 1)*
B *(Name of Parent 2)*

ENDIF

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

Immunisations and Infant Length

ASK ALL UNDER 2 YEARS OLD

ImAny

There is interest in what immunisations children are getting. Has (child's name) had any immunisations yet?
NURSE: EXCLUDE ANY JUST FOR TRAVEL OR HOLIDAYS.

1 Yes
2 No

IF ImAny = Yes THEN

ImIntro

SHOW EXAMPLE RED BOOK.
When children are given immunisations, these are usually marked in a red Child Health Record Book (or Red Book) which is kept by the parent or guardian at home. Do you have (child's name)'s red book to hand?
NURSE: IF YES, ASK PARENT TO GET BOOKLET AND ENCOURAGE THEM TO CONSULT IT TO FIND OR CHECK RESPONSES.

1 Yes
2 No

ImBook

SHOW CARD A
Has (child's name) had any of the immunisations on this card?
(If you need to, please refer to the red (Child Health Record) book to check.)

1 Yes
2 No

IF ImBook = Yes THEN

ImWhic

SHOW CARD A, AGAIN.
Which ones has (child's name) had?
NURSE: IF HAD SEPARATE JABS FOR MEASLES, MUMPS AND/OR RUBELLA (INSTEAD OF ALL THREE COMBINED (MMR) DO NOT USE CODE 4, BUT CODE THESE AS SEPARATE.

1 Diphtheria/ Tetanus/ Whooping Cough
2 Polio
3 Hib (Haemophilus Influenzae type b)
4 Diptheria/ Tetanus/ Whooping Cough/ Polio/ Hib (Haemophilus Influenzae type b) as a 5-in-1 injection
5 Measles, Mumps, Rubella (MMR)
6 Meningococcal C
7 Pneumococcal infection (Pneomococcal conjugate vaccine, PCV)
8 (Measles as a separate immunisation)
9 (Mumps as a separate immunisation)
10 (Rubella as a separate immunisation)

ImOth

SHOW CARD A, AGAIN.
Has (child's name) had any immunisations not listed on this card? (These may also be written in the Red Book).
INCLUDE IMMUNISATIONS RECEIVED ABROAD, BUT EXCLUDE IMMUNISATIONS JUST FOR TRAVEL OR HOLIDAYS.

1 Yes
2 No

IF ImOth = Yes THEN

ImOthWh

Which ones?
NURSE: TYPE IN NAME OF ANY OTHER IMMUNISATIONS. WHERE POSSIBLE COPY DIRECTLY FROM RED BOOK.

Text (maximum 100 characters)

ENDIF

IF (ImAny = Yes) OR (ImOth = Yes) THEN

ImRedB

NURSE CODE: Did parent consult health record (red book) for information or immunisations?
IF YES: Was the information in the health record?

1 Consulted and information available
2 Consulted but information not available
3 Did not consult health record

ENDIF
ENDIF
ENDIF

IF CHILD AGED UNDER 2 YEARS BUT OVER 6 WEEKS:

LgthMod

NURSE: NOW FOLLOWS THE INFANT LENGTH MODULE.
PLEASE PRESS <1> AND <Enter> TO CONTINUE.

1 Continue

LgthInt

(As I mentioned earlier,) I would like to measure *(child's name)*'s length.
IF ASKED: This gives us information about your child's growth.

1 Length measurement agreed
2 Length measurement refused
3 Unable to measure length for other reason

IF LgthInt=Agree THEN

Length

NURSE: MEASURE INFANT'S LENGTH AND RECORD IN CENTIMETRES.
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.

Range: 40.0..999.9

IF Length <> 999.9 THEN

LgthRel

NURSE: Is this measurement reliable?

1 Yes
2 No

MbkLgth

NURSE: WRITE THE RESULTS OF THE LENGTH MEASUREMENT ON RESPONDENT'S MEASUREMENT RECORD CARD.

1 Continue

ELSEIF Length = 999.9

YNoLgth

NURSE: GIVE REASON FOR NOT OBTAINING A LENGTH MEASUREMENT.

1 Measurement refused
2 Attempted, not obtained
3 Measurement not attempted

ENDIF

ENDIF

IF (YNoLgth=Refuse OR NoTry) OR (LgthInt=Refuse OR Unable]) THEN

NoAttL

NURSE: GIVE REASON FOR (*refusal/not obtaining the measurement/not attempting the measurement)*

1 Child asleep
2 Child too frightened or upset
3 Child too shy
4 Child would not lie still
95 Other reason(s)

IF NoAttL=Other THEN

OthNLth

NURSE: ENTER DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THE LENGTH MEASUREMENT.

Text: maximum 100 characters

ENDIF

ENDIF

Prescribed medicines, drug coding and vitamin supplements

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? NURSE: If statins have been prescribed by a doctor, please code them here. If they are bought without a prescription, code at the statins question.

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?
NURSE: Including the contraceptive pill.

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
ENDIF

IF age>=16 AND MedCNJD = No OR MedBic = No THEN

Statins

Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without the prescription of a doctor?

NURSE: Here are some examples of common statins, which may be bought over the counter: Atorvastatin (Lipitor), Fluvastatin (Lescol, Lescol XL), Pravastatin (Lipostat), Rosuvastatin (Crestor) and Simvastatin (Zocor).

1 Yes
2 No

IF Statins = Yes THEN

StatinA

Have you taken/used any statins in the last 7 days?

1 Yes
2 No

ENDIF

IF MedCNJD=Yes THEN

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

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

Nicotine replacements and current cigarette brand

ASK IF RESPONDENT AGED 16 AND OVER

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 (include filter tipped, plain or untipped cigarettes)
2 Yes, hand-rolled cigarettes
3 Yes, cigars
4 Yes, pipe
5 No

IF (Smoke = Yes, cigarettes) OR (SMOKE = Yes, hand rolled 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

IF (Smoke = Yes, cigarettes (include filtertipped, plain or untipped cigarettes)) THEN

CigBrand

Which brand of cigarette do you usually smoke?

ASSIGN 4-DIGIT CODE FROM CIGARETTE BRANDS CODING LIST.

RANGE: 1000..9997

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.

TEXT: maximum 100 characters

Nicotine

NURSE: Code nicotine level in mg of usual brand of cigarettes.

This is usually printed on the side of the packet.

If no packet available, ask respondent to estimate.

Enter value with up to three decimals.

RANGE: 0.000..1.100

NicEst

NURSE CODE:

1 Nicotine level obtained by looking at packet
2 Estimate "Respondent estimated nicotine level

Tar

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

TarEst

NURSE CODE:

1 Packet (Tar level obtained by looking at packet)
2 Estimate (Respondent estimated tar level)

ENDIF

UseNic

We are also interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum, patches or inhalers. Have you used any of these types of products in the last seven days?
NURSE: PLEASE NOTE THIS DOES NOT INCLUDE THE NEW MEDICATION PRESCRIBED TO AID SMOKING CESSATION.

1 Yes
2 No

IF UseNic=Yes THEN

UseGum

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 Nicorette: 5mg
2 Nicorette: 10mg
3 Nicorette: 15mg
4 Nicotinell TTS: 10 (7mg)
5 Nicotinell TTS: 20 (14mg)
6 Nicotinell TTS: 30 (21mg)
7 Niquitin: 7mg
8 Niquitin: 14mg
9 Niquitin: 21mg
10 Other (SPECIFY AT NEXT QUESTION)
11 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

ENDIF

UseNas

In the last seven days, have you used nicotine nasal spray or a nicotine inhaler?

1 Yes
2 No

ENDIF

Blood Pressure

IF Age of Respondent 0 to 4 years THEN

NoBP

NO BLOOD PRESSURE READING TO BE DONE. ENTER '1' TO CONTINUE.

1 Continue

ENDIF

IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN

PregMes

RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE.

1 Continue

ENDIF

ALL AGED 5+ (EXCEPT PREGNANT WOMEN)

BPMod

NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE. ENTER '1' TO CONTINUE:

1 Continue

IF Age of Respondent is over 15 years THEN

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.

1 Continue

ELSE (Respondent aged 5-15)

BPBlurb

READ OUT TO PARENT/PARENTS:(As I mentioned earlier) we would like to measure *(name of child's)* blood pressure. If you wish, I will write the results on *(his/her)* Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using *(his/her)* age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a high blood pressure. However if you would like us to, we will send your results to your GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for *(his/her)* age and height, we shall advise *(his/her)* GP (with your permission) that *(name of child's)* blood pressure should be measured again.

1 Continue

ENDIF

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

IF Age of Respondent is 13 years or over 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)

ELSEIF (Age of Respondent is 5 to 12 years AND BPConst = Yes, agrees) THEN

ConSubX2

May I just check, has *(name of child)* eaten, or done any vigorous exercise, in the past 30 minutes?

CODE ALL THAT APPLY.

1 Eaten
2 Done vigorous exercise
3 Neither

ENDIF

OMRONNo

RECORD BLOOD PRESSURE EQUIPMENT 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 (15-22 cm)
2 Adult (22-32 cm)
3 Large adult (32-42 cm)

AirTemp

RECORD THE AMBIENT AIR TEMPERATURE **IN CENTIGRADES** TO ONE DECIMAL PLACE.

Range: 00.0..40.0

BPReady

NURSE: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.
ENSURE THE READY TO MEASURE SYMBOL IS LIT BEFORE PRESSING THE START BUTTON TO THE START MEASUREMENTS.

1 Continue

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 Problems with PC
2 Respondent upset/anxious/nervous
3 Error reading
4 (IF AGED UNDER 16: Too shy)
5 (IF AGED UNDER 16: Child would not sit still long enough)
6 Problems with cuff fitting/painful
7 Problems with equipment (not error reading)
95 Other reason(s) (SPECIFY AT NEXT QUESTION)

IF NattBP = Other THEN

OthNBP

ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:

Text: Maximum 140 characters

ENDIF

ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN

DifBPC

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 Problems with cuff fitting/painful
5 Problems with equipment (not error reading)
6 Error reading
95 Other problems (SPECIFY AT NEXT QUESTION)

IF DifBPC=Other THEN

OthDifBP

NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.

Text: Maximum 140 characters

ENDIF

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
95 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.
1 Continue

ELSEIF GPSend = Yes THEN

ConsFrm1

a) COMPLETE 'BLOOD PRESSURE TO GP IN BOTH THE CONSENT BOOKLET AND RESPONDENT COPY.
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.
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.

ELSEIF 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.

ELSEIF 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.

ELSEIF 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

Demi-span

IF Respondent aged (25-44 with a valid height measurement from interviewer CAPI) THEN

DHeight
NURSE: (Respondent name) height at interview recorded as (height in cm) or (height in inches).
1 Continue
ENDIF

IF DHeight = Response OR respondent aged 65+ THEN
SpanIntro
NURSE: NOW FOLLOWS THE MEASUREMENT OF DEMI-SPAN. ENTER '1' TO CONTINUE.
1 Continue

SpanInt
I would now like to measure the length of your arm. Like height, it is an indicator of size.
1 Respondent agrees to have demi-span measured
2 Respondent refuses to have demi-span measured
3 Unable to measure demi-span for reason other than refusal

Repeat for up to three demi-span measurements.
Third measurement taken only if first two differ by more than 3cm.

IF SpanInt=Agrees THEN
FOR Loop:= 1 TO 3 DO
IF (Loop IN [1..2]) OR ((Loop = 3) AND (Span1 <> 999.9) AND (Span2 <> 999.9) AND (ABS(Span1 - Span2) > 3)) THEN
Span[i]
ENTER *(FIRST/SECOND/THIRD)* MEASUREMENT IN CENTIMETRES.
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
Range: 45.0..1000.0

IF Span <> 999.9 THEN
SpanRel[i]
Is the *(First/Second/Third)* measurement reliable?
1 Yes
2 No
ENDIF
ENDIF
ENDDO

IF (Span1 = 999.9) AND (Span2 = 999.9) THEN

YNoSpan

NURSE: GIVE REASON FOR NOT OBTAINING AT LEAST ONE DEMI-SPAN MEASUREMENT.

1 Both measurements refused
2 Attempted but not obtained
3 Measurement not attempted

ENDIF

ENDIF

IF NO MEASUREMENT OBTAINED (SpanInt=Refuse OR SpanInt=Unable OR (Span1=999.9 AND Span2=999.9) THEN

NotAttM

NURSE: GIVE REASON FOR *(REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED).*

1 Cannot straighten arms
2 Respondent confined to bed
3 Respondent too stooped
4 Respondent did not understand the procedure
5 Other

IF NotAttM = Other THEN

OthAttM

NURSE: GIVE FULL DETAILS OF OTHER REASON FOR *(REFUSAL/NOT OBTAINING MEASUREMENT/MEASUREMENT NOT BEING ATTEMPTED)*

Text: Maximum 140 characters

ENDIF

ELSEIF (at least one measurement obtained)

SpnM

NURSE CHECK: Demi-span was measured with the respondent:
CODE ALL THAT APPLY.

1 Standing against the wall
2 Standing not against the wall
3 Sitting
4 Demi-span measured on left arm due to unsuitable right arm

DSCard

WRITE RESULTS OF DEMI-SPAN MEASUREMENT ON RESPONDENT'S MEASUREMENT RECORD CARD. Demi-span : (Measurement 1 and 2 displayed)
ENTER '1' TO CONTINUE.

1 Continue

ENDIF
ENDIF

Saliva sample

IF Respondent aged 4 and over THEN

SalInt1

NURSE: NOW FOLLOWS THE SALIVA SAMPLE.
1 Continue

SalIntr1

NURSE: Ask respondent for a saliva sample.
READ OUT: I would like to take a sample of saliva (spit). This simply *involves (keeping a dental roll in your mouth for a few minutes {aged 16+} / using a straw to dribble saliva into a tube {aged 4-15}).* 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 AND Age=16+ THEN

SalWrit

NURSE: Ask the respondent to read and complete the 'Saliva sample' section of the consent booklet.
Circle code 03 on front of the Consent Booklet.
Press <1> and <Enter> to continue

ENDIF

IF SalIntr1=Agree AND Age=4-15 THEN

SalWritC

NURSE: Ask the parent to read and complete the 'Saliva sample' section of the consent booklet.
Show respondent the saliva sample information on the child information and consent sheet.
Circle code 03 on front of the Consent Booklet.
Press <1> and <Enter> to continue.

ENDIF

IF SalIntr1=Refuse

SalCode

NURSE: Circle code 04 on front of the Consent Booklet
Press <1> and <Enter> to continue.

ENDIF

IF SalIntr1=Agree

SalInst

NURSE: Ask respondent to keep the *(dental roll in the mouth for a few minutes / dribble through straw into the tube).*
Write the serial number and date of birth on the red label using a blue biro.
Serial number:

Date of birth:
Press <1> and <Enter> to continue.
ENDIF

SalObt1
NURSE CHECK:
1 Saliva sample obtained
2 Saliva sample refused
3 Saliva sample not attempted
4 Attempted but not obtained

IF SalObt1=obtained
SalHow
NURSE: Code the method used to obtain the saliva sample.
1 Dribbled into tube
2 Dental roll
ENDIF

IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable)
SalNObt
NURSE: Record why saliva sample not obtained.
CODE ALL THAT APPLY.
1 Respondent not able to produce any saliva
2 Other (specify at next question)

IF SalNObt = Other THEN
OthNObt
NURSE: Give full details of reason(s) why saliva sample not obtained.
Text: Maximum 140 characters
ENDIF
ENDIF
ENDIF

Urine Sample

ASK IF Age of Respondent 16+

UriDisp

NURSE: Now follows the Urine Sample.

1 Continue

UriIntro

NURSE READ OUT: I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people's diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population. Would you be willing to provide a urine sample?

1 Respondent agrees to give urine sample
2 Respondent refuses to give urine sample
3 Unable to obtain urine sample for reason other than refusal

IF UriIntro =Agree THEN

UriWrit

NURSE: Obtain signature in both the consent booklet and the respondent copy.
Circle code 13 on fron of the consent booklet.

Press <1> and <Enter> to continue.

ELSEIF UriIntro = Refuse THEN

UriCode

NURSE: Circle code 14 on front of the consent booklet.

Press <1> and <Enter> to contine.

ENDIF

IF UriIntro = Agree THEN

UriSamp

NURSE: ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE A URINE SAMPLE WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A RED LABEL AND ATTACH TO URINE SAMPLE TUBE OVER THE GREEN LABEL.

1 Continue

UriObt1

NURSE CHECK:

1 Urine sample obtained
2 Urine sample refused
3 Urine sample not attempted
4 Attempted not obtained

ENDIF

IF (UriObt1 = Refused, Not Attempted, Attempted not Obtained) OR (UriIntro=Unable) THEN

UriNObt

NURSE: RECORD WHY URINE SAMPLE NOT OBTAINED
CODE ALL THAT APPLY.

1 Respondent not able to produce any urine
2 Other (specify at next question)

IF (UriNObt = Other) THEN

OthNObt

NURSE: GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED.
Text: Maximum of 140 characters.

ENDIF
ENDIF

Waist and hip circumference

ASK ALL Respondents aged 11+ AND PregNTJ=No 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 Respondent is embarrassed / sensitive about their size
6 No time/ busy/ already spent enough time on this survey
7 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: *(Waist measurements 1 and 2)*
Hip: *(Hip measurements 1 and 2)*

Press <1> and <Enter> to continue.

ENDIF

ENDIF

Self-Completion

IF Age of Respondent is 16+ Years THEN

NSCIntro

PREPARE LILAC SELF-COMPLETION BOOKLET BY ENTERING SERIAL NUMBERS.
CHECK YOU HAVE CORRECT PERSON NUMBER.

NSComp2

I would now like you to answer some questions by completing this booklet on your own. The questions cover eating habits.
EXPLAIN HOW TO COMPLETE BOOKLET. REMEMBER TO USE A BLACK PEN.

NSComp3

NURSE CHECK: WAS THE LILAC BOOKLET COMPLETED?

1 Fully completed
2 Partially completed
3 Not completed

IF NSComp3 = Fully completed OR Partially completed THEN

NSC3Acc

Was it completed without assistance?

1 Completed independently
2 Assistance from other household member
3 Assistance from nurse
4 Nurse administered

ENDIF

IF NSComp3 = Partially completed OR Not completed THEN

NSComp6

NURSE: RECORD WHY BOOKLET NOT COMPLETED/PARTIALLY COMPLETED.
CODE ALL THAT APPLY:

1 Eyesight problems
2 Language problems
3 Reading/writing/comprehension problems
4 Respondent bored/fed up/tired
5 Questions too sensitive/invasion of privacy
6 Too long/too busy/taken long enough already
7 Refused to complete booklet (no other reason given)
8 Other (SPECIFY)

IF (NSComp6 = OTHER) THEN

NSComp6O

PLEASE SPECIFY OTHER REASON

Text: Maximum 60 characters

ENDIF

ENDIF

IF NSComp3 = Fully completed OR Partially completed THEN

NSComp5A

NURSE: CODE WHO WAS PRESENT IN ROOM WHILE SELF-COMPLETION WAS COMPLETED. INCLUDE YOURSELF AND 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 Nurse
9 No-one else present

ENDIF
ENDIF
ENDIF

AllCheck

CHECK BEFORE LEAVING RESPONDENT:

- THAT ALL *(CHILDREN AGED 2-15/RESPONDENTS)* HAVE A CONSENT BOOKLET.
- THAT FULL GP DETAILS ARE ENTERED ON FRONT OF CONSENT BOOKLET.
- THE NAME BY WHICH GP KNOWS RESPONDENT.
- THAT ALL DETAILS ARE COMPLETED ON FRONT OF CONSENT BOOKLET.
- THAT ALL NECESSARY SIGNATURES HAVE BEEN COLLECTED.
- THAT THERE ARE THREE APPROPRIATE CONSENT CODES RINGED ON FRONT OFCONSENT BOOKLET.

1 Continue

Thank

NURSE: END OF QUESTIONNAIRE REACHED. THANK RESPONDENTS FOR THEIR CO-OPERATION.
THEN ENTER '1' TO FINISH.

HSE 2007

INTERVIEWER

SHOWCARDS

&

Coding Frames

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 natural child

2 Other (e.g. adopted, foster, child of partner, etc)

CARD C

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 (include rent-free in relative's/friend's property; excluding squatting)

6 Squatting

CARD D

1 Earnings from employment or self-employment

2 State retirement pension

3 Pension from former employer

4 Personal pensions

5 Child Benefit

6 Job-Seekers Allowance

7 Pension credit

8 Income Support

9 Working Tax Credit

10 Child Tax Credit

11 Housing Benefit

12 Other State Benefits

13 Interest from savings and investments (eg. stocks and shares)

14 Other kinds of regular allowance from outside your household (e.g. maintenance, student grants, rent)

15 No source of income

CARD E

GROSS INCOME FROM ALL SOURCES

(before any deductions for tax, national insurance, etc.)

WEEKLY	or	MONTHLY	or	ANNUAL	
Less than £10	**57**	Less than £40	**57**	Less than £520	**57**
£10 less than £30	**66**	£40 less than £130	**66**	£520 less than £1,600	**66**
£30 less than £50	**55**	£130 less than £220	**55**	£1,600 less than £2,600	**55**
£50 less than £70	**74**	£220 less than £300	**74**	£2,600 less than £3,600	**74**
£70 less than £100	**62**	£300 less than £430	**62**	£3,600 less than £5,200	**62**
£100 less than £150	**73**	£430 less than £650	**73**	£5,200 less than £7,800	**73**
£150 less than £200	**65**	£650 less than £870	**65**	£7,800 less than £10,400	**65**
£200 less than £250	**51**	£870 less than £1,100	**51**	£10,400 less than £13,000	**51**
£250 less than £300	**78**	£1,100 less than £1,300	**78**	£13,000 less than £15,600	**78**
£300 less than £350	**54**	£1,300 less than £1,500	**54**	£15,600 less than £18,200	**54**
£350 less than £400	**76**	£1,500 less than £1,700	**76**	£18,200 less than £20,800	**76**
£400 less than £450	**81**	£1,700 less than £2,000	**81**	£20,800 less than £23,400	**81**
£450 less than £500	**53**	£2,000 less than £2,200	**53**	£23,400 less than £26,000	**53**
£500 less than £550	**72**	£2,200 less than £2,400	**72**	£26,000 less than £28,600	**72**
£550 less than £600	**58**	£2,400 less than £2,600	**58**	£28,600 less than £31,200	**58**
£600 less than £650	**70**	£2,600 less than £2,800	**70**	£31,200 less than £33,800	**70**
£650 less than £700	**68**	£2,800 less than £3,000	**68**	£33,800 less than £36,400	**68**
£700 less than £800	**75**	£3,000 less than £3,500	**75**	£36,400 less than £41,600	**75**
£800 less than £900	**64**	£3,500 less than £3,900	**64**	£41,600 less than £46,800	**64**
£900 less than £1,000	**71**	£3,900 less than £4,300	**71**	£46,800 less than £52,000	**71**
£1,000 less than £1,150	**69**	£4,300 less than £5,000	**69**	£52,000 less than £60,000	**69**
£1,150 less than £1,350	**80**	£5,000 less than £5,800	**80**	£60,000 less than £70,000	**80**
£1,350 less than £1,550	**79**	£5,800 less than £6,700	**79**	£70,000 less than £80,000	**79**
£1,550 less than £1,750	**60**	£6,700 less than £7,500	**60**	£80,000 less than £90,000	**60**
£1,750 less than £1,900	**52**	£7,500 less than £8,300	**52**	£90,000 less than £100,000	**52**
£1,900 less than £2,100	**67**	£8,300 less than £9,200	**67**	£100,000 less than £110,000	**67**
£2,100 less than £2,300	**59**	£9,200 less than £10,000	**59**	£110,000 less than £120,000	**59**
£2,300 less than £2,500	**77**	£10,000 less than £10,800	**77**	£120,000 less than £130,000	**77**
£2,500 less than £2,700	**61**	£10,800 less than £11,700	**61**	£130,000 less than £140,000	**61**
£2,700 less than £2,900	**56**	£11,700 less than £12,500	**56**	£140,000 less than £150,000	**56**
£2,900 or more	**63**	£12,500 or more	**63**	£150,000 or more	**63**

CARD F

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

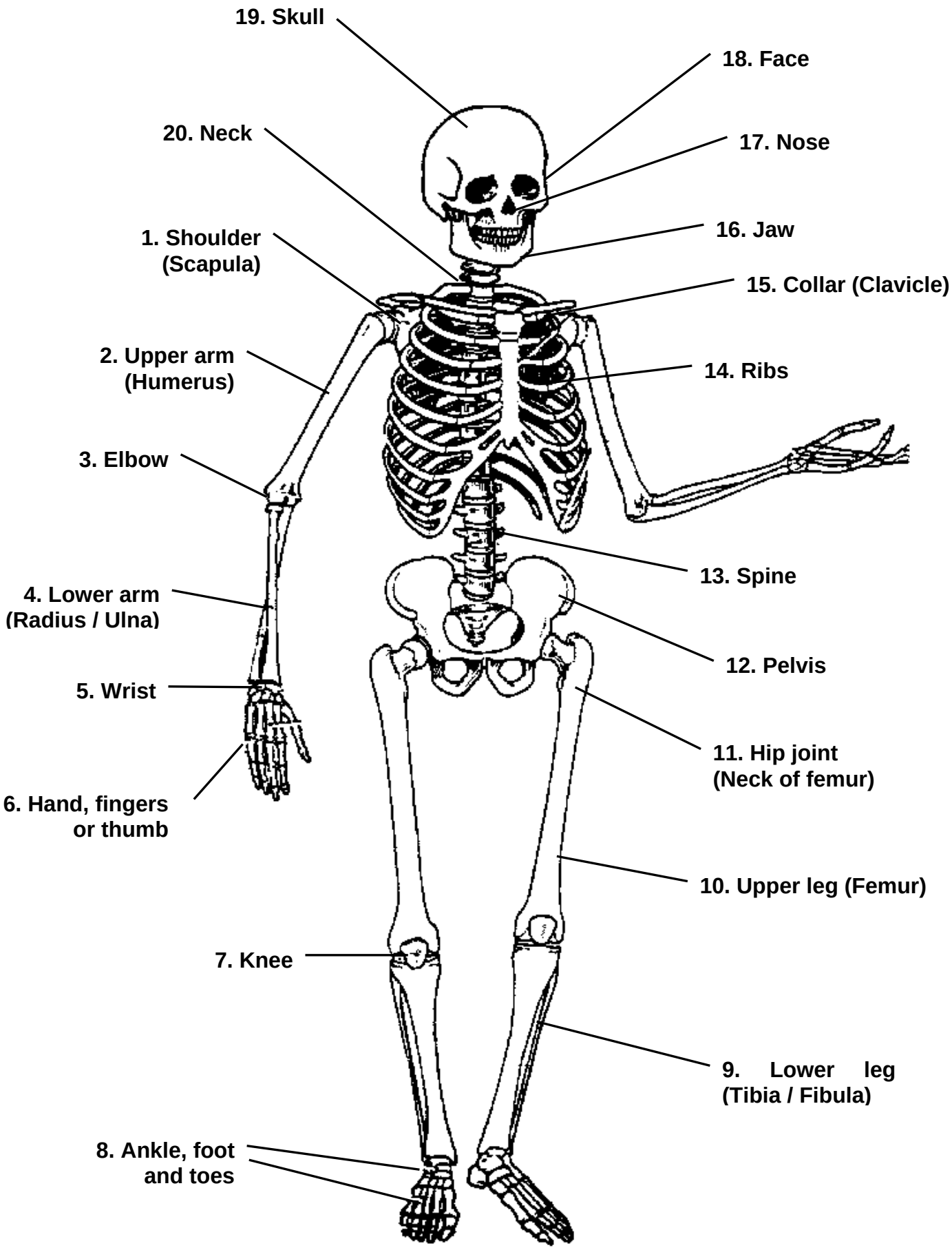
8 Permanently unable to work because of long-term sickness or disability

9 Retired from paid work

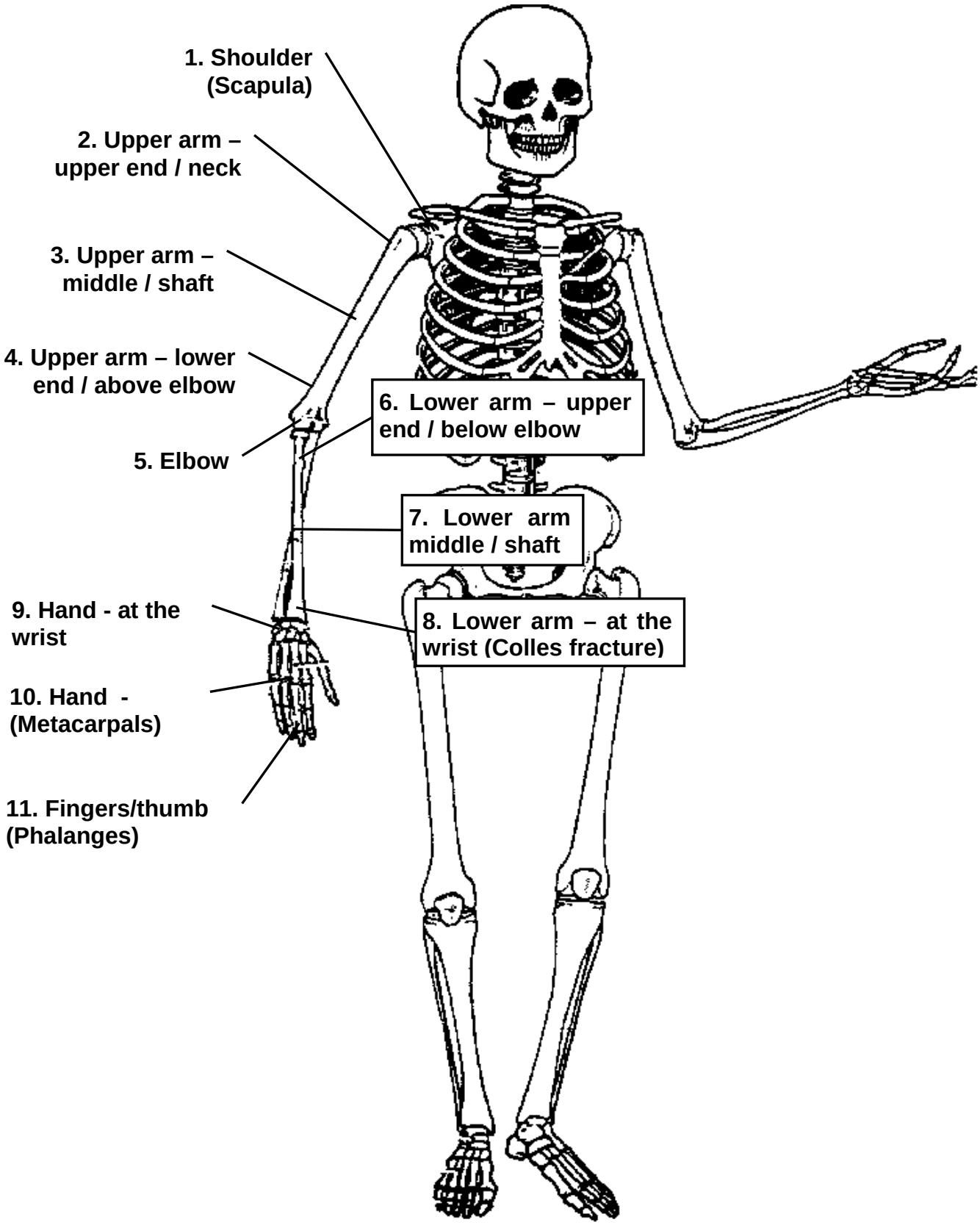
10 Looking after the home or family

95 Doing something else **(PLEASE SAY WHAT)**

CARD G

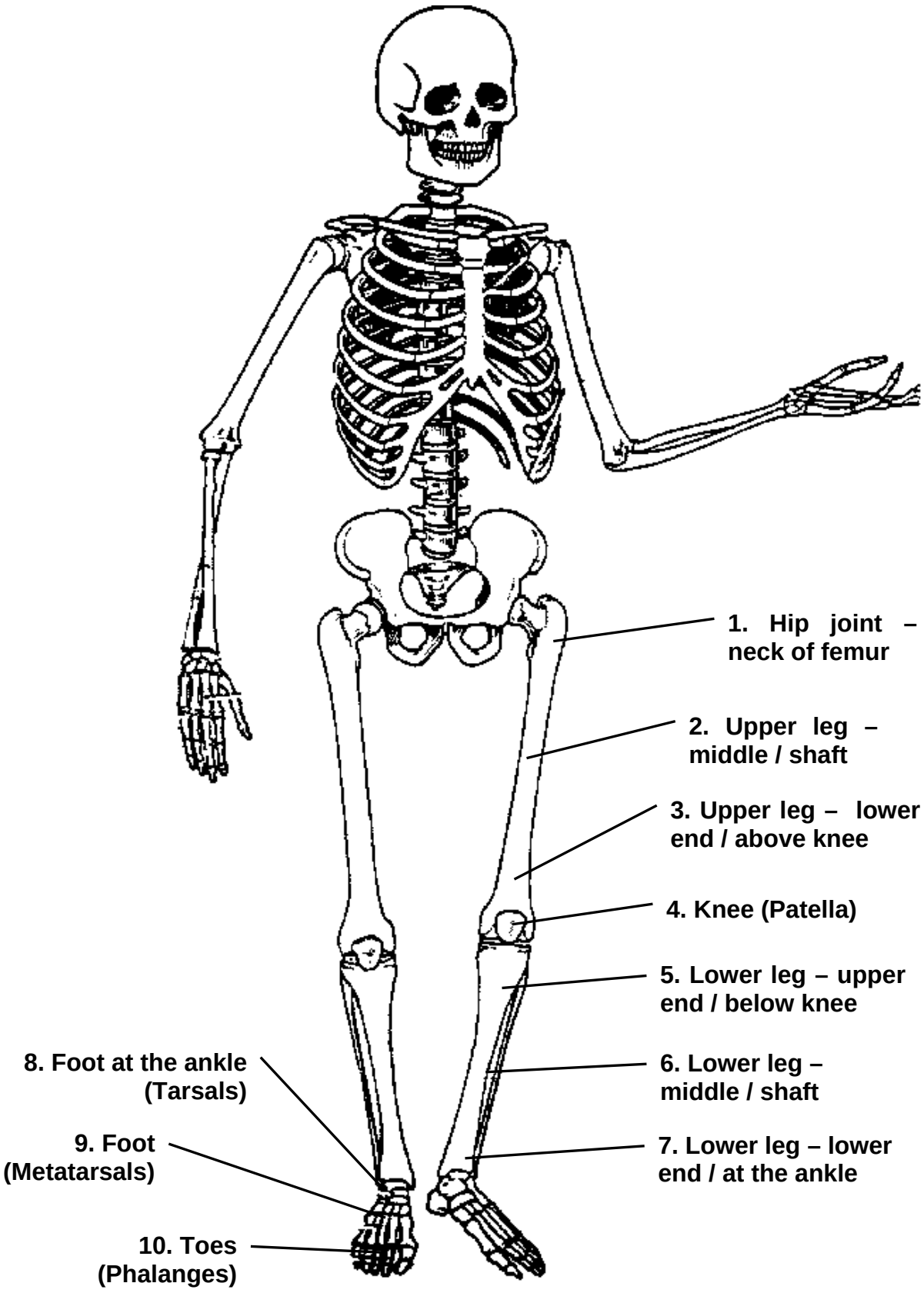

19. Skull
18. Face
20. Neck
17. Nose
1. Shoulder (Scapula)
16. Jaw
15. Collar (Clavicle)
2. Upper arm (Humerus)
14. Ribs
3. Elbow
13. Spine
4. Lower arm (Radius / Ulna)
12. Pelvis
5. Wrist
11. Hip joint (Neck of femur)
6. Hand, fingers or thumb
10. Upper leg (Femur)
7. Knee
9. Lower leg (Tibia / Fibula)
8. Ankle, foot and toes

CARD H



ARM FRACTURES

CARD I



LEG FRACTURES

**CARD J

Please photocopy hard copy of spoons show card,
filed in HSE 2007 documents box.

CARD K

6 or more times a week

3 - 5 times a week

1 - 2 times a week

Less than once a week

Rarely or never

CARD L

Less than 5 minutes

5 minutes, less than 15 minutes

15 minutes, less than 30 minutes

30 minutes, less than 1 hour

1 hour, less than 1 ½ hours

1 ½ hours, less than 2 hours

2 hours, less than 2 ½ hours

2 ½ hours, less than 3 hours

3 hours, less than 3 ½ hours

3 ½ hours, less than 4 hours

4 hours or more (please say how long)

CARD M

SPORTS AND EXERCISE ACTIVITIES

INCLUDE any sports and exercise activities like:

Playing football, rugby or netball in a team,

or any other organised team games

Playing tennis, squash or badminton

include playing in:

a practice session
a match
a club
out-of-school lesson

Going swimming or swimming lessons

Gymnastics (include Toddler Gym, Tumble Tots etc)

Dance lessons, ballet lessons, ice skating

Horse riding

Disco dancing

Any other organised sports, team sports or exercise activities

CARD N

Other active things like:

Ride a bike

Kick a ball around

Run about (outdoors or indoors)

Play active games

Jump around

Any other things like these

CARD O

Sitting down doing things like:

Watching television

Reading (or being read to)

Doing homework

Listening to music

Talking to friends

Playing computer games

Playing boardgames

Drawing

Playing quietly

Sitting in a car

Sitting in a pushchair

Any other things like these

CARD P

1 Advice from a GP or health professional

2 Advert for a nicotine replacement product

3 Government TV, radio or press advert

4 Hearing about a new stop smoking treatment

5 Financial reasons (could not afford it)

6 Being faced with a smoking ban in all enclosed public places, including pubs and restaurants

7 I knew someone else who was stopping

8 Seeing a health warning on a cigarette packet

9 Family or friends wanted me to stop

10 Being contacted my local NHS Stop Smoking Services

11 Health problems I had at the time

12 Worried about future health problems

13 Pregnancy

14 Worried about the effect on my children

15 Worried about the effect on other family members

16 My own motivation

17 Something else

18 Cannot remember

CARD Q

1. At my home (indoors or outside e.g. garden or on doorstep)

2. Outside (other than at home)

3. Inside at work

4. Inside other people's homes

5. Inside pubs or bars

6. Inside restaurants, cafes, or canteens

7. Inside shops

8. Whilst travelling by car

9. Inside other places

CARD Q2

1. Outside, for example in the garden or on doorstep
2. Own room or bedroom
3. Living room
4. Kitchen
5. Toilet
6. Bathroom
7. Study
8. Dining room
9. Everywhere
10. Somewhere else in the home

CARD R

1. In the street, or out and about
2. Outside at work
3. Outside other people’s homes
4. Outside pubs or bars
5. Outside restaurants, cafes, or canteens
6. Outside shops
7. Outside other places

CARD S

1. Babies aged under 2
2. Children aged 2-10
3. Children aged 11-15
4. Older adults over the age of 65
5. Pregnant women
6. Adults aged 16-64 with asthma or breathing problems
7. No, none of these

CARD T

1. Because of a health problem I have at present

2. Better for my health in general

3. To reduce the risk of getting smoking related illnesses

4. Because of the smoking ban in all enclosed public places, including pubs and restaurants

5. Family or friends want me to stop

6. Financial reasons (cannot afford it)

7. Worried about the effect on my children

8. Worried about the effect on other family members

9. Something else

CARD U

1. At own home
2. At work
3. In other people's home
4. On public transport
5. In pubs
6. In other places
7. No, none of these

CARD V

1. Almost everyday
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 W

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 Super, 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 or Two Dogs, or a pre-mixed alcoholic drink such as Bacardi Breezer, Metz or Smirnoff Ice

7. Other alcoholic drinks

8. Low alcohol drinks only

CARD X

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 Y

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)

CARD Z

1. White
2. Mixed
3. Asian or Asian British
4. Black or Black British
5. Chinese or other ethnic group

CARD A

IMMUNISATIONS

1 Diphtheria/ Tetanus/ Pertussis (Whooping Cough)

2 Polio

3 Hib (Haemophilus Influenzae type b)

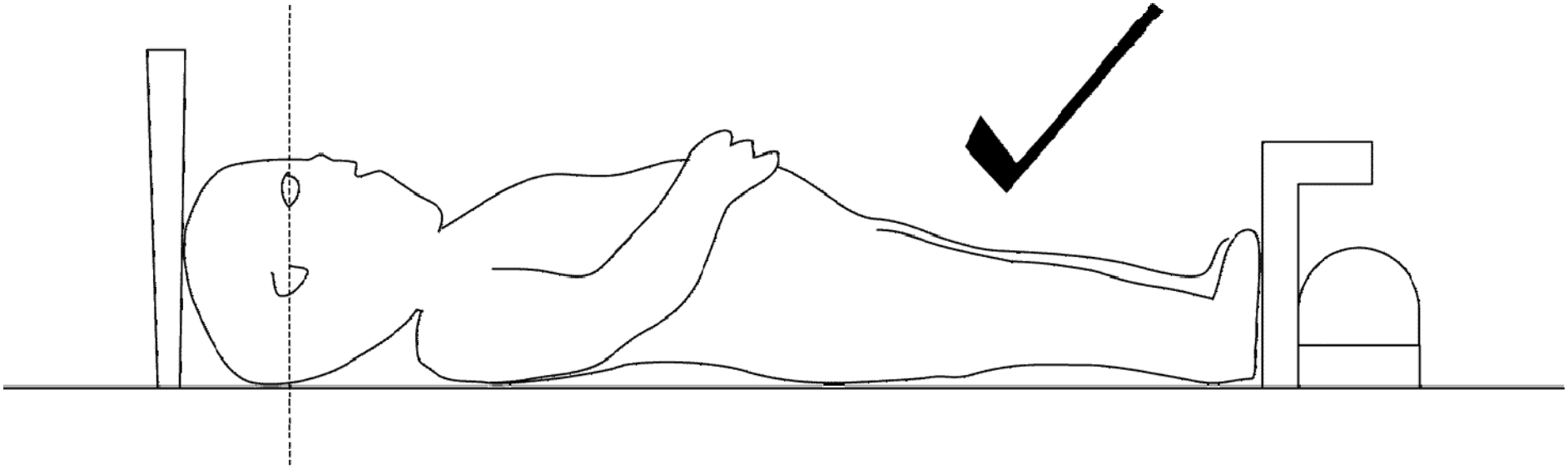
4 Five-in-one injection (Diphtheria/ Tetanus/ Pertussis / Polio/ Hib)

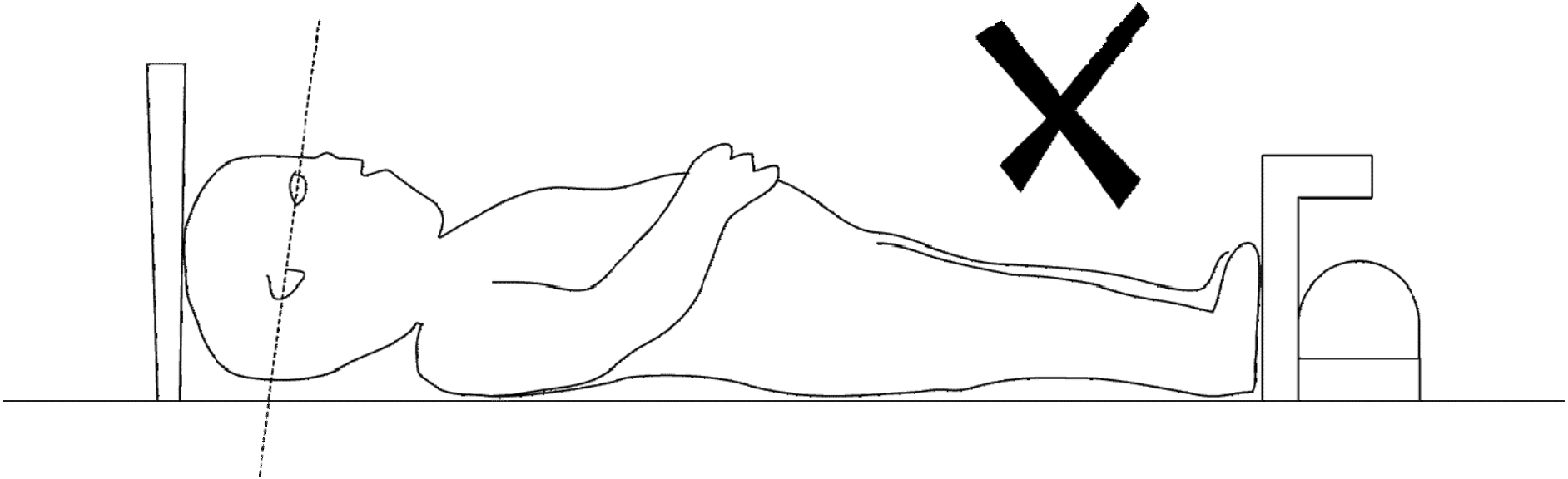
5 Measles, Mumps, Rubella (MMR)

6 MenC (meningococcal group C)

7 Pneumococcal infection (Pneumococcal conjugate vaccine, PCV)

INFANT FRANKFORT PLANE CARD





FRESH FRUIT SIZES

Name of Fruit	Size of Fruit
Apple (all types)	Medium
Apricot	Small
Avocado	Large
Banana	Medium
Banana, apple	Small
Banana, nino	Small
Berry (other)	Very small
Bilberry	Very small
Blackcurrant	Very small
Blackberry	Very small
Blueberry	Very small
Cactus pear	Medium
Cape gooseberry	Very small
Carambola / Star fruit	Medium
Cherry	Very small
Cherry tomatoes	Very small
Chinese gooseberry	Small
Chinese lantern	Very small
Chirimoya / Cherimoya	Medium
Clementine	Medium
Custard Apple	Medium
Damson	Very small
Date (fresh)	Small
Dragon fruit	Large
Elderberry	Very small
Figs (fresh)	Small
Gooseberry	Very small
Granadilla / Passion	Small
Grapes (all types)	Very small
Grapefruit	Large
Greengage	Small
Grenadillo	Very small
Guava	Medium
Horned melon / Kiwano	Large
Kiwi	Small
Kubo	Very small
Kumquat	Very small
Lemon	Medium
Lime	Medium
Loquat	Very small
Lychee	Very small
Mandarin orange	Medium
Mango	Large
Medlar	Medium
Melon (all types)	Very large
Mineola	Large
Nectarine	Medium
Olive	Very small
Orange	Medium
Passion fruit	Small
Papaya / Paw Paw	Large
Peach	Medium
Pear	Medium
Persimmon	Medium
Pitaya	Medium
Pineapple	Very large
Physalis	Very small
Plantain	Medium
Plum	Small
Pomegranate	Medium
Pomelo/Pummelo	Large
Prickly pear	Medium
Rambutans	Very small
Raspberry	Very small
Redcurrants	Very small
Satsuma	Medium
Shaddock	Large
Sharon fruit	Medium
Starfruit	Medium
Strawberry	Very small
Stonefruit	Very small
Tamarillo / Tree	Small
Tangerine	Medium
Tomato	Small
Tomato, cherry	Very small
Tomato, beef	Large
Tree tomato/Tamarillo	Small
Ugli fruit	Large

Note: All brands of butter and hard/block margarine code 1.

Anchor butter	1
Anchor Half-Fat Spread	2
Anchor Lighter	2
Anchor Lighter Speadable	2
Anchor New Zealand Butter	1
Anchor Spreadable	1
Argento Spread	1
Asda Cholesterol Reducing Spread	2
Asda Good For You Sunflower Spread	2
Asda Natural Sunflower Spread	2
Asda Olive Gold Spread	2
Asda Smart Price Butter	1
Asda Smartprice Reduced Fat Soft Spread	1
Asda Soft Margarine	1
Asda Sunflower low fat spread	2
Asda Sunflower Spread	2
Asda You'd Butter Believe It	1
Asda You'd Better Believe It	1
Asda You'd Better Believe It Light	2
Benecol Buttery Taste	1
Benecol Buttery Taste Spread	1
Benecol Light Spread	2
Benecol Olive Spread	2
Beppino Occelli Butter from fresh cream	1
Bertolli Luca Olive Oil Spread	2
Bertolli Olive Spread	2
Blue Band soft margarine	1
Bridel Brittany Butter with sea salt	1
Bridel Beurre Moule Organic Butter	1
Burro de Paoli Italian Butter	1
Butter (any variety)	1
Butterlicious (Sainsbury's)	1
Clover	1
Clover Extra Lite / Diet	2
Co-op Red Seal Soft Spread	1
Country Life Cormish Butter	1
Country Life English Butter Spreadable	1
Country Life English Butter Spreadable Unsalted	1
Country Life Garlic Butter	1
Country Life Lightly Salted Spreadable	1
Country Life Shirgar Butter	1
Country Life Somerset Butter	1
Country Life Sweetcream Salted Butter	1
Country Life Unsalted Butter	1
Dairy Crest Clover Spread	1
Dairy Crest Willow	1
Delight	2
Delight Extra Low / Diet	2
Flora / Flora Buttery / Flora Reduced Salt	2
Flora Diet	2
Flora Light	2
Flora No Salt Spread	2
Flora Omega 3 Plus Spread	2
Flora Original Spread	2
Flora Pro Activ	2
Flora Pro Activ Extra Light	2
Flora Pro Activ Light Spread	2
Flora Pro Activ Olive Spread	2
Flora Sunflower Spread	2
Flora Vegetable Low Fat Spread	2
Gold Top Jersey Butter Lightly Salted	1
Golden Crown (Kraft) (Golden Churn)	1
Golden Crown Light	1
Golden Olive	2
Golden Vale	1
Granose vegetable margarine	1
Half Fat butters (own brand)	2
Hard margarine (own brand)	1
I Can't Believe it's not Butter	1
I Can't Believe it's not Butter Light	2
I Can't Believe it's not Butter Light + calcium.	2
I Can't Believe it's not Butter Vegetable Fat	1
Kerrygold Lighter Softer Butter	2
Kerrygold Pure Irish butter	1
Kerrygold Pure Non butter	1
Kerrygold Salted Butter	1
Kerrygold Softer Butter	1
Kraft Special Soft	1
Krona Gold	1
Krona Spreadable	1
Latta	2
Lurpak	1
Lurpak Butter Slightly Salted	1
Lurpak Danish Butter Unsalted	1
Lurpak Lighter Spreadable	2
Lurpak Spreadable	1
Lurpak Spreadable Lighter	2
Lurpak Spreadable Slightly Salted	1
Lurpak Spreadable Unsalted	1
Marks and Spencer English Churn	1
Mello	1
Mono (St Ivel)	1
Olivite (Weight Watchers)	2
President Slightly Salted Butter	1
President Slightly Salted Butter Light	2
President Slightly Salted Butter Softer	1
President Unsalted Butter	1
Pure Dairy Free Soya Spread	2
Pure Dairy Free Sunflower Spread	1
Pure Organic Spread	2
Rachel's Organic Butter	1
Rachel's Organic Unsalted Butter	1
Sainsbury Butter soft light	2
Sainsbury Butter soft slightly salted	1
Sainsbury Butterlicious	1
Sainsbury English Butter Unsalted	1
Sainsbury Olive Gold Light	2

Note: All brands of butter and hard/block margarine code 1.

Sainsbury Olive Gold Reduced Fat Spread	2
Sainsbury Omega 3 Light Spread	2
Sainsbury Soft Spread	1
Sainsbury Sunflower Low Fat Spread	2
Sainsbury Sunflower Spread	2
Sainsbury Sunflower Very Low Fat Spread	2
Shape Sunflower Spread	2
Slimmers Gold Sunflower Low Fat Spread	2
Somerfield Low Fat Sunflower	2
Somerfield Supersoft	1
Soya Margarine (own brands)	2
St Helen's Farm Goats Butter	1
St Helen's Farm Goats Butter Slightly Salted	1
St Ivel English unsalted	1
St Ivel Gold	2
St Ivel Gold Extra Light	2
St Ivel Gold Extra Light	2
St Ivel Gold Extra Light + Omega 3	2
St Ivel Gold Light Spread	2
St Ivel Gold Lightest	2
St Ivel Gold Low Fat	2
St Ivel Gold Lowest	2
St Ivel Gold Omega 3	2
St Ivel Mono	1
Stork / Stork SB	1
Stork Vegetable Fat Spread	1
Summer County	1
Sunflower low fat spreads (own brands)	2
Sunflower margarine (own brands)	1
Sunflower very low fat spreads (own brands)	2
Tesco Butter Me Up	1
Tesco Butter Me Up Light	2
Tesco English Slightly Salted Butter	1
Tesco Enriched Sunflower Spread	2
Tesco Finest Cornish Butter	1
Tesco Healthy Eating ½ Fat Sunflower Spread	2
Tesco Healthy Eating Lowest Ever Soft Spread	2
Tesco Healthy Eating Very Low Fat Spread	2
Tesco Healthy Living Enriched Sunflower Spread	2
Tesco Healthy Living Olive Light Spread	2
Tesco Olive Spread	2
Tesco Soft Spread	1
Tesco Spreadable	1
Tesco Value Sunflower Spread	2
The Food Doctor Omega Seed Butter	1
Tomor hard margarine	1
Tomor Kosher Vegetarian Margarine	1
Utterly Butterly	2
Vitalite	2
Vitalite Light	2
Vitalite Sunflower Spread	2
Waitrose Dairy Butter Salted	1
Waitrose English Butter	1
Waitrose Somerset Butter	1
Weight Watchers	2
Wheelbarrow Dutch Butter Unsalted	1
Willow (Dairy Crest)	1
Yeo Valley Butter Slightly Salted	1
Yeo Valley Organic British Butter	1
Yeo Valley Organic Spreadable Butter	1
Yeo Valley Organic Unsalted Butter	1

HSE 2007 **HEIGHT CONVERSION CHART** P2727

1 inch = 2.54 cm

Centimetres	Feet	Inches
46	1	6
48	1	7
51	1	8
53	1	9
56	1	10
58	1	11
61	2	0
64	2	1
66	2	2
69	2	3
71	2	4
74	2	5
76	2	6
79	2	7
81	2	8
84	2	9
86	2	10
89	2	11
91	3	0
94	3	1
97	3	2
99	3	3
102	3	4
104	3	5
107	3	6
109	3	7
112	3	8
114	3	9
117	3	10
119	3	11
122	4	0
124	4	1
127	4	2
130	4	3
132	4	4
135	4	5
137	4	6
140	4	7
142	4	8
145	4	9
147	4	10
150	4	11
152	5	0
155	5	1
157	5	2
160	5	3
163	5	4
165	5	5
168	5	6
170	5	7

Centimetres	Feet	Inches
173	5	8
175	5	9
178	5	10
180	5	11
183	6	0
185	6	1
188	6	2
191	6	3
193	6	4
196	6	5
198	6	6
201	6	7
203	6	8
206	6	9

HSE 2007 **WEIGHT CONVERSION CHART** P2727

1kg=2.2 lb's

Kg	st	lbs
6.4	1	0
6.8	1	1
7.3	1	2
7.7	1	3
8.2	1	4
8.6	1	5
9.1	1	6
9.5	1	7
10.0	1	8
10.5	1	9
10.9	1	10
11.4	1	11
11.8	1	12
12.3	1	13
12.7	2	0
13.2	2	1
13.6	2	2
14.1	2	3
14.5	2	4
15.0	2	5
15.5	2	6
15.9	2	7
16.4	2	8
16.8	2	9
17.3	2	10
17.7	2	11
18.2	2	12
18.6	2	13
19.1	3	0
19.5	3	1
20.0	3	2
20.5	3	3
20.9	3	4
21.4	3	5
21.8	3	6
22.3	3	7
22.7	3	8
23.2	3	9
23.6	3	10
24.1	3	11
24.5	3	12
25.0	3	13
25.5	4	0
25.9	4	1
26.4	4	2
26.8	4	3
27.3	4	4
27.7	4	5
28.2	4	6
28.6	4	7
29.1	4	8

Kg	st	lbs
29.5	4	9
30.0	4	10
30.5	4	11
30.9	4	12
31.4	4	13
31.8	5	0
32.3	5	1
32.7	5	2
33.2	5	3
33.6	5	4
34.1	5	5
34.5	5	6
35.0	5	7
35.5	5	8
35.9	5	9
36.4	5	10
36.8	5	11
37.3	5	12
37.7	5	13
38.2	6	0
38.6	6	1
39.1	6	2
39.5	6	3
40.0	6	4
40.5	6	5
40.9	6	6
41.4	6	7
41.8	6	8
42.3	6	9
42.7	6	10
43.2	6	11
43.6	6	12
44.1	6	13
44.5	7	0
45.0	7	1
45.5	7	2
45.9	7	3
46.4	7	4
46.8	7	5
47.3	7	6
47.7	7	7
48.2	7	8
48.6	7	9
49.1	7	10
49.5	7	11
50.0	7	12
50.5	7	13
50.9	8	0
51.4	8	1
51.8	8	2
52.3	8	3

Kg	st	lbs
52.7	8	4
53.2	8	5
53.6	8	6
54.1	8	7
54.5	8	8
55.0	8	9
55.5	8	10
55.9	8	11
56.4	8	12
56.8	8	13
57.3	9	0
57.7	9	1
58.2	9	2
58.6	9	3
59.1	9	4
59.5	9	5
60.0	9	6
60.5	9	7
60.9	9	8
61.4	9	9
61.8	9	10
62.3	9	11
62.7	9	12
63.2	9	13
63.6	10	0
64.1	10	1
64.5	10	2
65.0	10	3
65.5	10	4
65.9	10	5
66.4	10	6
66.8	10	7
67.3	10	8
67.7	10	9
68.2	10	10
68.6	10	11
69.1	10	12
69.5	10	13
70.0	11	0
70.5	11	1
70.9	11	2
71.4	11	3
71.8	11	4
72.3	11	5
72.7	11	6
73.2	11	7
73.6	11	8
74.1	11	9
74.5	11	10
75.0	11	11
75.5	11	12

HSE 2007 **WEIGHT CONVERSION CHART** P2727

1kg=2.2 lb's

Kg	st	lbs
75.9	11	13
76.4	12	0
76.8	12	1
77.3	12	2
77.7	12	3
78.2	12	4
78.6	12	5
79.1	12	6
79.5	12	7
80.0	12	8
80.5	12	9
80.9	12	10
81.4	12	11
81.8	12	12
82.3	12	13
82.7	13	0
83.2	13	1
83.6	13	2
84.1	13	3
84.5	13	4
85.0	13	5
85.5	13	6
85.9	13	7
86.4	13	8
86.8	13	9
87.3	13	10
87.7	13	11
88.2	13	12
88.6	13	13
89.1	14	0
89.5	14	1
90.0	14	2
90.5	14	3
90.9	14	4
91.4	14	5
91.8	14	6
92.3	14	7
92.7	14	8
93.2	14	9
93.6	14	10
94.1	14	11
94.5	14	12
95.0	14	13
95.5	15	0
95.9	15	1
96.4	15	2
96.8	15	3
97.3	15	4
97.7	15	5
98.2	15	6
98.6	15	7

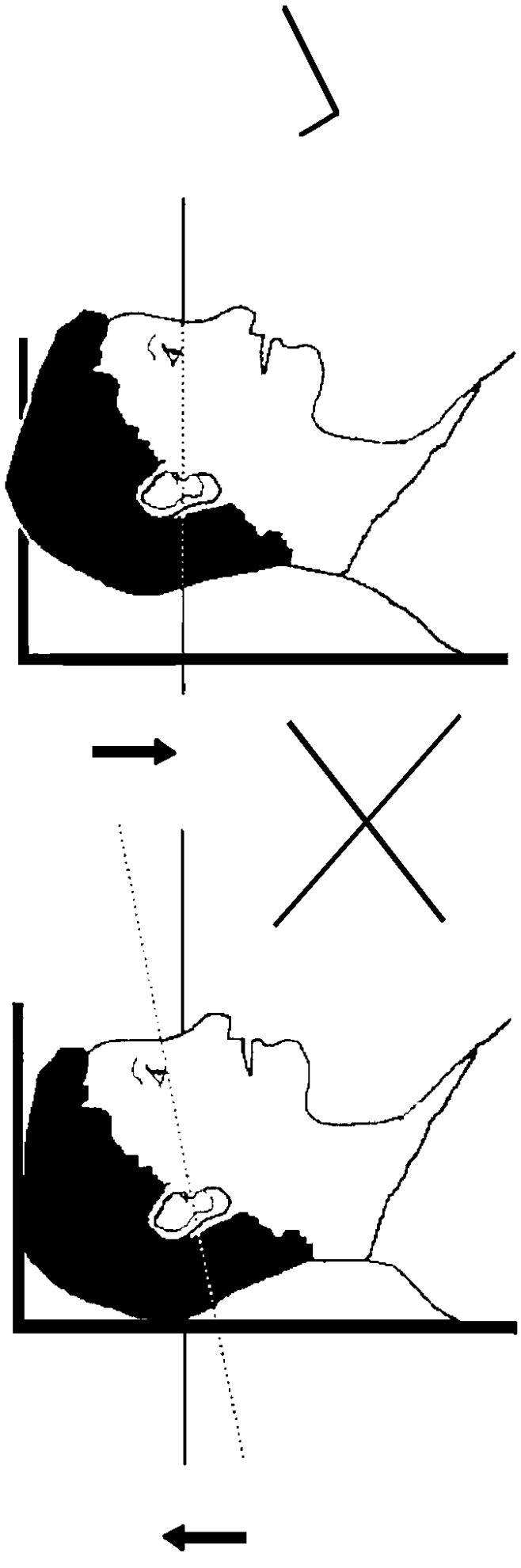
Kg	st	lbs
99.1	15	8
99.5	15	9
100.0	15	10
100.5	15	11
100.9	15	12
101.4	15	13
101.8	16	0
102.3	16	1
102.7	16	2
103.2	16	3
103.6	16	4
104.1	16	5
104.5	16	6
105.0	16	7
105.5	16	8
105.9	16	9
106.4	16	10
106.8	16	11
107.3	16	12
107.7	16	13
108.2	17	0
108.6	17	1
109.1	17	2
109.5	17	3
110.0	17	4
110.5	17	5
110.9	17	6
111.4	17	7
111.8	17	8
112.3	17	9
112.7	17	10
113.2	17	11
113.6	17	12
114.1	17	13
114.5	18	0
115.0	18	1
115.5	18	2
115.9	18	3
116.4	18	4
116.8	18	5
117.3	18	6
117.7	18	7
118.2	18	8
118.6	18	9
119.1	18	10
119.5	18	11
120.0	18	12
120.5	18	13
120.9	19	0
121.4	19	1
121.8	19	2

Kg	st	lbs
122.3	19	3
122.7	19	4
123.2	19	5
123.6	19	6
124.1	19	7
124.5	19	8
125.0	19	9
125.5	19	10
125.9	19	11
126.4	19	12
126.8	19	13
127.3	20	0
127.7	20	1
128.2	20	2
128.6	20	3
129.1	20	4
129.5	20	5
130.0	20	6
130.5	20	7
130.9	20	8
131.4	20	9
131.8	20	10
132.3	20	11
132.7	20	12
133.2	20	13
133.6	21	0
134.1	21	1
134.5	21	2
135.0	21	3
135.5	21	4
135.9	21	5
136.4	21	6
136.8	21	7
137.3	21	8
137.7	21	9
138.2	21	10
138.6	21	11
139.1	21	12
139.5	21	13

1kg=2.2 lb's

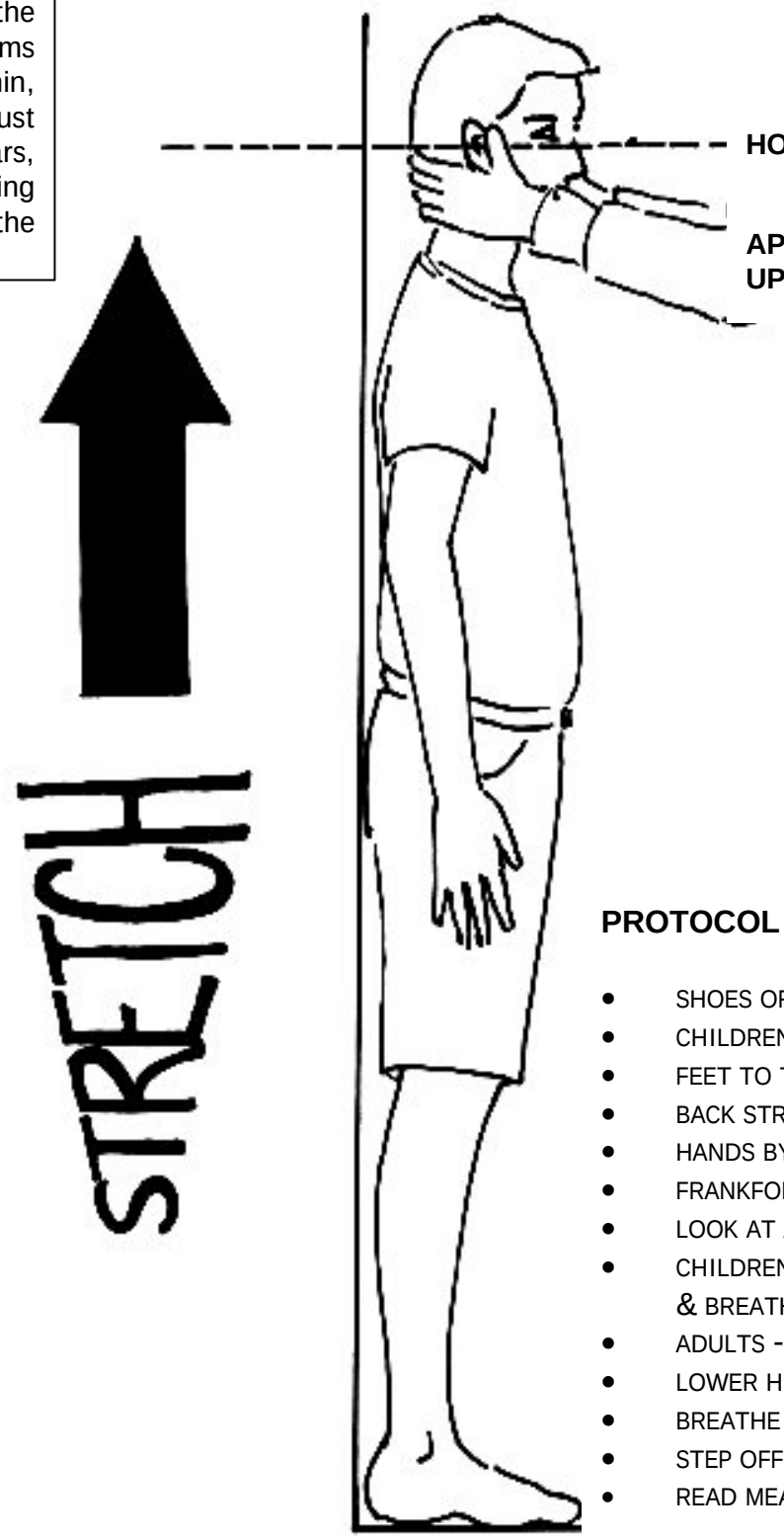
Below is a list of some of the conditions people may mention at the long standing illness question *///sm*. This is to help you with the spelling. It should **not** be used as a prompt for respondents.

Agoraphobia
Alzheimer's
Anaemia
Angina
Arteriosclerosis
Arthritis
Asthma
Bronchitis
Cataract
Cerebral palsy
Colitis
Crohn's disease
Dementia
Diabetes
Diverticulitis
Eczema
Emphysema
Endometriosis
Epilepsy
Glaucoma
Haemophilia
Hodgkin's disease
Huntington's chorea
Hyperthyroidism (overactive thyroid)
Hypothyroidism (underactive thyroid)
Leukaemia
Lymphadenoma
Meniere's disease
Meningitis
Migraine
Multiple sclerosis
Osteoarthritis
Osteoporosis
Osteosclerosis
Paget's disease
Pernicious anaemia
Psoriasis
Raynaud's disease
Rheumatoid arthritis
Rhinitis
Sciatica
Scoliosis



MEASURING CHILDREN'S HEIGHT

Cup the child's head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck.



PROTOCOL

- SHOES OFF
- CHILDREN – SOCKS OFF
- FEET TO THE BACK
- BACK STRAIGHT
- HANDS BY THE SIDE
- FRANKFORT PLANE
- LOOK AT A FIXED POINT
- CHILDREN – STRETCH & BREATHE IN
- ADULTS - BREATHE IN
- LOWER HEADPLATE
- BREATHE OUT
- STEP OFF
- READ MEASUREMENT

LOOK-UP CHARTS FOR IF OVER 12 DWELLING UNITS OR OVER 12 HOUSEHOLDS IDENTIFIED AT AN ADDRESS

NUMBER OF DU's/HH:	SELECTION NUMBER FOR 1 DU:	SELECTION NUMBERS FOR 3 HOUSEHOLDS
13	12	8, 11, 4
14	8	7, 6, 5
15	11	8, 9, 5
16	7	9, 16, 11
17	13	11, 9, 16
18	3	11, 6, 18
19	14	13, 18, 7
20	2	17, 1, 4
21	14	16, 10, 2
22	8	16, 4, 22
23	13	19, 3, 22
24	5	10, 19, 14
25	12	23, 15, 4
26	6	22, 20, 17
27	17	14, 24, 25
28	17	2, 17, 25
29	2	19, 18, 4
30	21	28, 7, 20

LOOK-UP CHART IF 30 + DWELLING UNITS IDENTIFIED AT AN ADDRESS

Number of DU's	Selection number for 1 DU
31	10
32	26
33	8
34	22
35	8
36	3
37	28
38	19
39	25
40	16
41	41
42	32
43	9
44	40
45	7

Number of DU's	Selection number for 1 DU
46	35
47	8
48	36
49	15
50	44
51	35
52	2
53	24
54	17
55	49
56	27
57	39
58	3
59	48
60	35

P2727

HEALTH SURVEY FOR ENGLAND: 2007

CODING PRESCRIBED MEDICINES

CODING OF PRESCRIBED MEDICINES : ALPHABETICAL INDEX

A

ABIDEC 09.06.07
ACAMPROSATE 04.10.01
ADALAT, ADALAT LA, ADALAT RETARD 02.06.02
ALLOPURINOL 10.01.04
ALUPENT 03.01.01
AMILORIDE 02.02.03
AMIODARONE (HYDROCHLORIDE) 02.03.02
AMITRIPTYLINE 04.03.01
AMLODIPINE BESILATE (was AMLODIPINE BESYLATE) 02.06.02
AMOXIL 05.01.01
AMOXICILLIN (was AMOXYCILLIN) 05.01.01
AMPICILLIN 05.01.01
ANTABUSE 04.10.01
AQUEOUS CREAM 13.02.01
ARTHROTEC 10.01.01
ASACOL 01.05.00
ASILONE
- antacid liquid 01.01.02
- suspension 01.01.01

ASPIRIN
- analgesic 04.07.01
- antiplatelet 02.09.00
- migraine 04.07.04
- myocardial infarction 02.10.01
- rheumatic disease 10.01.01

ATENOLOL 02.04.00
ATROVENT 03.01.02
AUGMENTIN, AUGMENTIN-DUO 05.01.01
AXID 01.03.01
AZATHIOPRINE
- myasthenia gravis 10.02.01
- rheumatic disease 10.01.03
- transplant rejection 08.02.01
- ulcerative colitis 01.05.00

B

BACLOFEN 10.02.02
BACTROBAN 13.10.01
BALNEUM, BALNEUM PLUS, BALNEUM WITH TAR 13.02.01
BECLAZONE (inhaler) 03.02.00
BECLOFORTE (inhaler) 03.02.00
BECLOMETASONE DIPROPIONATE (was BECLOMETHASONE DIPROPIONATE)
- asthma 03.02.00
- nasal allergy 12.02.01
- skin 13.04.00

BECONASE (nasal spray) 12.02.01
BECOTIDE 03.02.00
BENDROFLUMETHIAZIDE or BENDROFLUAZIDE 02.02.01
BETAGAN (eye drops) 11.06.00
BETAHISTINE DIHYDROCHLORIDE, BETAHISTINE HCL 04.06.00
BETNESOL
ear 12.01.01
eye 11.04.01
nose 12.02.01
BETNESOL N
ear 12.01.01
eye 11.04.01
nose 12.02.03
BETNOVATE(incl Betnovate-RD, Betnovate-C, Betnovate-N) 13.04.00
BETOPTIC (eye drops) 11.06.00
BEZALIP, BEZALIP-MONO 02.12.00
BISACODYL 01.06.02
BRICANYL, BRICANYL SA 03.01.01
BRUFEN, BRUFEN RETARD 10.01.01
BUMETANIDE 02.02.02
BUPROPION 04.10.02
BURINEX 02.02.02
A 02.02.04
K 02.02.08
BUSCOPAN 01.02.00

C

CALCICHEW 09.05.01
CALCICHEW D3, CALCICHEW D3 FORTE 09.06.04
CALPOL 04.07.01
CAMPRAL EC 04.10.01
CANESTEN
AF (skin) 13.10.02
anogenital 07.02.02
ear 12.01.01
HC 13.04.00
CAPOTEN 02.05.05
CARBAMAZEPINE
diabetes 06.05.02
diabetic neuropathy 06.01.05
epilepsy 04.08.01
manic depression 04.02.03
postherpetic or trigeminal neuralgia 04.07.03
CARDURA
cardiovascular 02.05.04

prostatic hyperplasia 07.04.01
CEFACLOR 05.01.02
CEFALEXIN (was CEPHALEXIN) 05.01.02
CERUMOL (ear drops) 12.01.03
CETIRIZINE HYDROCHLORIDE 03.04.01
CHLORAMPHENICOL
Antibiotic 05.01.07
ear 12.01.01
eye 11.03.01
CHLOROMYCETIN
eye drops 11.03.01
CHLORPHENIRAMINE or CHLORPHENAMINE (MALEATE) 03.04.01
CILEST 07.03.01
CIMETIDINE 01.03.01
CIPRAMIL 04.03.03
CIPROXIN 05.01.12
CLARITYN 03.04.01
CLOTRIMAZOLE
ear 12.01.01
skin 13.10.02
Vaginal 07.02.02
CO-AMILOFRUSE 02.02.04
CO-AMILOZIDE (diuretic) 02.02.04
CO-AMOXICLAV 05.01.01
CO-CODAMOL 04.07.01
CO-DANTHRAMER 01.06.02
CO-DANTHRUSATE 01.06.02
CO-DYDRAMOL 04.07.01
CO-PROXAMOL 04.07.01
CODEINE 04.07.02
CODEINE LINCTUS 03.09.01
CODEINE PHOSPHATE
analgesic 04.07.02
cough suppressant 03.09.01
diabetes neuropathy 06.01.05
diarrhea 01.04.02
COLOFAC 01.02.00
COLPERMIN 01.02.00
COMBIVENT 03.01.04
CORACTEN 02.06.02
CORSODYL 12.03.04
COVERSYL 02.05.05
COZAAR 02.05.05

D

DAKTACORT 13.04.00
DALACIN

-C 05.01.06
-T (acne) 13.06.01
vaginal 07.02.02
DALMANE 04.01.01
DELTACORTRIL (Enteric) 06.03.02
DEPO-PROVERA (ALSO CHECK Provera) contraceptive …… 07.03.02
DERBAC-M 13.10.04
DERMOVATE, DERMOVATE-NN 13.04.00
DIAMICRON 06.01.02
DIANETTE 13.06.02
DIAZEPAM
anxiety 04.01.02
epilepsy 04.08.02
febrile convulsions 04.08.03
hypnotic 04.01.01
muscle spasm 10.02.02
DICLOFENAC SODIUM
eye 11.08.02
gout (acute attack) 10.01.04
postoperative pain 15.01.04
rheumatic disease 10.01.01
ureteric colic 07.04.03
DICLOMAX RETARD, DICLOMAX SR 10.01.01
DIDRONEL, DIDRONEL PMO 06.06.02
DIFFLAM
cream 10.03.02
oral rinse / spray 12.03.01
DIFLUCAN 05.02.00
DIGOXIN 02.01.01
DIHYDROCODEINE 04.07.02
DILTIAZEM 02.06.02
DIORALYTE ..... … 09.02.01
DIPROBASE 13.02.01
DISTACLOR, DISTACLOR MR 05.01.02
DISULFIRAM 04.10.01
DITROPAN 07.04.02
DIXARIT (migraine)..... 04.07.04
DORALESE 07.04.01
DOTHIEPIN or DOSULEPIN 04.03.01
DOVONEX 13.05.02
DOXYCYCLINE
acne 13.06.02
antibacterial 05.01.03
malaria 05.04.01
DUOVENT 03.01.04
DYAZIDE 02.02.04

E

E45 (cream) 13.02.01
EMULSIFYING OINTMENT 13.02.01
ENALAPRIL – MALEATE 02.05.05
EPANUTIN 04.08.01
EPANUTIN READY-MIXED PARENTERAL 04.08.02
EPILIM, EPILIM CHRONO, EPILIM INTRAVENOUS 04.08.01
ERYMAX 05.01.05
ERYTHROMYCIN
- acne 13.06.01
- antibacterial, enteritis 05.01.05

ERYTHROPED, ERYTHROPED A 05.01.05
ESTRACOMBI 06.04.01
ESTRADERM MX/TTS (patches) 06.04.01
EUMOVATE (cream) 13.04.00

F

FELDENE
- tablets/capsules 10.01.01
- gel 10.03.02

FEMODENE, FEMODENE ED 07.03.01
FEMULEN 07.03.02
FERROGRAD, FERROGRAD C, FERROGRAD FOLIC 09.01.01
FERROUS FUMARATE 09.01.01
FERROUS GLUCONATE 09.01.01
FERROUS SULPHATE 09.01.01
FLIXONASE 12.02.01
FLIXOTIDE 03.02.00
FLOMAX 07.04.01
FLUCLOXACILLIN
- antibacterial 05.01.01
- ear 12.01.01

FLUOXETINE 04.03.03
FOLIC ACID 09.01.02
FORCEVAL 09.06.07
FOSAMAX 06.06.02
FRUMIL, FRUMIL FORTE 02.02.04
FRUSEMIDE or FUROSEMIDE 02.02.02
FUCIBET 13.04.00
FUCIDIN
- antibiotic 05.01.07
- skin 13.10.01
- -H (hydrocortisone) 13.04.00

FUCITHALMIC 11.03.01
FYBOGEL 01.06.01

G

GALENPHOL 03.09.01
GALPSEUD 03.10.00

GASTROCOTE 01.01.02
GAVISCON, GAVISCON ADVANCE, GAVISCON INFANT 01.01.02
GENTISONE HC 12.01.01
GLIBENCLAMIDE 06.01.02
GLICLAZIDE 06.01.02
GLYCERYL TRINITRATE 02.06.01

H

HALF-INDERAL LA 02.04.00
HARMOGEN 06.04.01
HEMINEVRIN hypnotics …… 04.01.01
HYDROCORTISONE
- corticosteroid 06.03.02
- Ulcerative colitis 01.05.00
- ear 12.01.01
- eye drops 11.04.01
- haemorrhoids 01.07.02
- mouth treatment 12.03.01
- skin treatment 13.04.00

HYDROXOCOBALAMIN (injections) 09.01.02
HYPROMELLOSE (eye drops) 11.08.01

I

IBUGEL 10.03.02
IBUPROFEN
- analgesic 04.07.01
- rheumatic disease and gout 10.01.01
- topical antirheumatic 10.03.02

IMDUR 02.06.01
IMIGRAN 04.07.04
IMIPRAMINE 04.03.01
IMODIUM 01.04.02
INDAPAMIDE 02.02.01
INDOMETACIN (was INDOMETHACIN)
- gout (acute attack) 10.01.04
- rheumatic disease 10.01.01
- obstetrics 07.01.01

INFACOL 01.01.01
INNOVACE 02.05.05
INSULIN 06.01.01
ISOSORBIDE DINITRATE 02.06.01
ISOSORBIDE MONONITRATE 02.06.01
ISTIN 02.06.02

K

KAPAKE 04.07.01
KLARICID, KLARICID XL 05.01.05
KLIOFEM 06.04.01

L

LACRI-LUBE 11.08.01
LACTULOSE 01.06.04
LAMISIL cream 13.10.02
LEVONELLE – 2 ..... 07.03.01
LEVOTHYROXINE SODIUM – see THYROXINE SODIUM
LIPITOR 02.12.00
LIPOSTAT 02.12.00
LISINOPRIL 02.05.05
LIVIAL 06.04.01
LOCORTEN – VIOFORM 12.01.01
LOESTRIN 20, LOESTRIN 30 ..... 07.03.01
LOFEPRAMINE HCL 04.03.01
LOGYNON, LOGYNON ED 07.03.01
LOMOTIL 01.04.02
LOPERAMIDE 01.04.02
LOPRAZOLAM 04.01.01
LORAZEPAM
- anxiolytic 04.01.02
- epilepsy 04.08.02

LOSEC 01.03.05
LUSTRAL 04.03.03
LYCLEAR 13.10.04

M

MAALOX, MAALOX TC, MAALOX PLUS 01.01.01
MAGNESIUM TRISILICATE 01.01.01
MAGNAPEN 05.01.01
MANEVAC 01.06.02
MARVELON 07.03.01
MEBEVERINE HYDROCHLORIDE 01.02.00
MEFENAMIC ACID 10.01.01
METFORMIN 06.01.02
METHADONE
- analgesic 04.07.02
- cough linctus 03.09.01
- substance dependence 04.10.00

METHOTREXATE
- malignant diseases 08.01.03
- rheumatic diseases 10.01.03
- skin (psoriasis) 13.05.03

METHYLDOPA 02.05.02
METOCLOPRAMIDE
- gastro-intestinal 01.02.00
- migraine 04.07.04
- nausea and vertigo 04.06.00

METOPROLOL (migraines) 04.07.04

METOPROLOL TARTRATE 02.04.00
METRONIDAZOLE
antibacterial 05.01.11
amoebiasis 05.04.02
Crohn's disease, diarrhoea 01.05.00
METRONIDAZOLE
giardiasis 05.04.04
skin 13.10.01
Trichomoniasis 05.04.03
Ulcerative gingivitis 12.03.02
MICROGYNON 30, MICROGYNON 30 ED 07.03.01
MICRONOR 07.03.02
MINOCIN MR 05.01.03
MODURETIC 02.02.04
MONOCOR 02.04.00
MOTENS 02.06.02
MOTILIUM 04.06.00
MOVELAT CREAM, MOVELAT GEL 10.03.02
MST CONTINUS 04.07.02
MUCOGEL 01.01.01

N

NAPROSYN, NAPROSYN S/R 10.01.01
NAPROXEN
gout (acute attack) 10.01.04
pain 10.01.01
Rheumatic disease 10.01.01
NASEPTIN 12.02.03
NATRILIX 02.02.01
NAVISPARE 02.02.04
NICORETTE microtab 04.10.03
chewing gum 04.10.03
Inhalator 04.10.03
nasal spray 04.10.03
patches 04.10.03
NICOTINE REPLACEMENT THERAPY 04.10.03
NICOTINELL chewing gum 04.10.03
mint lozenge 04.10.03
TTS patches 04.10.03
NIFEDIPINE 02.06.02
NIQUITIN CQ chewing gum 04.10.03
lozenges 04.10.03
patches 04.10.03
NITRAZEPAM 04.01.01
NITROLINGUAL (spray) 02.06.01

NIZORAL
Antifungal 05.02.00
Scalp 13.09.00
skin 13.10.02
Vaginal and vulval candidiasis 07.02.02
NORETHISTERONE
(as ingredient) sex hormone 06.04.01
Malignant disease 08.03.02
Menstrual disorders 06.04.01
NORETHISTERONE ENANTHATE 07.03.02
NORMASOL SACHET 13.11.01
NRT 04.10.03
NU-SEALS ASPRIN
Analgesics 04.07.01
Cardiovascular 02.09.00
NYSTAN - see NYSTATIN

NYSTATIN
Antifungal 05.02.00
Mouth 12.03.02
skin 13.10.02
Vaginal and vulval candidiasis 07.02.02

O

OILATUM EMOLLIENT 13.02.01
OMEPRAZOLE 01.03.05
OPTICROM (eye drops) 11.04.02
ORUVAIL
Capsules 10.01.01
gel 10.03.02
OTOMIZE (ear spray) 12.01.01
OTOSPORIN (ear drops) 12.01.01
OVRANETTE 07.03.01
OXYBUTYNIN HYDROCHLORIDE 07.04.02
OXYGEN
Acute asthma 03.06.00
Anaphylaxis, allergic emergencies 03.04.03
Myocardial infarction 02.10.01
OXYTETRACYCLINE
acne 13.06.02
Antibacterial 05.01.03

P

PARACETEMOL
- Analgesics 04.07.01
- Febrile convulsions 04.08.03
- Migraine 04.07.04

PARAMAX 04.07.04
PAVACOL-D 03.09.02
PENICILLIN, PENICILLIN V or V-K (PHENOXYMETHYLPENICILLIN) 05.01.01
PHENERGAN 03.04.01
PHENOBARBITAL (was PHENOBARBITONE) 04.08.01
PHENYTOIN
- Epilepsy 04.08.01
- Status epilepticus 04.08.02
- Trigeminal neuralgia 04.07.03

PHOLCODINE LINCTUS 03.09.01
PHYLLOCONTIN CONTINUS 03.01.03
PILOCARPINE HCL
- eye 11.06.00
- dry mouth 12.03.05

PIRITON 03.04.01

POLYTAR, POLYTAR AF, POLYTAR PLUS
- Emollient 13.05.02
- Liquid/shampoo 13.09.00

PRAXILENE 02.06.04
PREDNISOLONE
- Asthma 03.02.00
- Crohn’s disease 01.05.00
- eye 11.04.01
- Glucocorticoid therapy 06.03.02
- Haemorrhoids 01.07.02
- Malignant disease 08.02.02
- Rectal 01.05.00
- Rheumatic disease 10.01.02

PREGADAY 09.01.01
PREMARIN
- Cream 07.02.01
- Tablets 06.04.01

PREMPAK-C 06.04.01
PRIADEL 04.02.03
PRIODERM 13.10.04
PROCHLORPERAZINE
- Nausea and vertigo 04.06.00
- Psychoses 04.02.01

PROCTOSEDYL 01.07.02
PROCYCLIDINE 04.09.02
PROPINE 11.06.00

PROPRANOLOL
Cardiovascular 02.04.00
Migraine 04.07.04
Thyrotoxicosis 06.02.02
Tremor 04.09.03
PROSCAR 06.04.02
PROTHIADEN 04.03.01
PROVERA (sex hormone)
Malignant disease 08.03.02
sex hormone 06.04.01
PROZAC 04.03.03
PULMICORT (inhaler), PULMICORT TURBOHALER, PULMICORT RESPULES 03.02.00
PYRIDOXINE
Anaemia 09.01.03
Vitamin B 09.06.02

Q

QUININE
Malaria 05.04.01
Nocturnal cramps/muscle relaxant 10.02.02

R

RANITIDINE 01.03.01
REGULAN 01.06.01
RELIFEX 10.01.01
RHINOCORT AQUA 12.02.01

S

SALAMOL 03.01.01
SALAZOPYRIN
Chronic diarrhoea 01.05.00
Rheumatic disease 10.01.03
SALBUTAMOL 03.01.01
SALMETEROL 03.01.01
SANOMIGRAN 04.07.04
SECURON, SECURON SR 02.06.02
SENNA 01.06.02
SENOKOT 01.06.02
SERC 16, SERC 8 ..... 04.06.00
SEREVENT 03.01.01
SEROXAT 04.03.03
SIMPLE LINCTUS 03.09.02
SIMVASTATIN 02.12.00
SINEMET, SINEMET LS, SINEMET-PLUS, SINEMET CR 04.09.01
SLOW-K 09.02.01

SODIUM BICARBONATE
Antacid 01.01.01
ear drops 12.01.03
Intravenous 09.02.02
oral (capsules) 09.02.01
urine alkalinisation 07.04.03
SOFRADEX
ear 12.01.01
eye 11.04.01
SOLPADOL 04.07.01
SPASMONAL 01.02.00
STEMETIL 04.06.00
SUDAFED
-Co (analgesic) 04.07.01
nasal spray 12.02.02
tablets, elixir 03.10.00
SUDOCREM 13.02.02
SULPIRIDE
antipsychotic 04.02.01
Tourette syndrome 04.09.03

T

TAMOXIFEN 08.03.04
TEGRETOL 04.08.01
TEMAZEPAM
anaesthaesia 15.01.04
hypnotic 04.01.01
TENORET 50 ..... 02.04.00
TENORETIC 02.04.00
TENORMIN 02.04.00
TERFENADINE 03.04.01
THIORIDAZINE 04.02.01
THYROXINE (LEVOTHYROXINE) 06.02.01
TILADE MINT (inhaler) 03.03.01
TILDIEM LA, TILDIEM RETARD 02.06.02
TIMODINE 13.04.00
TIMOPTOL, TIMOPTOL LA 11.06.00
TOLBUTAMIDE 06.01.02
TRAMADOL HYDROCHLORIDE 04.07.02
TRANSVASIN 10.03.02
TRAXAM 10.03.02
TRIMETHOPRIM
antibacterial 05.01.08
ear 12.01.02
TRIMOVATE 13.04.00
TRINORDIOL 07.03.01
TRITACE 02.05.05
TRUSOPT 11.06.00

TYLEX 04.07.01

U

UNIPHYLLIN CONTINUS 03.01.03

V

VELOSEF 05.01.02
VENTODISKS 03.01.01
VENTOLIN 03.01.01
VERAPAMIL
- angina 02.06.02
- arrhythmias 02.03.02
- hypertension 02.06.02

VISCOTEARS 11.08.01
VITAMIN B 09.06.02
VITAMIN CAPSULES 09.06.07
VOLMAX 03.01.01
VOLTAROL
- Emulgel 10.03.02
- Ophtha 11.08.02
- rheumatic disease and gout 10.01.01

W

WARFARIN 02.08.02

X

XALATAN (eye drops) 11.06.00

Z

ZANTAC 01.03.01
ZESTRIL 02.05.05
ZIMOVANE 04.01.01
ZINERYT 13.06.01
ZIRTEK 03.04.01
ZOCOR 02.12.00
ZOPICLONE 04.01.01
ZOTON 01.03.05
ZOVIRAX
- cold sore 13.10.03
- eye 11.03.03
- Infections 05.03.00

ZYBAN 04.10.02
ZYDOL, ZYDOL SR 04.07.02

Unable to code 99.99.99

Codes taken from the British National Formulary No. 50 Sept '05

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''

NatCen
National Centre for Social Research

The Health Survey for England

On behalf of The Information Centre for health & social care

UCL

P8727

Health Survey for England: 2007

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) Saliva sample to be collected	11	12
c) Urine sample to be collected	13	14

BLOOD PRESSURE TO GP CONSENT FORM BP (C)

(CHILD AGED 5 years - 15 years)

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 my child's 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 _____

SALIVA SAMPLE CONSENT FORM S(c)

(CHILD AGED 4 years – 15 years)

I, (name) _____

am the parent/guardian of

(child's name) _____

and I consent to _____ *(qualified nurse) collecting a sample of my saliva on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.*

This saliva sample will <u>only</u> be tested for cotinine, a derivative of nicotine. It will not be tested for substance abuse.

The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.

Signed _____

Date _____

BLOOD PRESSURE TO GP CONSENT FORM BP (A)

(ADULT 16 years and over)

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 _____

URINE SAMPLE CONSENT FORM U (A)

(ADULT AGED 16 years and over)

I, (name) _____

consent to _____ (qualified nurse) agree to the collecting a sample of my urine on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit. This urine sample will be tested to assess salt levels.

This urine sample will only be tested for sodium, potassium and creatinine. It will not be tested for substance abuse.

The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.

Signed _____

Date _____

SALIVA SAMPLE CONSENT FORM S (a)

(ADULT AGED 16 years and over)

I, (name) _____

consent to _____ (qualified nurse) collecting a sample of my saliva on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.

This saliva sample will only be tested for cotinine, a derivative of nicotine. It will not be tested for substance abuse.

The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her.

Signed _____

Date _____

THE HEALTH SURVEY FOR ENGLAND: 2007

DISPATCH NOTE FOR URINE and SALIVA SAMPLES

(OFFICE COPY)

1. AGE GROUP:

16+	1	
4+	2	

TICK SAMPLE TUBES OBTAINED:

16+: Urine ☐ Saliva ☐

4+: Saliva ☐

2. SALIVA/URINE TAKEN: Day ☐☐ Month ☐☐ Year ☐☐☐☐

3. SALIVA/URINE DESPATCH: Day ☐☐ Month ☐☐ Year ☐☐☐☐

THE HEALTH SURVEY FOR ENGLAND: 2007

DISPATCH NOTE FOR SALIVA and URINE SAMPLES

(LABORATORY COPY)

Complete <u>all</u> sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER: **A** | POINT | ADDRESS | HHLD | CKL | PERSON

2. SEX: Male 1 / Female 2

3. DATE OF BIRTH: Day | Month | Year

4. AGE GROUP:

		TICK SAMPLE TUBES OBTAINED:
16+	1	Urine ☐ Saliva ☐
4+	2	Saliva ☐

5. SALIVA/URINE TAKEN: Day | Month | Year

6. 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
Saliva	
Urine	