

Welsh Health Survey 2010 *Technical Report*

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1 INTRODUCTION

1.1 The Welsh Health Survey

The Welsh Health Survey 2010 was commissioned by the Welsh Assembly Government (WAG) and carried out by the National Centre for Social Research (NatCen).

The main aims of the survey are to:

- provide estimates of health status, health determinants and health service use;
- contribute to setting and monitoring targets and indicators;
- examine differences between population sub-groups (such as sex, age, social class) and local areas (health boards and local authorities);
- provide a direct measurement of need for health care for NHS resource allocation in Wales;
- provide local authority level information for the development of joint local health, social care and well-being strategies.

Fieldwork was issued in twelve monthly waves between January and December 2010.

1.2 The development of the Welsh Health Survey

The current Welsh Health Survey (WHS) replaced two previous health surveys in Wales: the Welsh Health Survey (old WHS), carried out in 1995 and 1998, and the Health in Wales Survey (HWS) carried out in 1985, 1988, 1990, 1993 and 1996. In 2002, the Welsh Assembly Government commissioned NatCen to undertake a study to explore the feasibility of merging these surveys, using a design that would encompass their policy requirements and also be compatible in methodology and outputs to the old WHS and HWS. Alternative methodological approaches were recommended in that report, including the mixed-mode method adopted for the new WHS, which was launched in October 2003.¹

The first two years of WHS fieldwork were carried out by a consortium of the National Centre for Social Research (NatCen), Beaufort Research and the Department of Epidemiology and Public Health at UCL. From 2005, the survey has been carried out by the National Centre for Social Research.

¹ Nicolaas G, Pickering K, Tipping S (2003) *Feasibility of combining the Welsh Health Survey and the Health in Wales Survey*, National Centre for Social Research, available at http://www.natcen.ac.uk/natcen/pages/publications/combining_welsh.pdf.

1.3 Overview of methodology

The WHS sample comprises addresses randomly selected from the small users' Postcode Address File; the target sample for WHS 2010 was 15,000 adults.

The survey data were collected through a combination of methods. Household data were collected in a face-to-face interview. Individual level data were collected using paper questionnaires. Each adult aged 16 or over in the household was given a questionnaire to complete on their own behalf. In addition, up to two children aged 0 to 15 were randomly selected from each household to participate in the survey.

One of three age-specific questionnaires were used for children selected to participate in the survey. Two questionnaires were designed for parents to complete on behalf of selected children aged 0 to 3, and selected children aged 4 to 12; a third questionnaire was given to selected children aged 13 to 15 to complete on their own behalf. In addition, interviewers were asked to take height and weight measurements of selected children aged between 2 and 15 years, if children and parents consented.

The survey documents comprised the advance letter, the household questionnaire (administered by an interviewer), a set of showcards, and the paper self-completion booklets for adults (20 pages) and children (10 or 11 pages, depending on the version). All survey documents were available in English and Welsh, and bilingual interviewers were used where required. Interviewers were fully briefed by researchers about survey procedures and materials. Copies of the survey documents for WHS 2010 are shown at Appendix A.

The advance letter was sent to all selected addresses to assist recruitment. Interviewers conducted doorstep recruitment with householders and completed the household questionnaires. The self-completion questionnaires were left with the household members and collected by the interviewers at an agreed time (see Chapter 3). Height and weight measurements for eligible selected children were taken at the first visit or at a convenient follow-up visit. Families whose children were measured for the survey were offered a small toy, and a measurement record card showing height and weight measurements in imperial and metric.

The household questionnaires were manually keyed. Data from the individual questionnaires were entered into electronic format by scanning. All data were cleaned and edited before tables and other outputs were produced (see Chapter 5).

From 2007 onwards more detailed information was collected in the child elements of WHS, including the measurement of heights and weights.²

² Welsh Assembly Government. *Welsh Health Survey 2007*. September 2008.

2 SAMPLING

2.1 Overview

The sample for the WHS 2010 was selected from the small user version of the Post Office's Postcode Address File (PAF). The PAF covers more than 99% of private households in Wales. As well as the small number of private households not included, the PAF does not include addresses for institutions. We note that this may exclude a group of people likely to have worse levels of health than people in the general population.

For the 12 month period from January to December 2010, 14,775 addresses were randomly sampled. The sample was stratified by Unitary Authority to allow for analysis of survey data at this level. An un-clustered sample was selected within each UA.

The aim was to achieve interviews with at least 600 adults in each Unitary Authority. In order to achieve this, a minimum of 575 addresses were issued in each UA. The distribution of the sample was adjusted relative to earlier survey years to take account of differing response rates at UA level. Table 2.1 shows the number of addresses that were issued in each UA, along with their selection weights (see Section 6.2.1).

Since the third year of the Welsh Health Survey (2005/6) addresses sampled for the survey have been added to a Historical Database held by the sampling agency, and excluded from future samples for the Welsh Health Survey for at least two years. Addresses sampled for WHS 2010, for example, will not be re-sampled in WHS 2011 or 2012.

Table 2-1 Issued sample size in each unitary authority

Unitary authority	Total number of addresses in UA	Number of addresses selected	Selection weight
Isle of Anglesey	34,847	625	55.76
Gwynedd	61,681	675	91.38
Conwy	56,785	675	84.13
Denbighshire	45,026	650	69.27
Flintshire	68,086	625	108.94
Wrexham	60,542	650	93.14
Powys	65,645	575	114.17
Ceredigion	35,074	575	61.00
Pembrokeshire	60,859	650	93.63
Carmarthenshire	85,681	675	126.93
Swansea	112,163	825	135.96
Neath Port Talbot	65,858	625	105.37
Bridgend	62,848	600	104.75
Vale of Glamorgan	56,510	625	90.42
Rhondda, Cynon, Taff	108,748	850	127.94
Merthyr Tydfil	26,895	650	41.38
Caerphilly	80,015	625	128.02
Blaenau Gwent	32,882	625	52.61
Torfaen	41,546	625	66.47
Monmouthshire	41,243	575	71.73
Newport	64,750	675	95.93
Cardiff	149,409	1100	135.83

2.2 Selection of addresses

An un-clustered sample of addresses was selected from each of the 22 UAs. Addresses were selected at random from across the whole UA area and then grouped into interviewer assignments or 'points'.

There were 591 points in total, each containing 25 addresses. Addresses were grouped together on the basis of proximity, taking account of natural barriers such as mountains and rivers.

2.3 Sampling of households

A small proportion of addresses in the PAF contain more than one household. If the number of households found by the interviewer at an address selected for the WHS was three or less, then all the households were included in the WHS. However, if more than three households were found, then the interviewers were instructed to select three households to be included in the WHS. The households to be included were selected at random using a Kish grid.

2.4 Sampling of children

Families with children aged under 16 were eligible for the child elements of the survey. In households with three or more children, two children were selected for participation to minimise respondent burden. All children in these households were listed in order of age, and two were selected at random.

3 FIELDWORK

3.1 Fieldwork period

WHS 2010 fieldwork started in January 2010, and assignments ('points') were divided between twelve months, ending in December 2010. Each fieldwork point contained 25 addresses and fieldwork began on the first day of each month. Interviewers were expected to complete their assignments within four weeks of issue.³

3.2 Briefings

New interviewers were briefed in person by the project researchers and experienced interviewers who'd worked on WHS previously self-briefed. The face-to-face briefings lasted a day each and covered all elements of the survey process. Topics included the aims and background of the survey, the advance letter, strategies for doorstep introductions, an overview of the content of the questionnaires, and the child elements of the survey. Particular emphasis was given to these child elements, including selecting children for participation, and measuring the heights and weights of those aged between 2 and 15. Interviewers were also briefed about the services provided by NHS Direct.

3.3 Contact procedures

3.3.1 Advance letter

Prior to the interview, advance letters were sent out by interviewers to all selected households. The wording of these was agreed by NatCen and the Welsh Assembly Government. Households were sent versions of the letter in both English and Welsh.

Respondents were informed within the letter that their participation was entirely voluntary, and that access to their names and addresses would be restricted to the research team at NatCen.

3.3.2 Contacting respondents

Interviewers made contact with respondents by personal visit. Standard guidelines were issued to all interviewers regarding the timing and number of calls they should make to each address. Interviewers were required to make a minimum of four calls at different times of the day and on different days of the week before accepting a 'non-contact' outcome; in practice, where contact was difficult, interviewers made more calls than this.

³ Throughout the year, 558 unproductive addresses, including both non-contacts and initial soft refusals (i.e. they did not refuse outright to participate) from households, were re-issued to new interviewers, and a second attempt was made to interview the household. Of these, 532 were in scope (i.e. they weren't deadwood). In 48.9% of cases re-issue was successful.

3.3.3 Confidentiality

Once interviewers had made contact with a household, they introduced the survey and also presented the survey leaflet which contained information about the survey and reinforced confidentiality in data usage. Copies of this information leaflet were left for all respondents, in English or Welsh, as requested.

3.3.4 NHS Direct

A phone number for NHS Direct was included on the advance letters for respondents to use if they had any queries regarding the survey. NHS Direct Wales operates a bilingual 24-hour service.

3.3.5 Welsh-speaking interviewers

Respondents were given the option of having the interview conducted in English or Welsh. If the latter was requested and the original interviewer was unable to interview in Welsh, the interview was re-arranged with a different, Welsh speaking interviewer.

3.4 Data collection

3.4.1 Overview

The survey consisted of a short household interview, lasting around 10 minutes, with a responsible adult living in the accommodation, and a self-completion questionnaire. All adults aged 16 and over were eligible for a self-completion questionnaire; up to two selected children aged 0 to 15 were eligible for a questionnaire for their age group, for completion by parents (0 to 12) or children (13 to 15). Interviewers collected self-completion questionnaires, and took height and weight measurements for selected children aged between 2 and 15 with parental consent.

The household and adult questionnaires were similar to those used in previous years of the WHS. The child self-completion questionnaires were similar to the revised child questionnaires, introduced in WHS 2007.

3.4.2 Household level

The short face-to-face household interview was offered to respondents in English or Welsh. This was designed to collect information about the household reference person. It also included questions about each person in the household, for example sex, age, length of residence at that address, general health and whether or not each person needed care. (See Appendix A for the household interview questionnaire.)

The household questionnaire also included instructions for selecting up to two children to participate, a grid showing the outcomes for each additional element, and consent forms for the measurements and for the older children to complete questionnaires.

3.4.3 Individual level instruments

The survey also included a 20-page self-completion questionnaire for all adults aged 16 and over in the household that took approximately 15-20 minutes to complete.

There were three age-specific versions of the children's questionnaire. Those relating to children aged between birth and 3 years old (10 pages) and children aged 4 to 12 (11 pages) were completed by a parent or carer. Children aged between 13 and 15 completed an 11-page questionnaire themselves. English versions of the questionnaires are included in Appendix A.

All survey documents were translated into Welsh, so that respondents could be offered the option of completing the household interview and individual self-completions in either language. All self-completion questionnaires (English and Welsh versions) were professionally designed.

A summary of the questionnaire modules is presented in Table 3.1.

Table 3-1 Summary of survey modules

Household Questionnaire	
Sex and age (each household member)	Employment Status (HRP)
Years of residence at address, general health and care needs (each household member)	NS-SEC (HRP)
Housing tenure	Contact details
Individual – adults 16+	
Health service use	Exercise
Medicines	Carers
Illnesses	Sex and age
General health and wellbeing	Height and weight
Smoking	Ethnicity
Alcohol	Qualifications
Fruit and vegetable consumption	
Individual – children aged 0-3 (completed by parent or carer)	
Sex and age	Accidents, injuries or poisoning
Ethnicity	Current illnesses
General health and wellbeing	Infant feeding
Health service use	
Individual – children aged 4-12 (completed by parent or carer)	
Sex and age	Current illnesses
Ethnicity	Strengths and Difficulties Questionnaire ⁴
General health and wellbeing	Eating habits
Health service use	Physical activity
Accidents, injuries or poisoning	
Individual – children aged 13-15 (completed by child)	
Sex and age	Current illnesses
Ethnicity	Strengths and Difficulties Questionnaire ⁴
General health and wellbeing	Eating habits
Health service use	Physical activity
Accidents, injuries or poisoning	

⁴ By permission of Robert Goodman. See <http://www.sdqinfo.com> for details

3.4.4 *Measurements of height and weight*

Measurements of height and weight were requested for all selected children aged between 2 and 15 years old. Written consent to these measurements was obtained in advance from the parents or carers of all children measured. Interviewers carried out the measurements according to a standardised written protocol (see Appendix A).

4 RESPONSE

4.1 Introduction

4.1.1 Overview

This chapter presents analysis of the response to the 2010 Welsh Health Survey at two levels, among households and individuals, with adults and children shown separately.

Household and individual response are analysed by unitary authority to present response rates for each of the 22 unitary authorities in Wales. The individual response tables show response for adults and children separately, within productive households (i.e. where the household questionnaire was completed). Further tables show individual response by sex and age and by unitary authority. Household and individual response are shown in combination, again for adults and children separately. Respondents and non-respondents in productive households are compared using proxy measures of general health and need for care, taken from the household interview.

4.1.2 Outcome codes

Interviewers assigned a final outcome code to every address in their assignment. The range of possible outcome codes is shown in the Table 4.1.

If respondents requested the household interview to be carried out in Welsh, a temporary outcome code (890) was assigned until a Welsh speaking interviewer was allocated and the interview completed.

Table 4-1 Outcome codes

Outcome	Code
Deadwood	
Not yet built/under construction	710
Demolished/derelict	720
Vacant/empty	730
Non-residential address e.g. business, school, office, factory	740
Address occupied, no resident household eg. holiday home	750
Communal establishment/institution	760
Other ineligible	790
Unknown eligibility	
Not attempted	612
Inaccessible	620
Unable to locate address	630
Unknown whether address contains residential housing – non contact	640
Residential address – unknown whether occupied	650
Unknown whether address contains residential housing – information refused	810
Other unknown eligibility	690
Unproductive outcomes	
No contact with anyone at the household	310
No contact with any responsible adult at the household	320
Office refusal	410
Refusal at introduction/before interview	430
Refusal during interview	440
Broken appointment – no re-contact	450
Ill at home during survey period	510
Away or in hospital all survey period	520
Physically or mentally unable/incompetent	530
Language difficulties	540
Other unproductive	590
Productive	
Fully productive	110

4.1.3 Definition of household response

In calculating household response, a recommended standard method for social surveys was used.⁵ It incorporates an estimate of the number of eligible and deadwood cases within addresses where eligibility is uncertain.

This calculation is shown below.

$$response\ rate = \frac{productive}{productive + unproductive + (e * unknown\ eligibility)}$$

⁵ Lynn, P, Beerten, R, Laiho, J and Martin, J (2001) *Recommended Standard Final Outcome Categories and Standard Definitions of Response Rate for Social Surveys*, ISER Working Papers, Number 2001-23, Colchester: University of Essex.

where e is an estimate of the proportion of cases of unknown eligibility that are eligible, given by:

$$e = \frac{\text{productive} + \text{unproductive}}{\text{productive} + \text{unproductive} + \text{deadwood}}$$

4.2 Household response

Table 4.2 shows a summary of response at the household level in 2010.

Using the method described above, 14 cases of unknown eligibility were assumed to be deadwood and were therefore removed from the eligible sample. The final adjusted response rate for the Welsh Health Survey in 2010 was 79.1%.

Table 4-2 Household response for WHS 2010

		% of eligible sample	% of adjusted eligible sample
Households issued*	14,824		
Deadwood	1,739		
Eligible sample	13,085	100.0	
Total unknown eligibility	121	0.9	
Estimate of deadwood among unknown eligibility households	14		
Adjusted eligible sample	13,071		100.0
Estimate of eligible households among those of unknown eligibility	107		0.8
Refusals	1,817	13.9	13.9
Other unproductive	806	6.2	6.2
Productive	10,341	79.0	79.1

* Some addresses contained more than one household. Of the 14,775 addresses issued, 14,824 households were identified.

Table 4.3 below shows household response by unitary authority for WHS 2010.

Table 4-3 Household response for WHS 2010, by unitary authority

Unitary authority	Eligible households	Responding households		Adjusted response rate
			%	%
Isle of Anglesey	487	376	77.2	77.3
Gwynedd	509	416	81.7	82.2
Conwy	579	447	77.2	77.3
Denbighshire	578	457	79.1	79.2
Flintshire	584	461	78.9	79.0
Wrexham	602	474	78.7	78.8
Powys	494	398	80.6	80.7
Ceredigion	492	415	84.3	84.4
Pembrokeshire	509	435	85.5	85.7
Carmarthenshire	580	456	78.6	78.8
Swansea	754	597	79.2	79.3
Neath Port Talbot	568	463	81.5	81.6
Bridgend	555	436	78.6	78.6
Vale of Glamorgan	574	447	77.9	78.0
Rhondda, Cynon, Taff	775	584	75.4	75.4
Merthyr Tydfil	587	440	75.0	75.1
Caerphilly	585	434	74.2	74.2
Blaenau Gwent	559	423	75.7	75.7
Torfaen	572	471	82.3	82.4
Monmouthshire	527	423	80.3	80.3
Newport	606	489	80.7	80.7
Cardiff	1,009	799	79.2	79.3
Total	13,085	10,341	79.0	79.1

4.3 Individual Response

Table 4.4 shows the response among adults in productive households, 82.9%.

4.3.1 Adults

Table 4-4 Response among adults in productive households for WHS 2010

	Number of cases	% of issued sample
Total number of adults identified	19,306	100.0
<i>Average number of adults in productive households</i>	<i>1.9</i>	
Refusal	390	2.0
Questionnaire not returned	1,942	10.1
Other unproductive	975	5.1
Productive	15,999	82.9

As Table 4.5 shows, response was higher among women than among men, and among older adults than younger ones. This follows the pattern seen in previous years.

Table 4-5 Response among adults in productive households for WHS 2010, by age and sex

	16-24 years		25-44 years		45-64 years		65+ years		Total	
		%		%		%		%		%
Men	882	71.3	1,913	74.4	2,694	83.9	1,931	91.0	7,420	81.2
Women	919	73.2	2,403	81.1	2,992	87.0	2,265	90.3	8,579	84.4
Total	1,801	72.2	4,316	78.0	5,686	85.5	4,196	90.6	15,999	82.9

Table 4.6 below shows the response among adults in productive households by unitary authority for WHS 2010.

Table 4-6 Response among adults in productive households for WHS 2010, by unitary authority

Unitary authority		Productive %
Isle of Anglesey	590	84.3
Gwynedd	620	80.2
Conwy	654	81.8
Denbighshire	714	86.3
Flintshire	737	84.6
Wrexham	697	78.1
Powys	643	86.4
Ceredigion	695	83.0
Pembrokeshire	683	85.2
Carmarthenshire	748	89.0
Swansea	954	85.2
Neath Port Talbot	751	88.9
Bridgend	724	86.3
Vale of Glamorgan	659	79.1
Rhondda, Cynon, Taff	842	76.4
Merthyr Tydfil	696	84.1
Caerphilly	697	86.9
Blaenau Gwent	649	82.3
Torfaen	712	80.5
Monmouthshire	683	84.7
Newport	702	79.5
Cardiff	1,149	77.3
Total	15,999	82.9

4.3.2 Children

Table 4.7 shows the response among children aged 0 to 15 in productive households. 4,382 children were identified, and of these 3,866 were selected to take part in the survey (see Section 2.4 for a description of the child selection process). Response among selected children was 79.6%.

Table 4-7 Response among selected children aged 0 to 15 in productive households for WHS 2010

	Number of cases	% of eligible sample
Number of productive households with children	2,547	
Total number of children in productive households	4,382	
<i>Average number of children in productive households with children</i>	1.7	
Number of selected children in productive households	3,866	100.0
<i>Average number of selected children in productive households with children</i>	1.5	
Refusal (by child or parent)	61	1.6
Questionnaire not returned	537	13.9
Other unproductive	191	4.9
Productive	3,077	79.6

Table 4.8 shows the response by age group, corresponding to the three versions of the questionnaire (see Section 3.4.3). The differences in response between the three groups is significant at the 95% confidence level ($p=0.04$).

Table 4-8 Response among selected children aged 0 to 15 in productive households for WHS 2010, by age group

	0-3 years	4-12 years	13-15 years
Number of selected children in productive households	969	2,112	785
Refusal (by child or parent)	12	32	17
Questionnaire not returned	149	280	108
Other unproductive	51	86	54
Total non-response	212	398	179
Total self-completions returned	757	1,714	606
<i>Response rate¹</i>	78.1	81.2	77.2

¹ Based on selected children in productive households

Table 4.9 shows response among selected children by age and sex.

Table 4-9 Response among selected children aged 0 to 15 in productive households for WHS 2010, by age group and sex

	0-3 years		4-12 years		13-15 years		Total	
		%		%		%		%
Boys	387	80.5	848	81.1	322	79.5	1,557	80.6
Girls	370	75.8	866	81.2	284	74.7	1,520	78.6
Total	757	78.1	1,714	81.2	606	77.2	3,077	79.6

Table 4.10 shows the response among selected children by unitary authority.

Table 4-10 Response among selected children aged 0 to 15 in productive households for WHS 2010, by unitary authority

Unitary authority		%
Isle of Anglesey	115	91.3
Gwynedd	125	76.7
Conwy	88	75.9
Denbighshire	114	79.2
Flintshire	118	73.3
Wrexham	132	71.7
Powys	116	85.9
Ceredigion	111	86.0
Pembrokeshire	151	92.6
Carmarthenshire	141	88.1
Swansea	215	87.0
Neath Port Talbot	175	89.7
Bridgend	128	82.6
Vale of Glamorgan	134	73.2
Rhondda, Cynon, Taff	184	74.8
Merthyr Tydfil	141	75.0
Caerphilly	118	81.9
Blaenau Gwent	131	78.4
Torfaen	136	75.6
Monmouthshire	122	83.0
Newport	145	68.1
Cardiff	237	74.1
Total	3,077	79.6

Table 4.11 shows the response for height and weight measurements among selected children aged between 2 and 15 (see Section 3.4.4).

Table 4-11 Response to height and weight measurements among eligible selected children aged 2 to 15 in productive households for WHS 2010

	Height	Weight
Number of eligible selected children in productive households	3,365	3,365
Measurement unreliable	29	17
Child unavailable	350	344
Parent refusal	361	356
Child refusal	167	177
Unable to measure child	139	139
Don't know	86	98
Total non-response	1,132	1,131
Reliable measurement achieved	2,233	2,234
<i>Response rate¹</i>	<i>66.4</i>	<i>66.4</i>

¹Based on eligible selected children in productive households

4.4 Combined household and individual response

The following tables show overall response, for adults and children separately. These figures take into account response at both the household and individual levels. The number of adults and children within non-responding households is not known, therefore the average number of adults and children in participating households is used to impute the denominator (the total number of adults and children in all eligible households). This figure is likely to overestimate the denominator and therefore under-estimate the response, since unproductive households are likely to have fewer residents, on average, than productive households.⁶

Table 4.12 shows the combined response rate for adults in 2010, 65.6%.

⁶ McGee A, Fitzgerald R and Thornby M. (2004) *A Description of Non-Respondents to the Family Resources Survey 2002-2003*, National Centre for Social Research.

Table 4-12 WHS 2010 combined response: Adults

		%
Households issued	14,824	100.0
Deadwood	1,739	11.7
Estimate of deadwood among households of unknown eligibility	14	0.1
Eligible households after adjustment	13,071	88.2
Productive households	10,341	
Total number of adults in productive households	19,306	
<i>Average number of adults per productive household</i>	<i>1.9</i>	
Imputed number of adults for all eligible households	24,403	100.0
Productive (adults in eligible households)	15,999	65.6

Table 4.13 shows the combined response rate for selected children in 2010, 63.0%.

Table 4-13 WHS 2010 combined response: Children

		%
Households issued	14,824	100.0
Deadwood	1,739	11.7
Estimate of deadwood among households of unknown eligibility	14	0.1
Eligible households	13,071	88.2
Productive households	10,341	
Total number of selected children in productive households	3,866	
<i>Average number of selected children per productive household¹</i>	<i>0.4</i>	
Imputed number of selected children for all eligible households	4,887	100.0
Productive (children in eligible households)	3,077	63.0

4.5 Comparison of respondents and non-respondents in productive households

The Welsh Health Survey collects proxy measures of general health and need for care for each member of the household as part of the household questionnaire. It is possible to use these measures to compare respondents and non-respondents within productive households. Tables 4.14 to 4.17 show the proportions of respondents and non-respondents with 'good', 'fairly good' and 'not good' health and the proportion who need care. These measures are shown for adults and selected children

Non-responding adults were more likely than those who responded to the survey to be described by the household informant as having good general health ($p < 0.001$). Conversely, selected children who responded to the survey were more likely to be described as having good general health than non-responding children ($p = 0.04$).

Non-responding adults were less likely than respondents to the survey to be described by the household informant as needing care for sickness, disability or old age ($p = 0.01$). This was not true for selected children.

Table 4-14 Comparison of general health between adult respondents and non-respondents in 2010

	Respondents		Non-respondents	
	No.	%	No.	%
Good	9,946	62.5	2,268	69.3
Fairly good	3,610	22.7	612	18.7
Not good	2,349	14.8	392	12.0
Total	15,905	100.0	3,272	100.0

Table 4-15 Comparison of general health between child respondents and non-respondents in 2010

	Respondents		Non-respondents	
	No.	%	No.	%
Good	2,801	92.8	703	90.8
Fairly good	176	5.8	51	6.6
Not good	41	1.4	20	2.6
Total¹	3,018	100.0	774	100.0

¹Based on eligible selected children in productive households

Table 4-16 Comparison of need for care between adult respondents and non-respondents in 2010

	Respondents		Non-respondents	
	No.	%	No.	%
Need care	1,266	8.1	218	6.8
Do not need care	14,449	91.9	3,005	93.2
Total	15,715	100.0	3,223	100.0

Table 4-17 Comparison of need for care between child respondents and non-respondents in 2010

	Respondents		Non-respondents	
	No.	%	No.	%
Need care	128	4.4	42	5.7
Do not need care	2,764	95.6	693	94.3
Total¹	2,892	100.0	735	100.0

¹Based on eligible selected children in productive households

5 DATA PREPARATION

5.1 Data keying and scanning

Once interviewers had completed both household and self-completion questionnaires for a household, the questionnaires were returned for processing. The household questionnaires were double keyed in-house at NatCen. The self-completion questionnaires were posted directly to a scanning agency. Once these stages were complete, the scanned questionnaires, data and electronic images were sent to NatCen and the data linked to the household data through serial numbers (at both household and individual levels).

A report was run comparing the household data to the data booked in at the scanning agency and subsequently scanned. For cases where the data could not be immediately matched a 'problem file' was produced. Reconciliation procedures were then undertaken to match up household data and self-completion discrepancies (for instance, error in the serial number, individual name or number).

5.2 Data coding and editing

5.2.1 Editing procedures

The self-completion questionnaires were edited using NatCen's in-house system. The data was checked to correct cases where routing had not been followed, where respondents had coded more than one answer where only one was required, or where incompatible answers had been entered.

As a separate checking measure all handwritten digits on the questionnaires were verified visually as part of the quality control process.

5.2.2 NS-SEC (SOC) coding

The occupation and industry of the Household Reference Person (HRP) was coded using the Standard Occupational Classification (SOC2000) and Standard Industrial Classifications (SIC 1992). The National Statistics Socio-economic Classification (NS-SEC) was derived from SOC2000 and employment status.

5.2.3 Backcoding and International Classification of Diseases (ICD) coding

If appropriate, cases where an 'other' answer was given to questions on chronic or long-term illnesses, health problems or disabilities were 'backcoded' into the previous pre-coded individual illness questions. This process converted the text at 'other' answers on illnesses into ICD groups and chapters which were then matched into the previous illness questions. This process was carried out for both adults and children.

5.2.4 Child Body Mass Index (BMI) classification

The proportion of children who were overweight and obese was calculated according to the UK national BMI percentiles classification. Using 1990 reference data compiled from a number of sources as the baseline, and adjusted for age and sex, the threshold for overweight was defined as the 85th percentile and the threshold for obesity as the 95th percentile.⁷

The age adjustment used to define obesity and overweight is based on six-month age bands. Similar to 2009, in WHS 2010 exact date of birth was collected so it was possible to provide a reliable definition of the BMI status of individual children.⁸ Children are assigned a score of normal weight, overweight or obese on the basis of BMI scores within their 6 month age group. Children with a BMI score $\geq 85^{\text{th}}$ percentile and $< 95^{\text{th}}$ were classed as overweight and those with BMI $\geq 95^{\text{th}}$ percentile were classed as obese.

5.3 Data set formats

The data were organised into three data sets for analysis. These were delivered to the Welsh Assembly after initial analyses. Two productive data sets at the individual level were produced – one for **adult data** and one for **child data**. A **combined data set** was also created containing information from all productive households at the individual level (household data for productive and unproductive individual cases). This enabled a further level of analysis, as the household questionnaire collected information on age, sex, the number of years living at that address, general health and need for care for each member of the household.

⁷ Cole T, Freeman JV, Preece MA. *Body Mass Index reference curves for the UK, 1990*. Archives of Disease in Childhood 1995;**73**:25-29.

⁸ In WHS 2007 exact date of birth was not collected. Probability scores were assigned to each child for overweight indicating whether the child was certainly overweight, possibly overweight or not overweight.

6 WEIGHTING

6.1 Overview

Weights were calculated for the WHS data to correct for unequal selection probabilities and also for survey non-response.

The sample design, described in Chapter 2, led to respondents having unequal chances of selection for two reasons: the probability of selecting an address varied by Unitary Authority and, where addresses contained four or more households, three households were selected for inclusion in the survey. In addition, up to two children were selected in each household.

Weights were also calculated to correct for non-response. Response rates differed between groups (see Section 4.2); for example, men were under-represented in the sample, and women were over-represented. Weighting compensates for these differences, and corrects any resulting bias in the survey estimates.

Two sets of non-response weights were generated, household weights (*wt_hhold*) and individual weights (*wt_adult* and *wt_child*). The household weights adjusted for non-contact and refusals of entire households. The individual weights, calculated separately for adults and children, adjusted for non-response among individuals within responding households.

6.2 Calculating the weights

6.2.1 Selection weights

The first stage of weighting corrected for the imbalances created by the different probabilities of selection within each Unitary Authority. Addresses in smaller UAs were over-sampled to ensure a minimum issued sample in each. Without appropriate weighting, these smaller UAs would be over-represented in the sample. Consequently, selection weights were calculated as the inverse of the selection probabilities (see Table 2.1 in Chapter 2).

For each selected address, a maximum of three households was selected for the issued sample (see Section 2.3). Weights were therefore required to correct for the cases where more than three households were found at a single address. These weights were calculated as the number of households found at an address divided by the number of households selected for interview and were trimmed at 1.33 (4/3).

6.2.2 Household non-response weight

A household non-response model with area-level covariates was used to adjust for non-contact and refusals of entire households. The probability of household response was estimated using a logistic regression model, weighted by the composite selection weights. The dependent variable was whether the household responded or not. The independent variables included both geographic and Census 2001 variables.

Variables included in the model are shown in Appendix B. The odds ratio is a measure used to compare the odds of response for each category of an independent variable relative to a reference category. An odds ratio greater than 1 indicates a greater odds of response in that category than in the reference category. The household non-response weights were calculated as the inverse of the probability of response. Extreme weights below the 1st and above the 99th percentiles were trimmed to the values at these percentiles.⁹ This trimming avoided the situation where some individuals have a very large disproportionate influence on the survey estimates (either disproportionately large or disproportionately small).

Calibration weighting was used to further reduce household non-response bias. The initial weights were the product of the selection weights and the household non-response weight. Calibration weighting adjusted the weighted household sample so that the marginal distributions of age/sex and unitary authority for all individuals within responding households matched the 2009 mid-year population estimates for Wales (see Tables 6.1 and 6.2).

Table 6-1 2009 mid-year population estimates for Wales, by age and sex¹⁰

Age	Males			Females		
	N	% of total	% of adults	N	% of total	% of adults
0-4	87,600	6.0	n/a	83,400	5.4	n/a
5-10	100,700	6.9	n/a	95,100	6.2	n/a
11-15	94,100	6.4	n/a	89,100	5.8	n/a
16-24	191,700	13.1	16.2	182,100	11.9	14.4
25-34	167,500	11.4	14.2	167,000	10.9	13.2
35-44	194,600	13.3	16.4	205,900	13.4	16.3
45-54	196,400	13.4	16.6	206,000	13.4	16.3
55-64	191,200	13.0	16.2	198,600	12.9	15.7
65-74	139,100	9.5	11.8	150,000	9.8	11.8
75+	102,700	7.0	8.7	156,500	10.2	12.4
Total	1,465,500	100.0	100.0	1,533,800	100.0	100.0

⁹ 103 cases were below the 1st percentile, 103 cases were above the 99th percentile.

¹⁰ Source: ONS.

Table 6-2 2009 mid-year population estimates for Wales, by Unitary Authority¹¹

Unitary authority	
Anglesey	68,800
Blaenau Gwent	68,600
Bridgend	134,200
Caerphilly	172,700
Cardiff	336,200
Carmarthenshire	180,800
Ceredigion	76,400
Conwy	111,400
Denbighshire	96,700
Flintshire	149,900
Gwynedd	118,800
Merthyr Tydfil	55,700
Monmouthshire	88,000
Neath Port Talbot	137,400
Newport	140,400
Pembrokeshire	117,400
Powys	131,700
Rhondda Cynon Taff	234,400
Swansea	231,300
Torfaen	90,700
Vale of Glamorgan	124,600
Wrexham	133,200
Total	2,999,300

The final household weights used (wt_hhold) were the weights after calibration.

6.2.3 Child selection weight

In households with children aged under 16, no more than two children were selected for inclusion (see Section 2.4). Weights were therefore required to correct for households including three or more children. These weights were calculated as the number of children found within the household divided by the number of children selected for inclusion and were trimmed at 2 (4/2). Three or more children were identified within 401 productive households.

6.2.4 Individual level non-response weight

Individual weights were calculated for individual respondents to the survey to adjust for non-response at the self-completion stage, in addition to household non-participation. As non-response at each stage was hierarchical, the individual weights were calculated for responding individuals within responding households. Weighted logistic regression models for adults and children were used to estimate the probability of response. The dependent variable in each model was whether an individual in a responding household responded or not. The independent variables were age, sex, UA, household type, NS-SEC of household reference person, self-reported general health and household tenure.

¹¹ Source: ONS.

Apart from general health all covariates were significantly associated with response among adults. For children, response was associated with age, sex, UA and NS-SEC of household reference person. After adjusting for the other variables in the model, adults were more likely to respond if they were older and living in owner occupied homes; both adults and children were more likely to respond if they were living in households headed by people in managerial and professional or intermediate occupations (see Appendix B).

The individual level non-response weights were calculated as the inverse of the probability of response.¹²

Calibration weighting was used to ensure that the final sample matched the age/sex distribution of the population. The initial weights were the product of the household weights and the individual level non-response weights. The calibration weighting adjusted the weighted individual sample so that the marginal distributions of age/sex for all individuals and those of children and adults (separately) within Unitary Authority matched the 2009 mid-population estimates for Wales (see Tables 6.1 and 6.3).

Table 6-3 2009 mid-year population estimates for adults and children in Wales, by Unitary Authority¹³

Unitary authority	Children 0-15	Adults 16+
Anglesey	12,300	56,400
Blaenau Gwent	12,600	56,000
Bridgend	25,300	108,900
Caerphilly	34,000	138,700
Cardiff	60,200	276,100
Carmarthenshire	32,600	148,100
Ceredigion	11,600	64,800
Conwy	19,200	92,200
Denbighshire	17,300	79,400
Flintshire	28,200	121,700
Gwynedd	20,900	97,800
Merthyr Tydfil	10,800	44,900
Monmouthshire	16,100	71,900
Neath Port Talbot	24,900	112,500
Newport	28,600	111,800
Pembrokeshire	21,900	95,600
Powys	23,000	108,700
Rhondda Cynon Taff	44,300	190,100
Swansea	39,900	191,400
Torfaen	17,200	73,500
Vale of Glamorgan	24,200	100,400
Wrexham	25,000	108,300
Total	550,100	2,449,200

¹² The individual weights were also trimmed at the 1st and 99th percentiles. 159 adults were below the 1st percentile, 159 above the 99th percentile. In the sample of children, 30 were below the 1st percentile and 30 above the 99th percentile.

¹³ Source: ONS.

As a last step, each set of weights (wt_hhold, wt_adult and wt_child) were scaled so that the mean of the weights was equal to 1 and consequently the weighted sample size was the same as the un-weighted sample size.¹⁴

¹⁴ As this was done separately for adults and children, the profile of the (combined) all-age sample will not match the profile of the all-age population. Children were under-represented relative to adults due to the selection of a maximum of two children per household and to the lower response rate amongst children. The imbalance can be easily rectified by re-scaling the weights before combining the samples.

7 SAMPLING ERRORS

7.1 Design factors (defts)

The WHS sample was stratified at unitary authority level. One of the effects of this complex design is that standard errors for survey estimates are generally higher than would be obtained from a simple random sample of the same size.

The ratio of the standard error of the complex sample to that of a simple random sample of the same size is known as the design factor. The design factor (or 'deft') is the factor by which the standard error of an estimate from a simple random sample has to be multiplied to give the true standard error of the estimate, given the complex design.

The true standard errors and defts for the WHS have been calculated using a Taylor Series expansion method. These take into account weighting, stratification and, although the sample itself was un-clustered, household-level clustering.

Tables 7.1 to 7.6 show the true standard errors and defts for key variables in WHS 2010, covering adults' illnesses, self perceived health, health service use, and health-related lifestyle, as well as various indicators of children's health and related behaviours and children's health service use.

Table 7-1 True standard errors and 95% confidence intervals for adults' illnesses in WHS 2010

Characteristic	%/ mean	Sample size	True standard error	95% confidence interval		Deft
				lower	upper	
Currently being treated for High blood pressure						
Men	19.7	7,206	0.48	18.7	20.6	1.03
Women	20.3	8,289	0.46	19.4	21.2	1.05
Total	20.0	15,495	0.36	19.3	20.7	1.13
Any heart condition (excluding high blood pressure)						
Men	9.5	6,972	0.35	8.8	10.2	0.99
Women	7.3	7,938	0.30	6.7	7.9	1.04
Total	8.4	14,910	0.24	7.9	8.8	1.06
Currently being treated for any respiratory illness						
Men	12.5	7,071	0.42	11.7	13.3	1.07
Women	15.1	8,113	0.42	14.2	15.9	1.06
Total	13.8	15,184	0.31	13.2	14.4	1.10
Currently being treated for any mental illness						
Men	7.7	7,155	0.34	7.0	8.4	1.09
Women	12.8	8,178	0.39	12.1	13.6	1.05
Total	10.3	15,333	0.28	9.8	10.9	1.12
Currently being treated for Arthritis						
Men	10.4	7,180	0.37	9.7	11.1	1.02
Women	16.1	8,253	0.42	15.3	16.9	1.05
Total	13.3	15,433	0.30	12.7	13.9	1.11
Currently being treated for Diabetes						
Men	7.1	7,369	0.31	6.5	7.7	1.02
Women	5.6	8,482	0.26	5.1	6.1	1.03
Total	6.3	15,851	0.20	5.9	6.7	1.06

Table 7-2 True standard errors and 95% confidence intervals for adults' perceived health and SF-36 scores for WHS 2010

Characteristic	%/ mean	Sample size	True standard error	95% confidence interval		Deft
				lower	upper	
Limiting long term illness						
Men	26.3	7,259	0.55	25.2	27.3	1.07
Women	28.0	8,389	0.52	27.0	29.0	1.06
Total	27.2	15,648	0.42	26.3	28.0	1.17
Mean of summary of SF-36 Physical score						
Men	49.4	6,857	0.16	49.14	49.75	1.08
Women	48.0	7,797	0.16	47.67	48.29	1.08
Total	48.7	14,654	0.12	48.46	48.93	1.17
Mean of summary of SF-36 Mental score						
Men	51.0	6,857	0.14	50.69	51.25	1.13
Women	48.8	7,797	0.14	48.50	49.07	1.09
Total	49.9	14,654	0.11	49.63	50.07	1.22

Table 7-3 True standard errors and 95% confidence intervals for adults' health related lifestyle in WHS 2010

Characteristic	%/ mean	Sample size	True standard error	95% confidence interval		Deft
				lower	upper	
Current smokers						
Men	24.6	7,324	0.59	23.5	25.8	1.18
Women	21.7	8,474	0.51	20.7	22.6	1.13
Total	23.1	15,798	0.43	22.3	23.9	1.28
Passive smoking indoors or outdoors (as % of non-smokers)						
Men	31.2	5,213	0.74	29.7	32.6	1.16
Women	34.0	6,047	0.70	32.7	35.4	1.14
Total	32.7	11,260	0.57	31.5	33.8	1.28
Passive smoking indoors (as % of non-smokers)						
Men	20.2	5,177	0.67	18.9	21.5	1.21
Women	22.6	5,987	0.63	21.3	23.8	1.17
Total	21.4	11,164	0.51	20.4	22.4	1.31
Drinking above guidelines on heaviest day last week (including non-drinkers)						
Men	51.3	7,152	0.68	50.0	52.6	1.14
Women	37.2	8,216	0.59	36.1	38.4	1.10
Total	44.0	15,368	0.50	43.1	45.0	1.24
Binge drinking on heaviest day in last week (including non-drinkers)						
Men	34.0	7,152	0.65	32.7	35.3	1.17
Women	20.9	8,216	0.51	19.9	21.9	1.15
Total	27.3	15,368	0.46	26.4	28.2	1.27
5+ portions of fruit and vegetable the previous day						
Men	33.3	7,170	0.63	32.1	34.6	1.14
Women	36.3	8,314	0.57	35.1	37.4	1.09
Total	34.8	15,484	0.47	33.9	35.8	1.23
Moderate exercise at least 5+ times in last week						
Men	36.8	7,254	0.63	35.5	38.0	1.12
Women	23.6	8,399	0.51	22.6	24.6	1.09
Total	30.0	15,653	0.43	29.1	30.8	1.17
Overweight or obese						
Men	62.5	6,981	0.64	61.3	63.8	1.10
Women	52.1	7,719	0.62	50.8	53.3	1.09
Total	57.2	14,700	0.46	56.3	58.1	1.13
Obese						
Men	22.1	6,981	0.54	21.0	23.1	1.08
Women	21.3	7,719	0.50	20.4	22.3	1.07
Total	21.7	14,700	0.39	20.9	22.5	1.14

Table 7-4 True standard errors and 95% confidence intervals for adults' health service use in WHS 2010

Characteristic	%/ mean	Sample size	True standard error	95% confidence interval		Deft
				lower	upper	
Talked to a GP in last 2 weeks						
Men	14.6	7,327	0.45	13.7	15.5	1.09
Women	19.8	8,464	0.48	18.9	20.7	1.10
Total	17.3	15,791	0.34	16.6	18.0	1.12
Visited hospital for accident or injury in past 3 months						
Men	5.1	7,372	0.29	4.5	5.6	1.12
Women	3.9	8,522	0.22	3.5	4.4	1.07
Total	4.5	15,894	0.18	4.1	4.8	1.11
Outpatient in last 12 months						
Men	30.4	7,355	0.57	29.2	31.5	1.07
Women	34.2	8,469	0.55	33.1	35.3	1.07
Total	32.3	15,824	0.41	31.5	33.2	1.11
Inpatient in last 12 months						
Men	8.0	7,353	0.33	7.4	8.7	1.04
Women	11.0	8,465	0.37	10.3	11.7	1.07
Total	9.6	15,818	0.25	9.1	10.0	1.06
Visited a pharmacist in last 12 months						
Men	61.9	6,820	0.67	60.5	63.2	1.14
Women	75.3	7,799	0.53	74.3	76.4	1.10
Total	68.8	14,619	0.46	67.9	69.7	1.19
Visited a dentist in last 12 months						
Men	65.2	7,034	0.68	63.9	66.6	1.20
Women	72.9	8,088	0.55	71.8	74.0	1.12
Total	69.2	15,122	0.50	68.2	70.2	1.32
Visited an optician in last 12 months						
Men	42.0	7,129	0.66	40.8	43.3	1.13
Women	52.8	8,230	0.61	51.6	54.0	1.10
Total	47.6	15,359	0.49	46.6	48.6	1.22

Table 7-5 True standard errors and 95% confidence intervals for children's health status and health-related behaviour in WHS 2010

Characteristic	%/ mean	Sample size	True standard error	95% confidence interval		Deft
				lower	upper	
Longstanding illness (0 to 15 year olds)						
Boys	22.7	1,545	1.20	20.4	25.1	1.13
Girls	16.1	1,512	1.04	14.1	18.2	1.10
Total	19.5	3,057	0.83	17.9	21.1	1.15
Limiting longstanding illness (0 to 15 year olds)						
Boys	8.1	1,542	0.81	6.6	9.7	1.16
Girls	4.6	1,509	0.61	3.5	5.8	1.12
Total	6.4	3,051	0.51	5.4	7.4	1.15
Asthma as a longstanding illness (0 to 15 year olds)						
Boys	8.2	1,543	0.76	6.7	9.7	1.09
Girls	6.4	1,512	0.69	5.1	7.8	1.09
Total	7.3	3,055	0.52	6.3	8.4	1.11
Currently being treated for asthma (0 to 15 year olds)						
Boys	10.2	1,529	0.82	8.6	11.8	1.06
Girls	8.0	1,491	0.78	6.5	9.6	1.10
Total	9.2	3,020	0.58	8.0	10.3	1.11
Eats fruit daily (4 to 15 year olds)						
Boys	57.4	1,151	1.71	54.1	60.8	1.17
Girls	63.1	1,133	1.69	59.8	66.5	1.18
Total	60.2	2,284	1.27	57.7	62.7	1.24
Eats vegetables daily (4 to 15 year olds)						
Boys	50.0	1,150	1.76	46.6	53.5	1.19
Girls	52.1	1,132	1.77	48.7	55.6	1.19
Total	51.1	2,282	1.33	48.5	53.7	1.27
5 or more days with at least one hour exercise last week (4 to 15 year olds)						
Boys	57.3	1,146	1.71	54.0	60.7	1.17
Girls	47.2	1,126	1.72	43.8	50.5	1.16
Total	52.4	2,272	1.27	49.9	54.8	1.21
Overweight or obese (2 to 15 year olds)						
Boys	38.2	999	1.71	34.8	41.5	1.11
Girls	33.9	972	1.66	30.7	37.2	1.09
Total	36.1	1,971	1.24	33.7	38.5	1.15
Obese (2 to 15 year olds)						
Boys	22.5	999	1.52	19.5	25.5	1.15
Girls	16.3	972	1.31	13.7	18.8	1.11
Total	19.5	1,971	1.03	17.4	21.5	1.16

Table 7-6 True standard errors and 95% confidence intervals for children's health service use in WHS 2010

Characteristic	%/ mean	Sample size	True standard error	95% confidence interval		Deft
				lower	upper	
Spoke to a GP in past 2 weeks						
Boys	15.5	1,547	1.10	13.4	17.7	1.20
Girls	13.4	1,508	0.99	11.4	15.3	1.13
Total	14.5	3,055	0.77	13.0	16.0	1.21
Visited hospital for accident or injury in past 3 months						
Boys	8.7	1,549	0.78	7.1	10.2	1.09
Girls	8.0	1,514	0.79	6.5	9.6	1.13
Total	8.4	3,063	0.55	7.3	9.4	1.10
Visited A&E in past 12 months						
Boys	20.9	1,500	1.15	18.6	23.2	1.10
Girls	19.0	1,469	1.14	16.8	21.2	1.11
Total	20.0	2,969	0.82	18.4	21.6	1.12
Visited dentist in past 12 months						
Boys	75.5	1,538	1.26	73.0	78.0	1.15
Girls	76.2	1,485	1.29	73.7	78.7	1.16
Total	75.8	3,023	0.96	73.9	77.7	1.24

8 OUTPUTS

8.1 NatCen outputs

NatCen supplied the following outputs to the Welsh Assembly Government during and after fieldwork.

- **Monthly progress reports**, describing the progress of fieldwork and summarising response rates.
- **Quarterly progress reports**, showing more detailed analyses of response.
- **Interim data set**
- **Final data sets**: three data sets (described in Section 5.3) for the Welsh Health Survey in 2010.

8.2 Data releases and reports

All survey outputs published by the Welsh Assembly Government, including the substantive reports for each year of the WHS, can be found at www.wales.gov.uk/statistics

Headline results from the 2010 WHS were published in May 2011. The substantive report was published by the Welsh Assembly Government in September 2011 and is available at the time of writing at <http://new.wales.gov.uk/topics/statistics/theme/health/health-survey/results/?lang=en>

Data sets from 2010, with supporting documentation, will be lodged with the ESRC Data Archive at Essex in late 2011.

APPENDIX A SURVEY DOCUMENTS

- Address record form (ARF)/Household questionnaire
- Questionnaire for adults
- Questionnaire for parents of children aged 0 to 3
- Questionnaire for parents of children aged 4 to 12
- Questionnaire for children aged 13 to 15
- Height and Weight protocol for children

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P2960: WELSH HEALTH SURVEY 2010

NatCen, 101-135 Kings Road, Brentwood, Essex CM14 4LX, Telephone 01277 200 600, Fax 01277 214 117

ADDRESS DETAILS

--

DU/HOUSEHOLD SELECTION LABEL

--

Respondent's full name:

Total number of calls:

Telephone number:

No Tel

No. Refused / ex-directory

No. adult questionnaires placed

No. child questionnaires placed

Call No.	Date DD/MM	Day of week	Call Start Time 24hr clock	VISITS RECORD Record all visits, even if no reply. For phone calls – see separate grid on next page	*Call Status (Enter codes only)	Call End Time 24hr Clock	4 if call followed by personal/ non-capi time
1	/		:			:	
2	/		:			:	
3	/		:			:	
4	/		:			:	
5	/		:			:	
6	/		:			:	
7	/		:			:	
8	/		:			:	
9	/		:			:	
10	/		:			:	

*Call Status codes: 1= No reply, 2 =Contact made, 3 =Appointment made, 5 =Any interviewing done or Any other status

Remember when entering calls and signing off each address please enter the CMS through 'Working at Home → Calls Entry' NOT 'Live Interviewing'

OUTCOME: Interview conducted in English.....1

Interview conducted in Welsh..... 2

Call No.	Date DD/MM	Day of week	Call Start Time 24hr clock	VISITS RECORD CONTINUED Record all visits, even if no reply. For phone calls – see separate grid below.	*Call Status (Enter codes only)	Call End Time 24hr Clock	4 if call followed by personal/non-capi time
11	/		:			:	
12	/		:			:	
13	/		:			:	
14	/		:			:	
15	/		:			:	
16	/		:			:	
17	/		:			:	
18	/		:			:	
19	/		:			:	
20	/		:			:	

***Call Status codes:** 1= No reply, 2 =Contact made, 3 =Appointment made, 5 =Any interviewing done or Any other status

Call No.	Date DD/MM	Day of week	Call Start Time 24hr clock	TELEPHONE CALLS RECORD Please do not record in CMS	*Call Status (Enter codes only)	Call End Time 24hr Clock
1	/		:			:
2	/		:			:
3	/		:			:
4	/		:			:
5	/		:			:
6	/		:			:
7	/		:			:
8	/		:			:
9	/		:			:
10	/		:			:

***Call Status codes:** 1= No reply, 2 =Contact made, 3 =Appointment made, 5 =Any interviewing done or Any other status

TEAR OFF THIS PAGE AND SHRED

P2960 HOUSEHOLD OUTCOME

--	--	--

SERIAL NUMBER LABEL

INTERVIEWER ID

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

Complete before tearing off and shredding front page. This section must be returned SEPARATELY from the individual questionnaires.

A: Tracing Address

A. Is this address traceable, residential and occupied as main residence?

Yes	1	Go to B1 below
No (Deadwood)	2	Go to D6 (page 21)
Unsure (no contact)	3	Go to D5 (page 20)
Unsure (contact made)	4	Go to D7 (page 21)
Office refusal	5	Go to D3 (page 20)

B: Establish number of occupied households/dwelling units covered by address

B1. INTERVIEWER SUMMARY

Write in total number of households:

--	--

 and then code:

1 HH	1	Go to C (page 4)
2 -3 HHs	2	Interview at each household
4+ HHs	3	Go to B2 below
Unsure about number of HHs: information refused	4	Go to D3 (page 20)
Unsure about number of HHs: no contact	5	Go to D2 (page 20)

B2. IF 4+ HOUSEHOLDS: LIST ALL OCCUPIED HOUSEHOLDS AT ADDRESS

- In flat/room number order
- OR from bottom to top of building, left to right, front to back

HH Code	Description	HH Code	Description	HH Code	Description
01		05		09	
02		06		10	
03		07		11	
04		08		12	

IF 4-12 HOUSEHOLDS:

- Look at the selection label on front page
- In the 'total' row, find the number corresponding to the number of households.
- Select **THREE** households, ring selection codes in grid.
- Keep one of selected households on this questionnaire (amend address label if necessary)
- Put household selection code in box below.

IF OVER 12 HOUSEHOLDS: refer to project instructions.

B3. ENTER HH SELECTION CODE OF SELECTED HOUSEHOLDS:

HH 1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			Continue in this household ARF
HH 2	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			Open continuation ARF, transfer serial number, address and HH=2
HH 3	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			Open continuation ARF, transfer serial number, address and HH=3

C: Household questionnaire

CARRY OUT THE HOUSEHOLD QUESTIONNAIRE WITH RESPONSIBLE ADULT (AGED 18+)

C. Would you like to carry out this interview in English or Welsh?

English..... 1

Welsh..... 2

Welsh speaking interviewer required for interview – reallocate.....3

Code in admin
section D8 (page 21)

1 Can I check, how many people aged 16 and over live in your household?

WRITE IN

--	--

2 **INTERVIEWER: COMPLETE GRID OVERLEAF FOR EACH PERSON AGED 16+.**
FIRST ENTER DETAILS OF RESPONDENT ON FIRST LINE OF GRID.

Age

What was (.....NAME'S) age last birthday?

No. of years at address

How long has (.....NAME) lived at this address?

General health

Over the last 12 months, would you say that (.....NAME'S) health has on the whole been:
Good, Fairly good, Not good?

Need for care

Does anyone look after or give special help to (.....NAME) because of sickness, disability or old age?

Version of self-completion questionnaire

Would (.....NAME) like to have the self-completion questionnaire in English or Welsh?

Final self-completion outcome code (AFTER BOOKLET COMPLETION)

INTERVIEWER: TRANSFER TWO-DIGIT CODE FROM LIST BELOW TO GRID BEFORE
SENDING WORK FOR HOUSEHOLD BACK TO OFFICE

Final self-completion outcome codes

- | | |
|----|---|
| 51 | Productive self-completion q'naire |
| 72 | Personal refusal by named person |
| 73 | Proxy refusal (on behalf of named person) |
| 74 | Person ill at home during survey period |
| 75 | Person away/at college/in hospital etc during survey period |
| 76 | Questionnaire placed but not returned/completed |
| 77 | Other reason (please write reason under final s.c outcome code in adult grid) |
| 78 | Questionnaire returned blank (apart from front cover) |

ADULT GRID (THOSE AGED 16+)

PERSON NO (transfer to S.C)	FIRST NAME & SURNAME	SEX		AGE	Number of years at address	General Health	Need for care	Version of S.C	FINAL S.C OUTCOME
		M	F						
01 (Respondent)		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good....2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English...1 Welsh....2	<input type="text"/> <input type="text"/>
02		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good....2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English...1 Welsh....2	<input type="text"/> <input type="text"/>
03		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good....2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English...1 Welsh....2	<input type="text"/> <input type="text"/>
04		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good....2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English...1 Welsh....2	<input type="text"/> <input type="text"/>
05		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good....2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English...1 Welsh....2	<input type="text"/> <input type="text"/>

ADULT GRID (THOSE AGED 16+)

PERSON NO (transfer to S.C)	FIRST NAME & SURNAME	SEX		AGE	Number of years at address	General Health	Need for care	Version of S.C	FINAL S.C OUTCOME
		M	F						
06		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good...2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English.....1 Welsh.....2	<input type="text"/> <input type="text"/>
07		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good...2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English.....1 Welsh.....2	<input type="text"/> <input type="text"/>
08		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good...2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English.....1 Welsh.....2	<input type="text"/> <input type="text"/>
09		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good...2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English.....1 Welsh.....2	<input type="text"/> <input type="text"/>
10		1	2	<input type="text"/> <input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 20 years or longer.....7 (Don't know).....8 (Refusal).....9	Good1 Fairly good...2 Not good.....3 (Don't know)..4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal).4	English.....1 Welsh.....2	<input type="text"/> <input type="text"/>

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

WRITE IN

--	--

if none, write "0" and go to page 15

4a **COMPLETE GRID BELOW FOR ALL CHILDREN AGED UNDER 16.
ENTER DETAILS IN ORDER OF AGE, OLDEST CHILD FIRST (TOP ROW)**

INTERVIEWER: 'Child selected' for each child, circle '1' if selected for interview, circle '2' if not selected for interview (see part 4b)

PERSON NO (transfer to Q4c)	FIRST NAME & SURNAME	SEX		AGE	Number of years at address	General Health	Need for care	Child selected (see part 4b)	
		M	F					Yes	No
11		1	2	<input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years...6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know).....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
12		1	2	<input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years...6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know).....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
13		1	2	<input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years...6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know).....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
14		1	2	<input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years...2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years...6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know).....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2

CHILD GRID (cont'd)

PERSON NO (transfer to Q4c)	FIRST NAME & SURNAME	SEX		AGE	Number of years at address	General Health	Need for care	Child selected (see part 4b)	
		M	F					Yes	No
15		1	2	<input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
16		1	2	<input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
17		1	2	<input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
18		1	2	<input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
19		1	2	<input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years.....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years.....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2

CHILD GRID (cont'd)

PERSON NO (transfer to Q4c)	FIRST NAME & SURNAME	SEX		AGE	Number of years at address	General Health	Need for care	Child selected (see part 4b)	
		M	F					Yes	No
20		1	2	<input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
21		1	2	<input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't.know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2
22		1	2	<input type="text"/> <input type="text"/>	Less than 12 months.....1 12 months but less than 2 years....2 2 years but less than 3 years.....3 3 years but less than 5 years.....4 5 years but less than 10 years.....5 10 years but less than 20 years....6 (Don't.know).....8 (Refusal).....9	Good1 Fairly good.....2 Not good.....3 (Don't know)....4 (Refusal).....5	Yes.....1 No.....2 (DK).....3 (Refusal)...4	1	2

4b Child Selection Procedure

INTERVIEWER: How many children (aged 15 or under)?

1 child	A	Circle 1 in 'child selected' column for person no. 11 in child grid above and go to 4c
2 children	B	Circle 1 in 'child selected' column for person nos. 11 and 12 in child grid above and go to 4c
3 to 12 children	C	<ul style="list-style-type: none"> Look at selection label on front page of this document SELECT TWO CHILDREN In the 'TOTAL' row: find the number corresponding to the total number of children <ul style="list-style-type: none"> ⇒ The number in the 'SEL 1 HH/C' row: 'child respondent 1' ⇒ The number in the 'SEL 2 HH/C' row: 'child respondent 2' Circle 'child selected' for those two children in grid above and go to 4c
More than 12 children	D	<ul style="list-style-type: none"> Refer to project instructions

**INTERVIEWER:
NOW FILL IN THE DETAILS OF THE TWO SELECTED CHILDREN ON THE NEXT PAGE (4c)**

4c	CHILD RESPONDENT 1			CHILD RESPONDENT 2						
Person number (from child grid above – transfer to questionnaire)	[][]			[][]						
Child's name										
Age (if less than 1 year old, enter '0')	[][]			[][]						
Questionnaire language (circle)	English		Welsh		English		Welsh			
Questionnaire version (circle) Blue = 0-3 yrs (FOR PARENT) Yellow = 4-12 yrs (FOR PARENT) Lilac = 13-15 yrs (FOR CHILD)	Blue	Yellow		Lilac		Blue	Yellow		Lilac	
Final questionnaire outcome code (see below)	[][]			[][]						
INTERVIEWER: MEASURE HEIGHT AND WEIGHT OF SELECTED CHILDREN AGED 2 TO 15 ONLY For optional use: <i>"We are interested in looking at the patterns of children's growth during their childhood and adolescence to see how this is linked to their health in general."</i>										
HEIGHT (cm)	[][][] . [] cm			[][][] . [] cm						
Height outcome code (see below)	[][]			[][]						
Record reasons for using codes 02 to 07										
Record any further information for using code 01										
WEIGHT (kg)	[][][] . [] kg			[][][] . [] kg						
Weight outcome code (see below)	[][]			[][]						
Record reasons for using codes 02 to 07										
Record any further information for using code 01										
Stadiometer serial number	[][][][][][]			[][][][][][]						
Scales serial number	[][][][][][]			[][][][][][]						

Final self-completion outcome codes

- 51 Productive self-completion q'naire
- 72 Personal refusal by named person
- 73 Proxy refusal (on behalf of named person)
- 74 Person ill at home during survey period
- 75 Person away/at college/in hospital etc during survey period
- 76 Questionnaire placed but not returned/completed
- 77 Other reason (please write reason next to final questionnaire outcome code above)
- 78 Questionnaire returned blank (apart from front cover)

Height & Weight outcome codes:

- 01 Measurement taken – reliable measurement
- 02 Measurement taken – unreliable measurement
- 03 Measurement taken – reliability unknown
- 04 Child not available
- 05 Parent refusal
- 06 Child refusal
- 07 Unable to measure (other than refusal)

INTERVIEWER: REMEMBER TO COMPLETE CONSENT FORMS TO OBTAIN PARENTAL PERMISSION FOR MEASUREMENTS AND 13-15 YEAR OLDS' SELF-COMPLETION

**WELSH HEALTH SURVEY
CONSENT FORM**
(office copy)

CHILD HEIGHT AND WEIGHT MEASUREMENTS (ages 2-15)

I, (name) _____

am the parent/guardian of

(child's name) _____

(child's name) _____

and I consent to an interviewer from the National Centre for Social Research measuring the height and weight of the above named child(ren). I understand that this information will be treated in the strictest confidence and used for research purposes only.

(Please tick)

CHILD SELF-COMPLETION QUESTIONNAIRE (ages 13-15)

I, (name) _____

am the parent/guardian of

(child's name) _____

(child's name) _____

and I consent to the above named child(ren) completing a questionnaire for the Welsh Health Survey. I understand that this information will be treated in the strictest confidence and used for research purposes only.

(Please tick)

Signed by _____ Date _____

Countersignature by interviewer _____ Date _____
Interviewer name _____

**AROLWG IECHYD CYMRU
FFURFLEN GANIATÂD**
(copï'r swyddfa)

PLENTYN MESUR TALDRA A PHWYSAU (2-15 oed)

Myfi, (enw) _____

yw rhiant/gwarcheidwad

(enw'r plentyn) _____

(enw'r plentyn) _____

ac rwy'n caniatáu i gyfwelwydd o Ganolfan Genedlaethol Ymchwil Gymdeithasol (the National Centre for Social Research) fesur taldra a phwysau'r plentyn/plant a enwir uchod. Deallaf y caiff y wybodaeth hon ei thrin yn gwbl gyfrinachol, a'i defnyddio at ddiben ymchwil yn unig. (Ticiwch)

PLENTYN HOLIADUR HUNAN-GWBLHAU (13-15 oed)

Myfi, (enw) _____

yw rhiant/gwarcheidwad

(enw'r plentyn) _____

(enw'r plentyn) _____

ac rwy'n caniatáu i'r plentyn/plant a enwir uchod gwblhau holiadur ar gyfer Arolwg Iechyd Cymru. Deallaf y caiff y wybodaeth hon ei thrin yn gwbl gyfrinachol, a'i defnyddio at ddiben ymchwil yn unig. (Ticiwch)

Llofnod _____ Dyddiad _____

Cydlofnod gan gyfwelydd _____ Dyddiad _____

Enw'r cyfwelydd _____

**WELSH HEALTH SURVEY
 CONSENT FORM**
(respondent copy)

CHILD HEIGHT AND WEIGHT MEASUREMENTS (ages 2-15)

I, (name) _____

am the parent/guardian of

(child's name) _____

(child's name) _____

and I consent to an interviewer from the National Centre for Social Research measuring the height and weight of the above named child(ren). I understand that this information will be treated in the strictest confidence and used for research purposes only.

(Please tick)

CHILD SELF-COMPLETION QUESTIONNAIRE (ages 13-15)

I, (name) _____

am the parent/guardian of

(child's name) _____

(child's name) _____

and I consent to the above named child(ren) completing a questionnaire for the Welsh Health Survey. I understand that this information will be treated in the strictest confidence and used for research purposes only.

(Please tick)

Signed by _____ Date _____

Countersignature by interviewer _____ Date _____
 Interviewer name _____

**AROLWG IECHYD CYMRU
FFURFLEN GANIATÂD**
(copi'r atebwr)

PLENTYN MESUR TALDRA A PHWYSAU (2-15 oed)

Myfi, (enw) _____

yw rhiant/gwarcheidwad

(enw'r plentyn) _____

(enw'r plentyn) _____

ac rwy'n caniatáu i gyfwelwydd o Ganolfan Genedlaethol Ymchwil Gymdeithasol (the National Centre for Social Research) fesur taldra a phwysau'r plentyn/plant a enwir uchod. Deallaf y caiff y wybodaeth hon ei thrin yn gwbl gyfrinachol, a'i defnyddio at ddiben ymchwil yn unig. (Ticiwch)

PLENTYN HOLIADUR HUNAN-GWBLHAU (13-15 oed)

Myfi, (enw) _____

yw rhiant/gwarcheidwad

(enw'r plentyn) _____

(enw'r plentyn) _____

ac rwy'n caniatáu i'r plentyn/plant a enwir uchod gwblhau holiadur ar gyfer Arolwg Iechyd Cymru. Deallaf y caiff y wybodaeth hon ei thrin yn gwbl gyfrinachol, a'i defnyddio at ddiben ymchwil yn unig. (Ticiwch)

Llofnod _____ Dyddiad _____

Cydlofnod gan gyfwelydd _____ Dyddiad _____
Enw'r cyfwelydd _____

SHOW CARD A

As you may know, personal circumstances such as the work you do and where you live may be linked to your health and well-being. Because of this, I would like to ask a few questions about your accommodation and what you were doing last week.

5. Does your household own or rent this accommodation?

CODE ONE ONLY.

INTERVIEWER: IF PART RENT/PART BUY (SHARED OWNERSHIP) CODE AS 1.

I own it or live with the person who owns it
(includes homes being bought with a mortgage).....1

It is rented from the local Council.....2

It is rented from a Housing Association or Housing Trust.....3

It is rented from a private landlord.....4

Other (e.g. live rent free or home comes with job).....5

INTERVIEWER: ESTABLISH HRP BY ASKING THE FOLLOWING QUESTIONS:

6. In whose name is the accommodation owned or rented?

IF LIVING RENT FREE ASK FOR PERSON RESPONSIBLE FOR ACCOMMODATION.

1 Person.....1 **GO TO Q9**

2 or more people.....2 **GO TO Q7**

IF MORE THAN ONE PERSON CODED AT Q6:

7. You have told me that this accommodation is jointly owned or rented.

Of these people, who has the highest income (from earnings, benefits, pensions and any other sources)? *If necessary, explain that 'If we asked about everyone in all households it would take too long, so this is the rule we follow'.*

1 Person.....1 **GO TO Q9**

2 or more people.....2 **GO TO Q8**

(Don't know).....3 **GO TO Q8**

(Refusal).....4 **GO TO Q8**

IF MORE THAN ONE PERSON CODED AT Q7

8. Who is the eldest (of these people)?

INTERVIEWER: COMPLETE Q9

9. **INTERVIEWER: WRITE IN NAME AND PERSON NUMBER OF HOUSEHOLD REFERENCE PERSON:**

First Name _____

Person Number

(Transferred from household grid)

10. **INTERVIEWER CODE**

- Respondent is:**
- HRP1
 - Spouse/partner of HRP2
 - Son/daughter of HRP3
 - Other relative of HRP4
 - Other adult (age 18 or over)5

INTERVIEWER: FILL IN THE FOLLOWING QUESTIONS ABOUT THE HRP.
USE FIRST NAME OF HRP WHERE APPROPRIATE.

SHOW CARD B

11. Which of these descriptions applies to what you/(name of HRP) were doing last week?
(CODE FIRST TO APPLY)

In paid employment or self-employment (or away temporarily)01 **GO TO Q13**

Looking for paid work or a Government training scheme02 } **GO TO Q12a**
Waiting to take up paid work already obtained03 }

Going to school or college full-time (including on vacation)04 } **GO TO Q12b**
Doing unpaid work for a business that you or a relative owns05 }
On a Government scheme for employment training06 }
Intending to look for work but prevented by temporary sickness }
or injury (sick or injured for 28 days or less)07 }
Permanently unable to work because of long-term sickness/disability08 }
Retired from paid work09 }
Looking after the home or family10 }
Doing something else11 }

- 12a. How long have/has you/(name of HRP) been looking for paid work or a place on a government training scheme?

Not yet started1
Less than 1 month2
1 month but less than 3 months3
3 months but less than 6 months4
6 months but less than 12 months5
12 months or more6

- 12b. Have/has you/(name of HRP) ever had a paid job, apart from casual or holiday work?

Yes.....1 **GO TO Q12c**
No.....2 **GO TO Q20a**

- 12c. How long ago did you/(name of HRP) last have a paid job?
- | | |
|-----------------------------------|---|
| Within past 12 months | 1 |
| 1 year, less than 5 years | 2 |
| 5 years, less than 10 years | 3 |
| 10 years or more | 4 |
| Can't say | 8 |
- } **GO TO Q14a**

IN PAID EMPLOYMENT OR SELF-EMPLOYMENT

13. People who are working can also be full-time students. May I check, at present are/is you/(name of HRP) enrolled on any full-time education course?
INTERVIEWER: CODE 'YES' IF WAITING TO START COLLEGE/UNIVERSITY OR IF ON HOLIDAY AND INTENDING TO GO BACK TO COLLEGE/UNIVERSITY.

Yes.....1
 No.....2

**ASK ABOUT PRESENT JOB IF HRP IS CURRENTLY IN WORK,
 ASK ABOUT LAST JOB IF CURRENTLY NOT IN WORK
 NEVER WORKED GO TO Q20a**

- 14a. What did the firm/organisation you/(name of HRP) worked for mainly make or do (at the place where you/they worked)?
DESCRIBE FULLY – PROBE MANUFACTURING or PROCESSING or DISTRIBUTING ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE or RETAIL ETC.

- 14b. What was your/(name of HRP) main job (in the week ending last Sunday)
ENTER JOB TITLE

- 14c. What did you/(name of HRP) mainly do in your/their job?
CHECK QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

15. Were you/(name of HRP) working as an employee or were you self-employed?

- Employee 1 GO TO Q16a
- Self-employed 2 GO TO Q17

IF EMPLOYEE

16a. In your/their job, did you/(name of HRP) have formal responsibility for supervising the work of other employees?

DO NOT INCLUDE PEOPLE WHO ONLY SUPERVISE: Children e.g. teachers, nannies, childminders, Animals, Security or buildings e.g. caretakers, security guards

- Yes.....1
- No.....2

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

- 1 – 241
 - 25 – 4992
 - or 500 or more employees3
 - Can't say8
- } GO TO Q19

IF SELF-EMPLOYED (CODE 2 AT Q15)

17. Were you (name of HRP) working on your/their own or did you/they have employees?
ASK OR RECORD

- On own/with partner(s) but no employees.....1 GO TO Q19
- With employees.....2 GO TO Q18

18. How many people did you/(name of HRP) employ at the place where you/they worked?

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

IN PAID EMPLOYMENT OR SELF-EMPLOYED

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

- Full-time1
- Part-time2

20a. A certain number of interviews on any survey are checked by a supervisor to make sure that people were satisfied with the way the interview was carried out. Can we contact you for this purpose?

Yes.....1
No.....2
Don't know.....3

20b. Is there a telephone number in your accommodation that can be used to receive and to make calls?

IF YES, RECORD PHONE NUMBER ON FRONT PAGE

Yes.....1
No.....2
Refusal.....3

THIS IS THE END OF THE INTERVIEW – THANK RESPONDENT
HAVE YOU COMPLETED THE ASSESSMENT OF THE EXTERNAL CONDITIONS OF THE PROPERTY ON PAGE 23?

INTERVIEWER TO COMPLETE

A. Duration of **questionnaire** interview mins

Date / /
DD MM YY

B. Time spent on **height and weight** measurements mins

Date / /
DD MM YY

C. Interviewer signature: _____

D: Final outcome code and Admin

INTERVIEWER ADMIN SECTION

HOUSEHOLD INTERVIEW OUTCOME CODES

Productive			
D1.	Fully productive (complete interview by desired respondent(s))	110	Go to part E
Non-Contact			
D2.	No contact with anyone at the household	310	Go to D9
	No contact with any responsible adult at the household	320	
Refusal			
D3.	Office Refusal	410	Go to D9
	Refusal at introduction / before interview	430	
	Refusal during interview	440	
	Broken Appointment – No re-contact	450	
Other Unproductive			
D4.	Ill at home during survey period	510	Go to D9
	Away or in hospital all survey period	520	
	Physically or mentally unable/incompetent	530	
	Language difficulties	540	
	OFFICE USE ONLY - Other Unproductive	590	
Unknown eligibility (No contact)			
D5.	OFFICE APPROVAL ONLY – Issued but not attempted	612	END
	Inaccessible	620	
	Unable to locate address	630	
	Unknown whether address contains residential housing – non contact	640	
	Residential address – unknown whether occupied	650	
	Other unknown eligibility	690	

Deadwood/Ineligible			
D6.		Not yet built/under construction	710
		Demolished/derelict	720
		Vacant/empty	730
	Non-residential address e.g. business, school, office, factory etc		740
	Address occupied, no resident household e.g. holiday/weekend homes		750
	Communal Establishment/Institution (no private dwellings)		760
	Other Ineligible		790
			END
			Go to D9
Unknown eligibility (Contacted)			
D7.	Information refused about whether address is residential	810	END
Temporary Outcome			
D8.	Welsh speaking interviewer required	614	SEND BACK TO OFFICE (Record address on next page)
D9.	IF UNPRODUCTIVE (codes 310-590) OR USED CODES 690 AND 790: Record reason for using this code		
	<p><u>IF REFUSAL, CODE SEX OF PERSON WHO REFUSED:</u></p> <p style="text-align: right;">Male.....1 Female.....2</p>		

IF REALLOCATING ADDRESS TO WELSH SPEAKING INTERVIEWER RECORD DIRECTIONS TO ADDRESS HERE:

SAMPLE

E: External Condition of Property

INTERVIEWER TO COMPLETE (PRODUCTIVE HOUSEHOLDS ONLY)

FOR EACH COLUMN:

- **IF NOT APPLICABLE CODE 1**
- **CODE LEVEL OF DISREPAIR (CODES 2 TO 5)**
- **AND IF “UNDER RENOVATION” CODE 6**

	External walls	Doors and windows	Roofs/Roof Structure
Not applicable	1	1	1
No evidence of disrepair	2	2	2
Moderate disrepair	3	3	3
Major disrepair	4	4	4
Not visible	5	5	5
Under renovation	6	6	6

WELSH HEALTH SURVEY 2010

QUESTIONNAIRE FOR ADULTS

About the survey

Some questions you may have about this survey are answered in the accompanying leaflet. Should you have any further queries, please do not hesitate to contact NHS Direct Wales on 0845 46 47. (A Minicom service is available on 0845 606 4647.) Alternatively, you may write to the Survey Manager at the address given in the leaflet.

If you would like this questionnaire in Welsh

Please contact NHS Direct Wales on **0845 46 47**.

Os hoffech gael yr holiadur hwn yn Gymraeg

Cysylltwch â Galw Iechyd Cymru ar **0845 46 47**.

Questionnaire to be filled in by:

First Name

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

2026-037

Male 1

Female 2 ²⁰³⁸

Serial Number

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

2001-006

2007

2010

2008-009

Hhold Number CKL Person Number

Date of placement

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

2013-018

Day

Month

Year

Interviewer I.D. Number

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

2019-024

1

2025

Version

To be collected on:

How to complete the questionnaire:

The questionnaire should be completed by the person named on the front page.

Most questions can be answered by simply ticking the box alongside the answer that applies to you.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow (→) with a note that tells you what question to answer next, like this:

Example questions (please do not fill in)

E1 Do you live in a house or a flat?

Tick one only

A house → Go to E2

A flat → Go to E3

E2 How many bedrooms are there in your house?

Please write in

bedrooms

E3 Do you own any of the following forms of transport?

Tick one box on each row

	Yes	No
Car	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Don't worry if you make a mistake; simply cross out the mistake and tick the correct box.

When you have completed it, please return the questionnaire to the interviewer (or in the envelope provided if sent to you in the post).

This questionnaire is about **you**. Please answer about **yourself** and **your health** only.

HEALTH SERVICE USE

- 1a** During the **2 weeks ending yesterday**, did you talk to a family doctor (GP) about your own health either in **person** or by **telephone**?

Tick one only

Yes 1 → Go to 1b

2051

No 2 → Go to 2a

- 1b** How many times did you talk to a family doctor (GP) about your own health in these **2 weeks**?

Please write in number

2052-053

- 1c** As a result of speaking to a family doctor (GP) about your own health in these **2 weeks**, did they give (send) you a prescription?

Tick one only

Yes 1

2054

No 2

- 2a** During the **2 weeks ending yesterday**, did you see a practice nurse or other nurse at the GP surgery about your own health?

Tick one only

Yes 1 → Go to 2b

2055

No 2 → Go to 3a

- 2b** How many times did you see a practice nurse or other nurse at the GP surgery about your own health in these **2 weeks**?

Please write in number

2056-057

- 3a** During the **last 12 months**, did you attend the **Casualty/A&E** department of a hospital as a patient?

Tick one only

Yes 1 → Go to 3b

2058

No 2 → Go to 4a

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

Please write in number

2059-060

4a During the **last 12 months**, did you attend the **outpatient** department of a hospital as a patient (apart from straightforward ante- or post-natal visits)?

Tick one only

Yes 1 → Go to 4b

2061

No 2 → Go to 5a

4b Did you have any **outpatient** visits in the **last 12 months** that were paid for privately?

Tick one only

Yes, at least one paid for privately 1

2062

No, all visits under the NHS 2

5a During the **last 12 months**, have you been in hospital for treatment as a **day patient**, that is admitted to a hospital bed or day ward, but not required to remain overnight?

Tick one only

Yes 1 → Go to 5b

2063

No 2 → Go to 6a

5b Did you have any **day patient** treatments in the **last 12 months** that were paid for privately?

Tick one only

Yes, at least one paid for privately 1

2064

No, all treatments under the NHS 2

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

Tick one only

Yes 1 → Go to 6b

2065

No 2 → Go to 7a

6b Did you have any **inpatient** stays in the **last 12 months** that were paid for privately?

Tick one only

Yes, at least one paid for privately 1

2066

No, all stays under the NHS 2

Spare
2067-
77

7a Which of the following services have **you** used for **yourself** in the **last 12 months**, either under the NHS or privately?

Please exclude waiting for an appointment

Tick one box on each row

	Did not use	NHS treatment only	Private treatment only	Both NHS and private treatment	
Dentist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	2078
Chiropodist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	2079
Physiotherapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	2080
Osteopath/chiropractor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	2081

7b During the **last 12 months**, have **you** used any of these services for **yourself**?

Tick one box on each row

	Yes	No	
Optician	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	2082
Health Visitor, District Nurse or other community nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2083
GP out of hours services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2084
NHS Direct (National NHS telephone helpline)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2085
Pharmacist <i>including local pharmacists and those in large stores and supermarkets</i> (eg picked up prescribed medicine, asked for advice, bought medicines kept behind the counter)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2086
			Spare 2087-90

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

Tick one only

- Yes 1 2091
- No 2

MEDICINES

By medicines we mean anything you take or that you put on your skin, such as tablets, powders, creams, sprays and drops, to treat a medical condition. Include conventional and other medicines.

9a During the **past 4 weeks** have you bought any medicine?
(Don't count anything that you got with a prescription)

Tick one only

Yes 1 → Go to 9b

2092

No 2 → Go to 9c

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

Tick all that apply

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

2093-
096

Herbal 2

Homeopathic 3

Mineral or vitamin supplements 4

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

Tick one only

Yes 1

2097

No 2

ILLNESSES AND OTHER HEALTH PROBLEMS

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

Tick one box on each row

	Yes	No	
Heart attack	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2098
Stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2099
Cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2100

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

Tick one box on each row

	Yes	No	
Angina	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2101
Heart failure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2102
High blood pressure (or hypertension)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2103
Another heart condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2104
Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2105
Emphysema	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	2106
Pleurisy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2107
Spells of bronchitis that have lasted over 3 years	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	2108
Another respiratory illness	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	2109

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

Tick one box on each row

	Yes	No	
Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2110
Anxiety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2111
Another mental illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2112
Arthritis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2113
Back pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2114
Epilepsy or fits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2115
Varicose veins	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2116

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

Tick one only

Yes	<input type="checkbox"/> 1	→ Go to 10e	2117
No	<input type="checkbox"/> 2	→ Go to 11a	

10e How is your diabetes controlled?

Tick all that apply

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

Spare
2118-
120

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

Tick one only

Yes 1 → Go to 11b

2124

No 2 → Go to 12a

11b Please specify the **main** illness below. **Please write in only one illness.**

2125

2126-

129

Spare
2130-
134

12a Have you had any accident, injury or poisoning needing hospital treatment or a visit to Casualty/A&E in the **last 3 months**?

Tick one only

Yes 1 → Go to 12b

2135

No 2 → Go to 13a

12b What was the accident, injury or poisoning?

Tick all that apply

Break or fracture 1

2136-
141

Poisoning 2

Head injury with concussion 3

Cut or puncture 4

Burn 5

Another kind of injury 6

12c Where did the **most recent** accident, injury or poisoning take place?

Tick one only

In the home 1

2142

In traffic 2

At work or in school 3

Somewhere else 4

13a Have you had a stomach upset with diarrhoea in the **last 3 months**, which you think was due to something you ate?

Tick all that apply

No 1 → Go to 14

2143-
145

Yes, in this country 2 → Go to 13b

Yes, abroad 3 → Go to 13b

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

Tick one only

Yes 1

2146

No 2

14 Is your eyesight good enough to see the face of someone across a room?
(With glasses or contact lenses if you usually wear them)

Tick one only

Yes 1

2147

Yes, with difficulty 2

No 3

15a Do you have any difficulty with your hearing?
(Without a hearing aid if you usually wear one)

Tick one only

Yes 1 → Go to 15b

2148

No 2 → Go to 16

15b Do you usually wear a hearing aid?

Tick one only

Yes, most of the time 1 → Go to 15c

2149

Yes, some of the time 2 → Go to 15c

No, but have tried one 3 → Go to 16

No, never 4 → Go to 16

15c If you usually wear a hearing aid, do you have any difficulty with your hearing while wearing the aid?

Tick one only

Yes 1

2150

No 2

16 How many of your own natural teeth do you have?
(Filled and capped teeth count as your own, false teeth and dentures don't)

Tick one only

I have 21 or more of my own teeth 1

2151

I have less than 21 of my own teeth OR
mainly false teeth or dentures 2

YOUR HEALTH AND WELL-BEING

Questions 17 – 27 are from SF-36v2™ Health Survey © 1996, 2000 by QualityMetric Incorporated – All rights reserved
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These questions ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. For each of the following questions, please tick the one box that best describes your answer.

17 In general, would you say your health is ... ?

Tick one only

Excellent	Very Good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2152

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

Tick one only

Much better now than one year ago	<input type="checkbox"/> 1
Somewhat better now than one year ago	<input type="checkbox"/> 2
About the same as one year ago	<input type="checkbox"/> 3
Somewhat worse now than one year ago	<input type="checkbox"/> 4
Much worse now than one year ago	<input type="checkbox"/> 5

2153

19 The following questions are about activities you might do during a typical day. **Does your health now limit** you in these activities? If so, how much?

Tick one box on each row

	Yes, limited a lot	Yes, limited a little	No, not limited at all	
a Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2154
b Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2155
c Lifting or carrying groceries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2156
d Climbing several flights of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2157
e Climbing one flight of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2158
f Bending, kneeling, or stooping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2159
g Walking more than a mile	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2160
h Walking several hundred yards	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2161
i Walking one hundred yards	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2162
j Bathing or dressing yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2163

20 During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

Tick one box on each row

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	
a Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2164
b Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2165
c Were limited in the kind of work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2166
d Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2167

21 During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

Tick one box on each row

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	
a Cut down on the amount of time you spent on work or other activities	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2168
b Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2169
c Did work or other activities less carefully than usual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2170

22 During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

Tick one only

Not at all	Slightly	Moderately	Quite a bit	Extremely	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2171

23 How much **bodily** pain have you had during the **past 4 weeks**?

Tick one only

None	Very Mild	Mild	Moderate	Severe	Very Severe	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	2172

24 During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

Tick one only

Not at all **A little bit** **Moderately** **Quite a bit** **Extremely**

1 2 3 4 5

2173

25 These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks** ...

Tick one box on each row

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Did you feel full of life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
b Have you been very nervous?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
d Have you felt calm and peaceful?	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e Did you have a lot of energy?	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f Have you felt downhearted and low?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g Did you feel worn out?	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h Have you been happy?	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i Did you feel tired?	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

26 During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc)?

Tick one only

All of the time **Most of the time** **Some of the time** **A little of the time** **None of the time**

1 2 3 4 5

2183

27 How TRUE or FALSE is **each** of the following statements for you?

Tick one box on each row

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a I seem to get ill more easily than other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b I am as healthy as anybody I know	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c I expect my health to get worse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d My health is excellent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

28a Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? (Include problems which are due to old age)

Tick one only

Yes 1 → Go to 28b

2188

No 2 → Go to 29

28b If you have limitations in any of your daily activities or work, which long-term illness, health problem or disability is the **main** cause? Please write in only one illness.

2189

2190-193

Spare 2194-199

SMOKING

29 Which one of these best describes you?

Tick one only

I smoke daily 1 → Go to 30

2200

I smoke occasionally but not every day 2 → Go to 30

I used to smoke daily but do not smoke at all now 3 → Go to 35

I used to smoke occasionally but do not smoke at all now 4 → Go to 35

I have never smoked 5 → Go to 35

30 During the 7 days ending yesterday, did you smoke in any of these places?

Tick one box on each row

		Yes	No/Does not apply	
Outdoors	Outside at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2201
	Other places outdoors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2202
Indoors	In own home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2203
	In other people's homes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2204
	Whilst travelling by car	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2205
	Other places indoors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2206

Spare 2207-09

31 Have you tried to give up smoking in the **last 12 months**?

Tick one only

Yes 1

2210

No 2

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

Tick one only

Smoke more now 1

2211

Smoke about the same now 2

Smoke less now 3

33 Would you like to give up smoking altogether?

Tick one only

Yes 1 → Go to 34

2212

No 2 → Go to 35

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

Tick all that apply

Because of a health problem I have at present 01

2213-28

Better for my health in general 02

Less risk of getting smoking related illnesses 03

Family/friends want me to stop 04

Financial reasons 05

Worried about the effect on my children 06

Because of the smoking ban 07

Other reasons 08

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

Tick one box on each row

Yes No/Does not apply

Outdoors Outside at home 1 2

2229

Other places outdoors 1 2

2230

Indoors In own home 1 2

2231

In other people's homes 1 2

2232

Whilst travelling by car 1 2

2233

Other places indoors 1 2

2234

Spare
2235-49

ALCOHOL

36 How often have you had an alcoholic drink of any kind during the **last 12 months**?

Tick one only

- Almost every day ₀₁ → **Go to 38**
- Five or six days a week ₀₂ → **Go to 38**
- Three or four days a week ₀₃ → **Go to 38**
- Once or twice a week ₀₄ → **Go to 38**
- Once or twice a month ₀₅ → **Go to 38**
- Once every couple of months ₀₆ → **Go to 38**
- Once or twice a year ₀₇ → **Go to 38**
- Not at all in the last twelve months ₀₈ → **Go to 37**

2250-51

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

Tick one only

- Always a non-drinker ₁ → **Go to 40a**
- Used to drink but stopped ₂ → **Go to 40a**

2252

38 Did you have an alcoholic drink of any kind in the **last 7 days**?

Tick one only

- Yes ₁ → **Go to 39a**
- No ₂ → **Go to 40a**

2253

39a Please think about **the day in the last week on which you drank the most alcohol.**

Please write in day

2254-55

39b Write in how much of each type of alcohol you drank **on that day.**

Write in how much you drank
(use any of the measures below)

Normal strength beer, lager, stout, cider or shandy
(less than 6% alcohol). *Exclude bottles/cans of shandy*
You can include half pints under pints, eg "1 1/2"

Pints	Large cans or bottles	Small cans or bottles
<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>

2256-62

Strong beer, lager, stout or cider
(6% alcohol or more), such as Tennants Super,
Special Brew, Diamond White
You can include half pints under pints, eg "1 1/2"

Pints	Large cans or bottles	Small cans or bottles
<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>

2263-69

Wine, including champagne and Babycham
You can write in parts of a bottle, eg "1/2"

Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)
<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>

2270-78

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

Measures or shots
(count doubles as 2 singles)

<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>

2279-80

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

Small glasses
(count doubles as 2 singles)

<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>

2281-82

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

Small cans or bottles

<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>

2283-84

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	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>
2	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>

2285-94

2295-304

Spare
2305-20

FRUIT AND VEGETABLES

Note: A tablespoon is a size bigger than a spoon you would use to eat soup or breakfast cereal

- 40a** Using the measures below, how much of the following did you eat **yesterday**?
Please read through the whole list before answering

Write in number
(or "0" if none eaten)

Small bowlfuls of salad	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	small bowlfuls	2321-22
Tablespoons of potatoes <i>Include potatoes in other dishes</i>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	tablespoons	2323-24
Tablespoons of other vegetables (raw, cooked, frozen or tinned)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	tablespoons	2325-26
Tablespoons of pulses such as baked beans, red kidney beans, lentils, chickpeas, daal	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	tablespoons	2327-28
Tablespoons of vegetables or pulses in other dishes made mainly from vegetables or pulses <i>Do not include potatoes</i>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	tablespoons	2329-30
If no vegetables eaten yesterday , please tick	<input style="width: 15px; height: 15px; border: 1px solid black;" type="checkbox"/>			2331

- 40b** Using the measures below, how much of the following did you eat **yesterday**?
Please read through the whole list before answering

Write in number
(or "0" if none eaten)

Average handfuls of very small fresh fruit , such as grapes, berries	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	handfuls	2332-33
Small fruit , such as plums, satsumas	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	whole fruit	2334-35
Medium fruit , such as apples, bananas, oranges	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	whole fruit	2336-37
Half (1/2) large fruit , such as grapefruit	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	half fruit	2338-39
Average slices of a very large fruit , such as melon	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	slices	2340-41
Tablespoons of frozen or tinned fruit	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	tablespoons	2342-43
Average handfuls of dried fruit , such as raisins, apricots	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	handfuls	2344-45
Tablespoons of fruit in other dishes made mainly from fruit such as fruit salad or fruit pies	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	tablespoons	2346-47
Small glasses of fruit juice	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	small glasses	2348-49
If no fruit eaten yesterday , please tick	<input style="width: 15px; height: 15px; border: 1px solid black;" type="checkbox"/>			2350

EXERCISE

- 41a** During the **7 days ending yesterday**, on which days did you do **LIGHT** exercise or physical activity **for at least 30 minutes**?
Blocks of activity lasting at least 10 minutes, which were done on the same day, can be counted towards the full 30 minutes.
Include physical activity which is part of your job

Tick all days that apply

<p>Light exercise / activity</p> <p><i>For example</i> Housework (eg hoovering, dusting), walking at an average pace, golf, light gardening (eg weeding)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Mon</td> <td style="padding: 2px 5px;">Tue</td> <td style="padding: 2px 5px;">Wed</td> <td style="padding: 2px 5px;">Thu</td> <td style="padding: 2px 5px;">Fri</td> <td style="padding: 2px 5px;">Sat</td> <td style="padding: 2px 5px;">Sun</td> <td style="padding: 2px 5px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">03</td> <td style="text-align: center;">04</td> <td style="text-align: center;">05</td> <td style="text-align: center;">06</td> <td style="text-align: center;">07</td> <td style="text-align: right; vertical-align: middle;">2351-64</td> </tr> </table>	Mon	Tue	Wed	Thu	Fri	Sat	Sun		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01	02	03	04	05	06	07	2351-64
Mon	Tue	Wed	Thu	Fri	Sat	Sun																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
01	02	03	04	05	06	07	2351-64																		
<p>If no light exercise in the last 7 days, please tick</p>	<input type="checkbox"/> 08																								

- 41b** During the **7 days ending yesterday**, on which days did you do **MODERATE** exercise or physical activity **for at least 30 minutes**?
Blocks of activity lasting at least 10 minutes, which were done on the same day, can be counted towards the full 30 minutes.
Include physical activity which is part of your job

Tick all days that apply

<p>Moderate exercise / activity</p> <p><i>For example</i> Heavy housework (eg spring cleaning, walking with heavy shopping), fast walking, dancing, gentle swimming, heavy gardening (eg digging)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Mon</td> <td style="padding: 2px 5px;">Tue</td> <td style="padding: 2px 5px;">Wed</td> <td style="padding: 2px 5px;">Thu</td> <td style="padding: 2px 5px;">Fri</td> <td style="padding: 2px 5px;">Sat</td> <td style="padding: 2px 5px;">Sun</td> <td style="padding: 2px 5px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right; vertical-align: middle;">2365-78</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">03</td> <td style="text-align: center;">04</td> <td style="text-align: center;">05</td> <td style="text-align: center;">06</td> <td style="text-align: center;">07</td> <td></td> </tr> </table>	Mon	Tue	Wed	Thu	Fri	Sat	Sun		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2365-78	01	02	03	04	05	06	07	
Mon	Tue	Wed	Thu	Fri	Sat	Sun																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2365-78																		
01	02	03	04	05	06	07																			
<p>If no moderate exercise in the last 7 days, please tick</p>	<input type="checkbox"/> 08																								

- 41c** During the **7 days ending yesterday**, on which days did you do **VIGOROUS** exercise or physical activity **for at least 30 minutes**?
Blocks of activity lasting at least 10 minutes, which were done on the same day, can be counted towards the full 30 minutes.
Include physical activity which is part of your job

Tick all days that apply

<p>Vigorous exercise / activity</p> <p><i>For example</i> Running, jogging, squash, swimming lengths, aerobics, fast cycling, football</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Mon</td> <td style="padding: 2px 5px;">Tue</td> <td style="padding: 2px 5px;">Wed</td> <td style="padding: 2px 5px;">Thu</td> <td style="padding: 2px 5px;">Fri</td> <td style="padding: 2px 5px;">Sat</td> <td style="padding: 2px 5px;">Sun</td> <td style="padding: 2px 5px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right; vertical-align: middle;">2379-92</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">03</td> <td style="text-align: center;">04</td> <td style="text-align: center;">05</td> <td style="text-align: center;">06</td> <td style="text-align: center;">07</td> <td></td> </tr> </table>	Mon	Tue	Wed	Thu	Fri	Sat	Sun		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2379-92	01	02	03	04	05	06	07	
Mon	Tue	Wed	Thu	Fri	Sat	Sun																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2379-92																		
01	02	03	04	05	06	07																			
<p>If no vigorous exercise in the last 7 days, please tick</p>	<input type="checkbox"/> 08																								

CARERS

- 42** Do you look after, or give any help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age? **Do not count anything you do as part of your paid employment**

Tick time spent in a typical week

- No 1
Yes, 1-19 hours a week 2
Yes, 20-49 hours a week 3
Yes, 50+ hours a week 4

2393

ABOUT YOU

- 43** Are you....?

Male 1

Female 2

2394

- 44** How old were you on your last birthday?

Please write in whole years

Age years

2395-97

- 45 Women only:** Are you currently pregnant?

Tick one only

Yes 1

No 2

2398

- 46** How tall are you?

feet inches

OR centimetres

2399
2400-01
2402-04

- 47** How much do you weigh?

stone pounds

OR kilograms

2405-06
2407-08
2409-11

48 To which of these ethnic groups do you consider you belong?

Tick one only

White	<input type="checkbox"/>	01	2412-13
Mixed			
	<input type="checkbox"/>	White and Black Caribbean	02
	<input type="checkbox"/>	White and Black African	03
	<input type="checkbox"/>	White and Asian	04
	<input type="checkbox"/>	Any other Mixed background	05
Asian or Asian British			
	<input type="checkbox"/>	Indian	06
	<input type="checkbox"/>	Pakistani	07
	<input type="checkbox"/>	Bangladeshi	08
	<input type="checkbox"/>	Any other Asian background	09
Black or Black British			
	<input type="checkbox"/>	Caribbean	10
	<input type="checkbox"/>	African	11
	<input type="checkbox"/>	Any other Black background	12
Chinese	<input type="checkbox"/>		13
Any other ethnic group	<input type="checkbox"/>		14

49 Which of these descriptions applies to what you were doing **last week**?

Tick first to apply

Going to school or college full-time (including on vacation)	<input type="checkbox"/>	01	2414-15
In paid employment or self-employment (or away temporarily)	<input type="checkbox"/>	02	
On a Government scheme for employment training	<input type="checkbox"/>	03	
Doing unpaid work for a business that you own, or that a relative owns	<input type="checkbox"/>	04	
Waiting to take up paid work already obtained	<input type="checkbox"/>	05	
Looking for paid work or a Government training scheme	<input type="checkbox"/>	06	
Intending to look for work but prevented by temporary sickness or injury (sick or injured for 28 days or less)	<input type="checkbox"/>	07	
Permanently unable to work because of long-term sickness or disability	<input type="checkbox"/>	08	
Retired from paid work	<input type="checkbox"/>	09	
Looking after the home or family	<input type="checkbox"/>	10	
Doing something else	<input type="checkbox"/>	11	Spare 2416-19

50 Which of these qualifications do you have?

Tick all the qualifications that apply or, if not specified, their nearest equivalent

2420-43

1+ O levels/CSEs/GCSEs (any grades) <input type="checkbox"/> 01	NVQ Level 1, Foundation GNVQ <input type="checkbox"/> 07
5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grade A-C), School Certificate <input type="checkbox"/> 02	NVQ Level 2, Intermediate GNVQ <input type="checkbox"/> 08
1+ A levels/AS levels <input type="checkbox"/> 03	NVQ Level 3, Advanced GNVQ <input type="checkbox"/> 09
2+ A levels, 4+ AS levels, Higher School Certificate <input type="checkbox"/> 04	NVQ Levels 4-5, HNC, HND <input type="checkbox"/> 10
First Degree (eg BA, BSc) <input type="checkbox"/> 05	Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel) <input type="checkbox"/> 11
Higher Degree (eg MA, PhD, PGCE, post-graduate certificate / diplomas) <input type="checkbox"/> 06	No Qualifications <input type="checkbox"/> 12

51 Do you have any of the following professional qualifications?

Tick all the boxes that apply

2444-55

No Professional Qualifications <input type="checkbox"/> 01	Qualified Dentist <input type="checkbox"/> 04
Qualified Teacher Status (for schools) <input type="checkbox"/> 02	Qualified Nurse, Midwife, Health Visitor <input type="checkbox"/> 05
Qualified Medical Doctor <input type="checkbox"/> 03	Other Professional Qualifications <input type="checkbox"/> 06

52 If at some future date we wanted to ask you to take part in a further health-related study, may we contact you to see if you are willing to help again?

Tick one only

Yes 1

No 2

2456

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE
 Please return the questionnaire to the interviewer
 (or in the envelope provided if sent in the post)

SAMPLE

SAMPLE

SAMPLE

WELSH HEALTH SURVEY 2010

QUESTIONNAIRE FOR PARENTS OF 0-3 YEAR OLDS

About the survey

Some questions you may have about this survey are answered in the accompanying leaflet. Should you have any further queries, please do not hesitate to contact NHS Direct Wales on 0845 46 47. (A Minicom service is available on 0845 606 4647.) Alternatively, you may write to the Survey Manager at the address given in the leaflet.

If you would like this questionnaire in Welsh

Please contact NHS Direct Wales on **0845 46 47**.

Os hoffech gael yr holiadur hwn yn Gymraeg

Cysylltwch â Galw Iechyd Cymru ar **0845 46 47**.

Questionnaire to be filled in by parent or guardian

Child's First Name

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

3026-037

Male 1

Female 2 3038

Serial Number

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

3001-006

3007

3010

3008-009

Hhold Number CKL Person Number

Date of placement

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

3013-018

Day

Month

Year

Interviewer I.D. Number

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

3019-024

1

3025

1

3039

Version

QV

Card 03
3011-012

To be collected on:

How to complete the questionnaire:

This questionnaire should be completed by the parent or legal guardian of the child named on the front page.

Most of the questions can be answered by putting a tick in the box next to the answer that applies to your child.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow (→) with a note that tells you what question to answer next, like this:

EXAMPLE QUESTIONS (please do not fill in)

E1 Did this child eat breakfast this morning?

Tick one only

Yes → Go to E2

No → Go to E3

E2 Has this child eaten any of the following things today?

Tick one box on each row

	Yes	No
Bread	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yoghurt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

E3 How old was this child when he or she first ate a banana?

Please write in

year old

E4 What fruit has this child eaten in the last seven days?

Something else (please specify)

Don't worry if you make a mistake: simply cross out the mistake and tick the correct box.

When you have completed it, please return the questionnaire to the interviewer (or in the envelope provided if sent to you in the post).

Please answer these questions on behalf of the child named on the front page

ABOUT YOUR CHILD

1 Is this child a boy or a girl?

Tick one only

Boy 1

3045

Girl 2

2a How old is this child?

Please write in

Age in months

OR

Age in years

3046-047

3048-049

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

Please write in

Day

Month

Year

3050-055

3 To which ethnic group does this child belong?

Tick one only

White

 1

3056-057

Mixed

White and Black Caribbean

 2

White and Black African

 3

White and Asian

 4

Any other Mixed background

 5

Asian or Asian British

Indian

 6

Pakistani

 7

Bangladeshi

 8

Any other Asian background

 9

Black or Black British

Caribbean

 10

African

 11

Any other Black background

 12

Chinese

 13

Any other ethnic group

 14

GENERAL HEALTH AND WELL-BEING

4 How is this child's health in general? Would you say it was...

Tick one only

Very good 1

3058

Good 2

Fair 3

Bad 4

Very bad 5

GP SERVICES

5a In the **last 2 weeks** did you, any other member of your household, or this child talk to a family doctor (GP) about **this child's health** either in person or by telephone?

Tick one only

Yes 1 → Go to 5b

3059

No 2 → Go to 6

5b How many times did you, any other member of your household, or this child talk to a family doctor (GP) about **this child's health** in these **2 weeks**?

Please write in number

--	--	--

3060-062

5c As a result of speaking to a family doctor (GP) about **this child's health** in these **2 weeks**, did they give (send) your child a prescription?

Tick one only

Yes 1

3063

No 2

The following questions are about this child's use of health services in the last 12 months. Please include occasions when **the child** has used the service, and also when you, or another member of your household, have used the service **on the child's behalf**.

HOSPITAL SERVICES

- 6 Has this child used any of the following hospital services in the last 12 months?
Please exclude waiting for an appointment

Tick one box on each row

	Yes	No	
Accident & Emergency (A&E) / Hospital casualty department	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3064
Hospital inpatient (ie admitted to hospital and required to stay overnight or longer)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3065
Hospital day patient (ie admitted to a hospital bed or day ward for treatment or care, but not required to stay overnight)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3066
Hospital outpatient (ie attended an appointment for a consultation or examination, usually at an outpatient department)	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	3067

OTHER SERVICES

- 7 Has this child used any of the following other services in the last 12 months?
Please exclude waiting for an appointment

Tick one box on each row

	Yes	No	
Dentist (family, local, community, or other dentist)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3068 (3069 spare)
Health visitor, district nurse, other community nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3070
Practice nurse (at the GP surgery)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3071
Optician	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3072

8 Has this child used any of the following other services in the **last 12 months**?

Tick one box on each row

	Yes	No	
Speech therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3073
GP out of hours services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3074
NHS Direct (National NHS telephone helpline)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3075
Pharmacist <i>including local pharmacist and those in large stores and supermarkets</i> (eg picked up prescribed medicine, asked for advice, bought medicines kept behind the counter)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3076
			(Spare 3077-078)

ACCIDENTS

9a Has this child had any accident, injury or poisoning needing hospital treatment or a visit to Casualty/A&E in the **last 3 months**?

Tick one only

Yes	<input type="checkbox"/> 1	→ Go to 9b	3079
No	<input type="checkbox"/> 2	→ Go to 10a	

9b What was the accident, injury or poisoning?

Tick all that apply

Break or fracture	<input type="checkbox"/> 1	3080-085
Poisoning	<input type="checkbox"/> 2	
Head injury with concussion	<input type="checkbox"/> 3	
Cut or puncture	<input type="checkbox"/> 4	
Burn	<input type="checkbox"/> 5	
Another kind of injury	<input type="checkbox"/> 6	

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

Tick one only

In the home	<input type="checkbox"/> 1	3086
In traffic	<input type="checkbox"/> 2	
At nursery school	<input type="checkbox"/> 3	
Somewhere else (please specify)	<input type="text"/>	4 (Spare 3087-099)

ILLNESSES AND OTHER HEALTH PROBLEMS

10a Does this child have any long-standing illness, disability or health problem?
That is, anything this child has had for some time.

Tick one only

Yes ₁ → *Go to 10b*

3100

No ₂ → *Go to 11a*

10b What is the matter with this child?
You can record up to **six** different health problems.

Health problem 1		3101-103
Health problem 2		3104-106
Health problem 3		3107-109
Health problem 4		3110-112
Health problem 5		3113-115
Health problem 6		3116-118

10c Do any of these long-term illnesses, health problems or disabilities limit their daily activities?

Tick one only

Yes ₁ → *Go to 10d*

3119

No ₂ → *Go to 11a*

10d Which of these long-term illnesses, health problems or disabilities limits their daily activities? You can record up to **three**.

Health problem 1		3120-122
Health problem 2		3123-125
Health problem 3		3126-128

11a Is this child **currently** being treated, by a doctor, consultant or specialist, for any of these?

Tick one box on each row

	Yes	No	
Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3129
Other breathing problems (including wheezing)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3130
Skin complaints	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3131
Ear complaints (including poor hearing, deafness)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3132
Eye complaints (including cataract, poor eyesight, blindness). Tick 'yes' if your child wears glasses or contact lenses to correct vision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3133
Problems with bones, joints, muscles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3134
Anxiety, depression or mental illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3135

11b Is this child **currently** being treated, by a doctor, consultant or specialist, for any other chronic or long-term illness **not listed** in 11a?

Tick one only

- Yes 1 → Go to 11c 3136
- No 2 → Go to 12a

11c Please specify the **main** illness below. Please write in only **one** illness.

3138-139
(Spare 3140-150)

12a In the **last 2 weeks** did this child have to cut down on any of the things he/she **usually** does at home or nursery because of illness or injury?

Tick one only

- Yes 1 → Go to 12b 3151
- No 2 → Go to 13a

12b How many days was this in all during these **2 weeks**, including Saturdays and Sundays?

Please write in number

 days

3152-153

INFANT FEEDING

13a Did you/the child's mother ever try to breastfeed this child?

Tick one only

- No 1 → Go to 13d
- Yes, within one hour of birth 2 → Go to 13b
- Yes, more than one hour after birth 3 → Go to 13b

3154

13b How old was this child when he or she **last** had breast milk?

Tick one only

- Child still breastfeeding 01
- Never took breast milk 02
- Less than one day 03
- One day or more, but less than one week 04
- One week or more, but less than one month 05
- One month or more, but less than four months 06
- Four months or more, but less than six months 07
- Six months or more 08

3155-156

13c How old was this child when he or she **first** had milk other than breast milk, from a bottle or a cup? (eg formula milk, cow's milk, soya milk)

Tick one only

- Has not had 01
- Less than one day 02
- One day or more, but less than one week 03
- One week or more, but less than one month 04
- One month or more, but less than four months 05
- Four months or more, but less than six months 06
- Six months or more 07

3157-158

13d How old was this child when he or she **first** had any food apart from milk?
(eg cereal, rusk, baby rice or any other kind of solid food)

Tick one only

- Has not had 01
- Less than one day 02
- One day or more, but less than one week 03
- One week or more, but less than one month 04
- One month or more, but less than four months 05
- Four months or more, but less than six months 06
- Six months or more 07

3159-160

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

Tick one only

- Mother 1
- Father 2
- Step-mother 3
- Step-father 4
- Or someone else (please specify) 5

(Spare 3161-202)

3203

(Spare 3204-207)

3208-209

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

Tick one only

- Yes 1
- No 2

3210

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE
Please return the questionnaire to the interviewer
(or in the envelope provided if sent in the post)

SAMPLE

SAMPLE

WELSH HEALTH SURVEY 2010

QUESTIONNAIRE FOR PARENTS OF 4-12 YEAR OLDS

About the survey

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Os hoffech gael yr holiadur hwn yn Gymraeg

Cysylltwch â Galw Iechyd Cymru ar **0845 46 47**.

Questionnaire to be filled in by parent or guardian

Child's First Name

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

3026-037

Male 1

Female 2 ³⁰³⁸

Serial Number

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

3001-006

3007

3010

3008-009

Hhold Number

CKL

Person Number

Date of placement

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3013-018

Day

Month

Year

Interviewer I.D. Number

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

3019-024

1

3025

2

3039

Version

QV

Card 03
3011-012

To be collected on:

How to complete the questionnaire:

This questionnaire should be completed by the parent or legal guardian of the child named on the front page.

Most of the questions can be answered by putting a tick in the box next to the answer that applies to your child.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow (→) with a note that tells you what question to answer next, like this:

EXAMPLE QUESTIONS (please do not fill in)

E1 Did this child eat breakfast this morning?

Tick one only

Yes → Go to E2

No → Go to E3

E2 Has this child eaten any of the following things today?

Tick one box on each row

	Yes	No
Bread	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yoghurt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

E3 How old was this child when he or she first ate a banana?

Please write in

years old

E4 What fruit has this child eaten in the last seven days?

Something else (please specify)

Don't worry if you make a mistake: simply cross out the mistake and tick the correct box.

When you have completed it, please return the questionnaire to the interviewer (or in the envelope provided if sent to you in the post).

Please answer these questions on behalf of the child named on the front page

ABOUT YOUR CHILD

1 Is this child a boy or a girl?

Tick one only

Boy 1

Girl 2

3045

(Spare
3046-
047)

2a How old is this child?

Please write in

Age in years

3048-
049

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

Please write in

Day

Month

Year

3050-
055

3 To which ethnic group does this child belong?

Tick one only

White

 1

3056-
057

Mixed

White and Black Caribbean

 2

White and Black African

 3

White and Asian

 4

Any other Mixed background

 5

Asian or Asian British

Indian

 6

Pakistani

 7

Bangladeshi

 8

Any other Asian background

 9

Black or Black British

Caribbean

 10

African

 11

Any other Black background

 12

Chinese

 13

Any other ethnic group

 14

GENERAL HEALTH AND WELL-BEING

4 How is this child's health in general? Would you say it was...

Tick one only

Very good 1

3058

Good 2

Fair 3

Bad 4

Very bad 5

GP SERVICES

5a In the **last 2 weeks** did you, any other member of your household, or this child talk to a family doctor (GP) about **this child's health** either in person or by telephone?

Tick one only

Yes 1 → Go to 5b

3059

No 2 → Go to 6

5b How many times did you, any other member of your household, or this child talk to a family doctor (GP) about **this child's health** in these **2 weeks**?

Please write in number

--	--	--

3060-062

5c As a result of speaking to a family doctor (GP) about **this child's health** in these **2 weeks**, did they give (send) your child a prescription?

Tick one only

Yes 1

3063

No 2

The following questions are about this child's use of health services in the last 12 months. Please include occasions when **the child** has used the service, and also when you, or another member of your household, have used the service **on the child's behalf**.

HOSPITAL SERVICES

- 6 Has this child used any of the following hospital services in the last 12 months?
Please exclude waiting for an appointment

Tick one box on each row

	Yes	No	
Accident & Emergency (A&E) / Hospital casualty department	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3064
Hospital inpatient (ie admitted to hospital and required to stay overnight or longer)	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	3065
Hospital day patient (ie admitted to a hospital bed or day ward for treatment or care, but not required to stay overnight)	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	3066
Hospital outpatient (ie attended an appointment for a consultation or examination, usually at an outpatient department)	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	3067

OTHER SERVICES

- 7 Has this child used any of the following other services in the last 12 months?
Please exclude waiting for an appointment

Tick one box on each row

	Yes	No	
Dentist (family, local, community, school or other dentist)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3068
Orthodontist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3069
Health visitor, district nurse, other community nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3070
Practice nurse (at the GP surgery)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3071
Optician	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3072

8 Has this child used any of the following other services in the **last 12 months**?

Tick one box on each row

	Yes	No	
Speech therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3073
GP out of hours services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3074
NHS Direct (National NHS telephone helpline)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3075
Pharmacist <i>including local pharmacist and those in large stores and supermarkets</i> (eg picked up prescribed medicine, asked for advice, bought medicines kept behind the counter)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3076

(Spare
3077-
078)

ACCIDENTS

9a Has this child had any accident, injury or poisoning needing hospital treatment or a visit to Casualty/A&E in the **last 3 months**?

Tick one only

- Yes 1 → Go to 9b 3079
- No 2 → Go to 10a

9b What was the accident, injury or poisoning?

Tick all that apply

- Break or fracture 1 3080-085
- Poisoning 2
- Head injury with concussion 3
- Cut or puncture 4
- Burn 5
- Another kind of injury 6

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

Tick one only

- In the home 1 3086
- In traffic 2
- At school or work (if applicable, eg paper round) 3
- Somewhere else (please specify) 4 (Spare 3087-099)

ILLNESSES AND OTHER HEALTH PROBLEMS

10a Does this child have any long-standing illness, disability or health problem?
That is, anything this child has had for some time.

Tick one only

Yes ₁ → Go to 10b

3100

No ₂ → Go to 11a

10b What is the matter with this child?
You can record up to **six** different health problems.

Health problem 1		3101-103
Health problem 2		3104-106
Health problem 3		3107-109
Health problem 4		3110-112
Health problem 5		3113-115
Health problem 6		3116-118

10c Do any of these long-term illnesses, health problems or disabilities limit their daily activities?

Tick one only

Yes ₁ → Go to 10d

3119

No ₂ → Go to 11a

10d Which of these long-term illnesses, health problems or disabilities limits their daily activities? You can record up to **three**.

Health problem 1		3120-122
Health problem 2		3123-125
Health problem 3		3126-128

11a Is this child **currently** being treated, by a doctor, consultant or specialist, for any of these?

Tick one box on each row

	Yes	No	
Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3129
Other breathing problems (including wheezing)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3130
Skin complaints	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3131
Ear complaints (including poor hearing, deafness)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3132
Eye complaints (including cataract, poor eyesight, blindness). Tick 'yes' if your child wears glasses or contact lenses to correct vision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3133
Problems with bones, joints, muscles	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	3134
Anxiety, depression or mental illness	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	3135

11b Is this child **currently** being treated, by a doctor, consultant or specialist, for any other chronic or long-term illness **not listed** in 11a?

Tick one only

Yes 1 → Go to 11c 3136
No 2 → Go to 12a

11c Please specify the **main** illness below. Please write in only **one** illness.

3137

3138-139
(Spare 3140-150)

12a In the **last 2 weeks** did this child have to cut down on any of the things he/she **usually** does at school or in his/her free time because of illness or injury?

Tick one only

Yes 1 → Go to 12b 3151
No 2 → Go to 13

12b How many days was this in all during these **2 weeks**, including Saturdays and Sundays?

Please write in number

 days

3152-153
(Spare 3154-160)

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

13 We'd like you to tell us something about your child's behaviour over the **last 6 months**.

For each item, please tick the box for Not true, Somewhat true, or Certainly true to show how true the item is of your child.

Tick one box on each row

	Not true	Somewhat true	Certainly true	
Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3161
Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3162
Often complains of headaches, stomach-aches or sickness	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3163
Shares readily with other children (treats, toys, pencils etc.)	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3164
Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3165
Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	3166
Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3167
Many worries, often seems worried	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3168
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3169
Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3170
Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3171
Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3172
Often unhappy, down-hearted or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3173
Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3174
Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3175
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3176
Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3177
Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3178
Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3179
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3180
Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3181
Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3182
Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3183
Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3184
Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3185

EATING HABITS

14 How many times a week does this child usually eat or drink...?

Tick one box on each row

	Every day, more than once	Once a day, every day	5-6 days a week	2-4 days a week	Once a week	Less than once a week	Rarely or never	
Fruit (fresh, tinned, dried & frozen)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3186
Vegetables (fresh, raw, tinned & frozen)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3187
Sweets (candy or chocolate)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3188
Chips/fried potatoes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 7	3189
Potato crisps	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 7	3190
Skimmed or semi-skimmed milk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 7	3191
Ordinary (full fat) milk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3192
Diet coke or other low sugar drinks	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3193
Coke or other soft drinks that contain sugar	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3194
Water (tap or bottled)	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3195

PHYSICAL ACTIVITY

15 This question is about **last week**. Try to remember what this child did on each day last week and tick a box to show the amount of time spent exercising on each day.

Please include exercise done at school, outside school, with a club, with friends or on their own. If this child did not exercise on a day then you should tick the "None" box.

By "exercising" we mean any physical activity that left them feeling warm or at least slightly out of breath. This would include activities such as playing sport, cycling, running or brisk walking.

How much exercise did this child do on...?

Tick one box on each row

	None	About half an hour	About an hour	More than an hour	
Monday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3196
Tuesday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3197
Wednesday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3198
Thursday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3199
Friday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3200
Saturday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3201
Sunday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3202

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

Tick one only

Mother 1

3203

Father 2

(Spare
3204-
207)

Step-mother 3

Step-father 4

Or someone else (please specify)

5 3208-
209

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

Tick one only

Yes 1

3210

No 2

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

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

SAMPLE

**WE PROMISE THAT YOUR ANSWERS ARE CONFIDENTIAL
THEY WILL NOT BE SHOWN TO ANYONE THAT YOU KNOW**

How to complete the questionnaire:

This questionnaire should be completed by the person named on the front page.

Most of the questions can be answered by putting a tick in the box next to the answer that applies to you.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow (→) with a note that tells you what question to answer next, like this:

EXAMPLE QUESTIONS (please do not fill in)

E1 Did you eat breakfast this morning?

Tick one only

Yes → Go to E2

No → Go to E3

E2 Have you eaten any of the following things today?

Tick one box on each row

	Yes	No
Bread	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yoghurt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

E3 How old were you when you first ate a banana?

Please write in

years old

E4 What fruit have you eaten in the last seven days?

Something else (please specify)

Don't worry if you make a mistake: simply cross out the mistake and tick the correct box.

When you have completed it, please return the questionnaire to the interviewer (or in the envelope provided if sent in the post).

ABOUT YOU

1 Are you a boy or a girl?

Tick one only

Boy 1

Girl 2

3045

(Spare
3046-
047)

2a How old are you?

Please write in

Age in years

3048-
049

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

Please write in

Day

Month

Year

3050-
055

3 To which ethnic group do you belong?

Tick one only

White

 1

3056-
057

Mixed

White and Black Caribbean

 2

White and Black African

 3

White and Asian

 4

Any other Mixed background

 5

Asian or Asian British

Indian

 6

Pakistani

 7

Bangladeshi

 8

Any other Asian background

 9

Black or Black British

Caribbean

 10

African

 11

Any other Black background

 12

Chinese

 13

Any other ethnic group

 14

GENERAL HEALTH AND WELL-BEING

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

Tick one only

Very good 1

3058

Good 2

Fair 3

Bad 4

Very bad 5

GP SERVICES

5a In the **last 2 weeks** did you, or any other member of your household, talk to a family doctor (GP) about **your health** either in person or by telephone?

Tick one only

Yes 1 → Go to 5b

3059

No 2 → Go to 6

5b How many times did you, or any other member of your household, talk to a family doctor (GP) about **your health** in these **2 weeks**?

Please write in number

--	--	--

3060-062

5c As a result of speaking to a family doctor (GP) about **your health** in the **last 2 weeks**, did they give (send) you a prescription?

Tick one only

Yes 1

3063

No 2

The following questions are about your use of health services in the last 12 months. Please include occasions when **you** have used the service, and also when another member of your household has used the service **on your behalf**.

HOSPITAL SERVICES

6 Have you used any of the following hospital services in the **last 12 months**?

Please exclude waiting for an appointment

Tick one box on each row

	Yes	No	
Accident & Emergency (A&E) / Hospital casualty department	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3064
Hospital inpatient (ie admitted to hospital and required to stay overnight or longer)	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	3065
Hospital day patient (ie admitted to a hospital bed or day ward for treatment or care, but not required to stay overnight)	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	3066
Hospital outpatient (ie attended an appointment for a consultation or examination, usually at an outpatient department)	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	3067

OTHER SERVICES

7 Have you used any of the following other services in the **last 12 months**?

Please exclude waiting for an appointment

Tick one box on each row

	Yes	No	
Dentist (family, local, community, school or other dentist)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3068
Orthodontist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3069
Health visitor, district nurse, other community nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3070
Practice nurse (at the GP surgery)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3071
Optician	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3072

8 Have you used any of the following other services in the **last 12 months**?

Tick one box on each row

	Yes	No	
Speech therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3073
GP out of hours services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3074
NHS Direct (National NHS telephone helpline)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3075
Pharmacist <i>including local pharmacist and those in large stores and supermarkets</i> (eg picked up prescribed medicine, asked for advice, bought medicines kept behind the counter)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3076

(Spare 3077-078)

ACCIDENTS

9a Have you had any accident, injury or poisoning needing hospital treatment or a visit to Casualty/A&E in the **last 3 months**?

Tick one only

- Yes 1 → Go to 9b 3079
- No 2 → Go to 10a

9b What was the accident, injury or poisoning?

Tick all that apply

- Break or fracture 1 3080-085
- Poisoning 2
- Head injury with concussion 3
- Cut or puncture 4
- Burn 5
- Another kind of injury 6

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

Tick one only

- In the home 1 3086
- In traffic 2
- At school or work (if applicable, eg paper round) 3
- Somewhere else (please specify) 4 (Spare 3087-099)

ILLNESSES AND OTHER HEALTH PROBLEMS

10a Do you have any long-standing illness, disability or health problem?
That is, anything you have had for some time.

Tick one only

Yes ₁ → Go to 10b

3100

No ₂ → Go to 11a

10b What is the matter with you?
You can record up to **six** different health problems.

Health problem 1		3101-103
Health problem 2		3104-106
Health problem 3		3107-109
Health problem 4		3110-112
Health problem 5		3113-115
Health problem 6		3116-118

10c Do any of these long-term illnesses, health problems or disabilities limit your daily activities?

Tick one only

Yes ₁ → Go to 10d

3119

No ₂ → Go to 11a

10d Which of these long-term illnesses, health problems or disabilities limits your daily activities? You can record up to **three**.

Health problem 1		3120-122
Health problem 2		3123-125
Health problem 3		3126-128

11a Are you **currently** being treated, by a doctor, consultant or specialist, for any of these?

Tick one box on each row

	Yes	No	
Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3129
Other breathing problems (including wheezing)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3130
Skin complaints	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3131
Ear complaints (including poor hearing, deafness)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3132
Eye complaints (including cataract, poor eyesight, blindness). Tick 'yes' if you wear glasses or contact lenses to correct vision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3133
Problems with bones, joints, muscles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3134
Anxiety, depression or mental illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3135

11b Are you **currently** being treated, by a doctor, consultant or specialist, for any other chronic or long-term illness **not listed** in 11a?

Tick one only

- Yes 1 → Go to 11c 3136
- No 2 → Go to 12a

11c Please specify the **main** illness below. Please write in only **one** illness. 3137

3138-139

(Spare 3140-150)

12a In the **last 2 weeks** did you have to cut down on any of the things you **usually** do at school or in your free time because of illness or injury?

Tick one only

- Yes 1 → Go to 12b 3151
- No 2 → Go to 13

12b How many days was this in all during these **2 weeks**, including Saturdays and Sundays?

Please write in number

 days

3152-153

(Spare 3154-160)

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

13 We'd like you to tell us something about how things have been for you over the **last 6 months**.

For each item, please tick the box for Not true, Somewhat true, or Certainly true to show how true the item is of yourself.

	Tick one box on each row			
	Not true	Somewhat true	Certainly true	
I try to be nice to other people. I care about their feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3161
I am restless, I cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3162
I get a lot of headaches, stomach-aches or sickness	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3163
I usually share with others (food, games, pens etc.)	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3164
I get very angry and often lose my temper	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3165
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	3166
I usually do as I am told	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3167
I worry a lot	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3168
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3169
I am constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3170
I have one good friend or more	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3171
I fight a lot. I can make other people do what I want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3172
I am often unhappy, down-hearted or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3173
Other people my age generally like me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3174
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3175
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3176
I am kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3177
I am often accused of lying or cheating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3178
Other children or young people pick on me or bully me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3179
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3180
I think before I do things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3181
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3182
I get on better with adults than with people my own age	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3183
I have many fears, I am easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3184
I finish the work I'm doing. My attention is good	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3185

EATING HABITS

14 How many times a week do you usually eat or drink...?

Tick one box on each row

	Every day, more than once	Once a day, every day	5-6 days a week	2-4 days a week	Once a week	Less than once a week	Rarely or never	
Fruit (fresh, tinned, dried & frozen)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3186
Vegetables (fresh, raw, tinned & frozen)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3187
Sweets (candy or chocolate)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3188
Chips/fried potatoes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 7	3189
Potato crisps	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 7	3190
Skimmed or semi-skimmed milk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 7	3191
Ordinary (full fat) milk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3192
Diet coke or other low sugar drinks	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3193
Coke or other soft drinks that contain sugar	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3194
Water (tap or bottled)	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	3195

PHYSICAL ACTIVITY

15 This question is about **last week**. Try to remember what you did on each day last week and tick a box to show the amount of time spent exercising on each day.

Please include exercise done at school, outside school, with a club, with friends or on your own. If you did not exercise on a day then you should tick the "None" box.

By "exercising" we mean any physical activity that left you feeling warm or at least slightly out of breath. This would include activities such as playing sport, cycling, running or brisk walking.

How much exercise did you do on...?

Tick one box on each row

	None	About half an hour	About an hour	More than an hour	
Monday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3196
Tuesday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3197
Wednesday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3198
Thursday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3199
Friday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3200
Saturday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3201
Sunday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	3202

16 If at some future date we wanted to ask you to take part in a further health-related study, may we contact you to see if you are willing to help again?

Tick one only

Yes 1

No 2

(Spare
3203-
209)

3210

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

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

SAMPLE

SAMPLE

Welsh Health Survey (WHS): Height and Weight Protocol

HEIGHT PROTOCOL

A. THE EQUIPMENT

You are provided with a portable stadiometer. It is a collapsible device with a sliding head plate, a base plate and three connecting rods marked with a measuring scale.

Please take great care of this equipment. It is delicate and expensive. Particular care needs to be paid when assembling and dismantling the stadiometer and when carrying re-packing it in the box provided.

- Do not bend the head or base plate
- Do not bend the rods
- Do not drop it and be careful not to knock the corners of the rods or base plate pin
- Assemble and dismantle the stadiometer slowly and carefully

The stadiometer will be sent to you in a special cardboard box. Always store the stadiometer in the box when it is not in use and always pack the stadiometer carefully in the box whenever you are sending it on by courier. Inside the box with the stadiometer is a special bag that you should use for carrying the stadiometer around when you are out on assignment.

The rods

There are three rods marked with a measuring scale divided into centimetres and then further subdivided into millimetres. (If you are not familiar with the metric system note that there are ten millimetres in a centimetre and that one hundred centimetres make a metre). The rods are made of aluminium and you must avoid putting any kind of pressure on them which could cause them to bend. Be very careful not to damage the corners of the rods as this will prevent them from fitting together properly and will lead to a loss of accuracy in the measurements.

The base plate

Be careful not damage the corners of the base plate as this could lead to a loss of accuracy in the measurements.

Protruding from the base plate (see diagram overleaf) is a pin onto which you attach the rods in order to assemble the stadiometer. Damage to the corners of this pin may mean that the rods do not stand at the correct angle to the base plate when the stadiometer is assembled and the measurements could be affected.

The head plate

There are two parts to the head plate; the blade and the cuff. The blade is the part that rests on the respondent's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and

down the rods. The whole unit is made of plastic and will snap if subjected to excessive pressure. Grasp the head plate by the cuff whenever you are moving the head plate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

Assembling the stadiometer

You will receive your stadiometer with the three rods banded together and the head plate attached to the pin so that the blade lies flat against on the base plate. Do not remove the head plate from this pin.

Note that the pin on the base plate and the rods are numbered to guide you through the stages of assembly. (There is also a number engraved onto the side of the rods, this is the serial number of the stadiometer). The stages are as follows:

1. Lie the base plate flat on the floor area where you are to conduct the measurements.
2. Take the rod marked number 2. Making sure the yellow measuring scale is on the right hand side of the rod as look at the stadiometer face on, place rod 2 onto the base plate pin. It should fit snugly without you having to use force.
3. Take the rod marked number 3. Again make sure that the yellow measuring scale connects with the scale on rod 2 and that the numbers run on from one another. (If they do not check that you have the correct rod). Put this rod onto rod number 2 in the same way you put rod 2 onto the base plate pin.
4. Take the remaining rod and put it onto rod 3.

Dismantling the stadiometer

Follow these rules:-

1. Before you begin to dismantle the stadiometer you must remember to lower the head plate to its lowest position, so that the blade is lying flat against the base plate
2. Remove one rod at a time

B. THE PROTOCOL

Gain consent from the parent and child before attempting the measurements. You must get the co-operation of an adult household member. You will need their assistance in order to carry out the protocol, and children are much more likely to be co-operative themselves if another household member is involved in the measurement.

Children's bodies are much more elastic than those of adults. Unlike adults they will need your help in order to stretch to their fullest height. This is done by stretching them. This is essential in order to get an accurate measurement. It causes no pain and simply helps support the child while they stretch to their tallest height.

It is important that you practice these measurement techniques on any young children among your family or friends. The more practice you get before going into the field the better your technique will be.

1. Ask the child to remove their shoes **and socks** in order to obtain a measurement that is as accurate as possible. This is not because the socks affect the measurement, it is so that you can make sure that children don't lift their heels off of the base plate or slip. (See 3 below).
2. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it. Double check that you have assembled the stadiometer correctly.
3. The child should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child's back should be as straight as possible, preferably against the rod but NOT leaning on it. They should have their arms hanging loosely by their sides. They should be facing forwards.
4. Place the measuring arm just above the child's head.
5. Move the child's head so that the Frankfort Plane is in a horizontal position (i.e. parallel to the floor). The Frankfort Plane is an imaginary line passing through the external ear canal and across the top of the lower bone of the eye socket, immediately under the eye (see diagram). This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, i.e. the top back half. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.
6. Cup the child's head in you hands, placing the heels of your palms either side of the chin. Your fingers should come to rest just under the ears (see diagram).
7. Firmly but gently, apply upward pressure lifting the child's head upwards towards the stadiometer head plate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle: you must keep it in the Frankfort plane. Explain what you are doing and tell the child that you want them to stand up straight and tall but not to move their head or stand on their tip-toes.
8. Ask the household member who is helping you to lower the head plate down gently onto the child's head. Make sure that the plate touches the skull and that it is not pressing down too hard.
9. Still holding the child's head, relieve traction and allow the child to stand relaxed. If the measurement has been done properly the child should be able to step off the stadiometer without ducking their head. Make sure that the child does not knock the head plate as they step off.
10. Look at the bottom edge of the head plate cuff. There is a green arrowhead pointing to the measuring scale. Take the reading from this point and record the

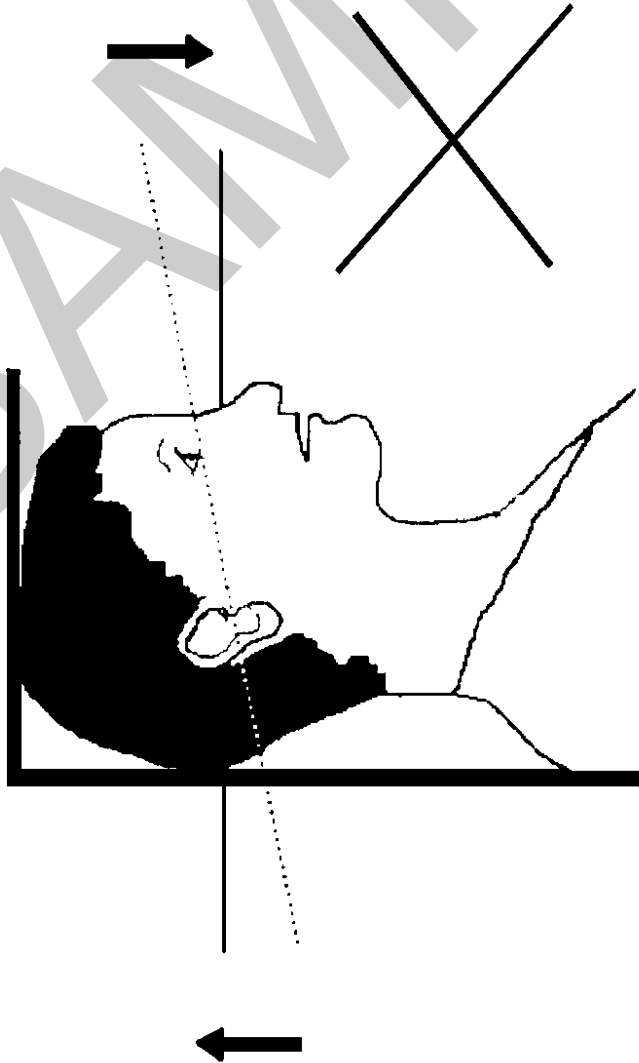
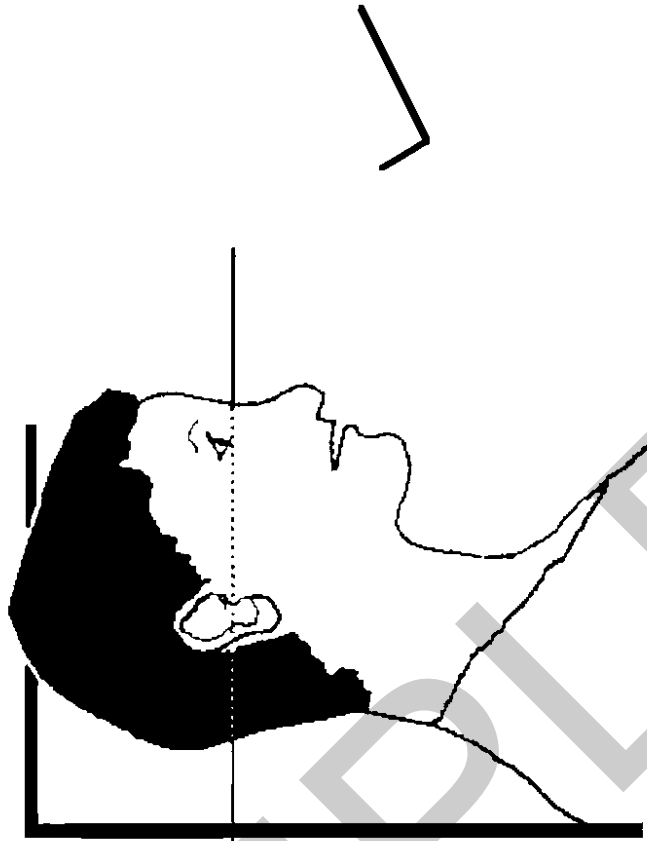
respondent's height in centimetres and millimetres, to the nearest millimetre (that is in the form 123.4). Write the reading in table 4d, on page 9 of the ARF/h'hold questionnaire, in the row HEIGHT. You are also asked to record the stadiometer serial number and a height outcome code. You should then complete the yellow measurement record card, using the conversion chart at the end of the showcards to give height in feet and inches, as well as in centimetres.

11. Height must be recorded in centimetres and millimetres, e.g. 176.5 cms. If a measurement falls between two **millimetres**, it should be recorded to the **nearest even millimetre**. E.g., if respondent's height is between 176.4 and 176.5 cms, you should round it down to 176.4. Likewise, if a respondent's height is between 176.5 and 176.6 cms, you should round it up to 176.6 cms.
12. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

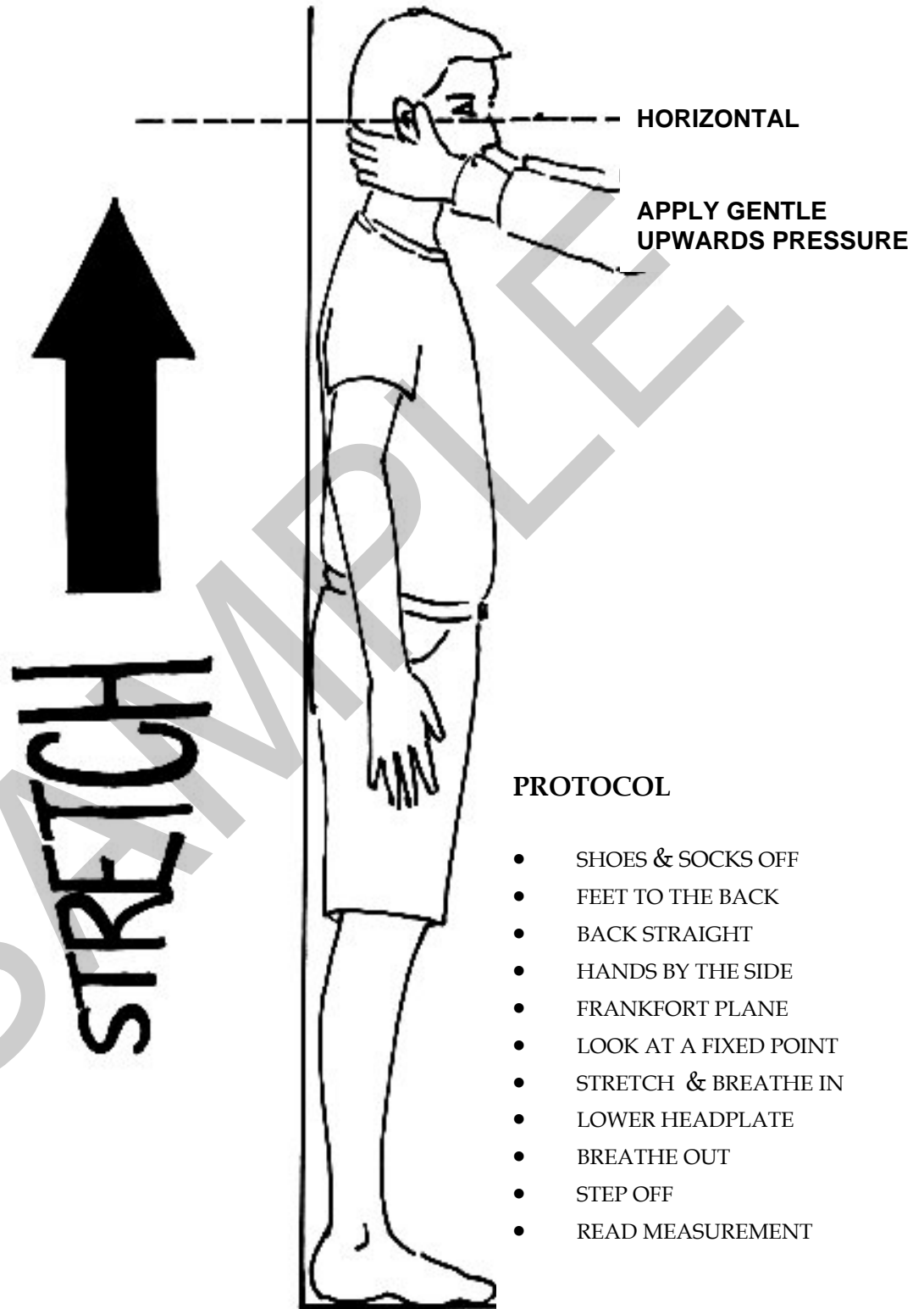
**REMEMBER YOU ARE NOT TAKING MEASUREMENTS
FOR CHILDREN UNDER 2 YEARS OLD**

C. ADDITIONAL POINTS

1. If the child cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.
2. If the child has a hair style which stands well above the top of their head, (or is wearing a turban), bring the headplate down until it touches the hair/turban. With some hairstyles you can compress the hair to touch the head. If you can not lower the headplate to touch the head, and think that this will lead to an unreliable measure, record this in the outcome code ('02 measurement taken – unreliable measurement'), specifying the reason in the space provided. If it is a hairstyle that can be altered, e.g. a bun, if possible ask the respondent to change/undo it.
3. If the child is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case.
4. Note that the stretch described in steps 6 and 7 is slightly different from that briefed for Child of the New Century.



MEASURING CHILDREN'S HEIGHT



WEIGHT PROTOCOL

A. THE EQUIPMENT

On the Welsh Health Survey we will be using one type of weighing scales only. Before starting any interviewing check that you know how they operate.

Tanita THD-305

- These scales display the weight in a window on the scales.
- The Tanita is switched on by pressing the button on the bottom right hand corner of the scales. The scales will automatically switch off after a few seconds.
- The scales take 4 x 1.5v AA batteries.

When you are storing the scales or sending them through the post please make sure you remove the battery to stop the scales turning themselves on.

Batteries

It should not be necessary to have to replace the batteries, but always ensure that you have some spare batteries with you in case this happens. If you need to change the battery, please buy one and claim for it. The batteries used (1.5v) are easily available.

The battery compartment is on the bottom of the scales. When you receive your scales you will need to reconnect the battery. Before going out to work, reconnect the battery and check that the scales work. If they do not, check that the battery is connected properly and try new batteries. If they do still not work, report the fault to your Area Manager/Health Manager or directly to John Lightfoot at Brentwood.

The reading is only in metric units. You have a conversion chart at the end of the showcards which you should use to give the respondent their weight in stones and pounds, as well as kilograms, on the yellow measurement record card.

WARNING

The scales have an in-built memory which stores the weight for 10 minutes. If during this time you weigh another object that differs in weight by less than 500 grams (about 1lb), the stored weight will be displayed and not the weight that is being measured. This means that if you weigh someone else during this time, you could be given the wrong reading for the second person.

So if you get an identical reading for a second person, make sure that the memory has been cleared. Clear the memory from the last reading by weighing an object that is more than 500 grams lighter (i.e. a pile of books, your briefcase or even the stadiometer). You will then get the correct weight when you weigh the second respondent.

You will only need to clear the memory in this way if:

- you have to have a second or subsequent attempt at measuring the same child
- two children appear to be of a very similar weight

- your reading for a child in a household is identical to the reading for another child in the household whom you have just weighed.

B. THE PROTOCOL

We are weighing up to two children per household aged between 2 and 15. You must get the co-operation of an adult household member. This will help the child to relax and children, especially small children are much more likely to be co-operative themselves if an adult known to them is involved in the procedure.

Children wearing nappies should be wearing a dry disposable. If the nappy is wet, please ask the parent to change it for a dry one and explain that the wetness of the nappy will affect the weight measurement.

If accurate readings are to be obtained, it is very important that respondents stand still. Ask the child to stand perfectly still - "Be a statue", or "Stand like a soldier". For very young children who are unable to stand unaided or small children who find this difficult you will need to alter the protocol and first weigh an adult then weigh that adult holding the child as follows:

- weigh the adult as normal following the protocol as set out above
 - weigh the adult and child together
 - subtract the adult weight from the adult + child weight to obtain the weight of the child.
1. Turn the display on by using the appropriate method for the scales. The readout should display 888.8 momentarily. If this is not displayed check the batteries, if this is not the cause you will need to report the problem to the Natcen at Brentwood. While the scales read 888.8 do not attempt to weigh anyone.
 2. Ask the child to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, loose change and keys.
 3. Turn the scales on with your foot again. Wait for a display of 0.0 before the respondent stands on the scales.
 4. Ask the child to stand with their feet together in the centre and their heels against the back edge of the scales. Arms should be hanging loosely at their sides and head facing forward. Ensure that they keep looking ahead - it may be tempting for the child to look down at their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.

The posture of the child is important. If they stand to one side, look down, or do not otherwise have their weight evenly spread, it can affect the reading.

5. The scales will take a short while to stabilise and will read 'C' until they have done so. On the Tanita scales that you are using, the weight will flash on and off when stabilised. If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh, but first ensure that you have erased the memory.

6. The scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading in table 4c, on page 10 of the ARF/h'hold questionnaire, in the row WEIGHT. You are also asked to record the scales serial number and a weight outcome code. You should then complete the measurement record card with both metric and imperial measurements.

WARNING

The maximum weight registering accurately on the scales is 130kg (20½ stone). If you think the child exceeds this limit code them as '05 unable to measure', and record the reason in the space provided. Do not attempt to weigh them.

**REMEMBER YOU ARE NOT TAKING MEASUREMENTS
FOR CHILDREN UNDER 2 YEARS OLD**

SAMPLE

APPENDIX B NON-RESPONSE MODELS

TABLE B1 HOUSEHOLD NON-RESPONSE MODEL

	B	SE	Wald	df	p-value	Odds ratio
Unitary Authority			58.11	21	0.00	
Anglesey (reference)	0.00					1.00
Blaenau Gwent	0.25	0.22	1.31	1	0.25	1.28
Bridgend	0.39	0.19	4.03	1	0.04	1.48
Caerphilly	0.14	0.19	0.56	1	0.46	1.15
Cardiff	0.61	0.19	10.97	1	0.00	1.85
Carmarthenshire	0.25	0.18	1.91	1	0.17	1.28
Ceredigion	0.39	0.22	3.05	1	0.08	1.47
Conwy	0.41	0.20	4.31	1	0.04	1.51
Denbighshire	0.42	0.21	4.15	1	0.04	1.52
Flintshire	0.38	0.19	3.86	1	0.05	1.46
Gwynedd	0.51	0.20	6.65	1	0.01	1.66
Merthyr Tydfil	0.19	0.22	0.69	1	0.41	1.21
Monmouthshire	0.46	0.21	4.73	1	0.03	1.58
Neath Port Talbot	0.59	0.20	8.90	1	0.00	1.80
Newport	0.63	0.20	9.81	1	0.00	1.87
Pembrokeshire	0.74	0.20	13.79	1	0.00	2.10
Powys	0.20	0.18	1.14	1	0.29	1.22
Rhondda Cynon Taff	0.19	0.18	1.09	1	0.30	1.21
Swansea	0.52	0.19	7.82	1	0.01	1.68
Torfaen	0.69	0.22	10.31	1	0.00	2.00
Vale of Glamorgan	0.46	0.20	5.29	1	0.02	1.58
Wrexham	0.42	0.20	4.48	1	0.03	1.52
Urban/rural indicator			30.77	7	0.00	
Urban >= 10k - sparse	0.00					1.00
Town & Fringe - sparse	-0.18	0.21	0.76	1	0.38	0.84
Village - sparse	-0.01	0.20	0.00	1	0.96	0.99
Hamlet and Isolated Dwelling - sparse	0.51	0.22	5.30	1	0.02	1.67
Urban >= 10k - less sparse	-0.37	0.19	3.84	1	0.05	0.69
Town & Fringe - less sparse	-0.28	0.19	2.11	1	0.15	0.75
Village - less sparse	-0.18	0.20	0.80	1	0.37	0.84
Hamlet & Isolated Dwelling	0.03	0.23	0.01	1	0.91	1.03
Proportion of households in the postcode sector without a car or van	1.44	0.34	17.50	1	0.00	4.20
Constant	-0.02	0.35	0.00	1	0.95	0.98

TABLE B2 INDIVIDUAL NON-RESPONSE MODEL: ADULTS

	B	SE	Wald	df	p-value	Odds ratio
Sex and age group			206.40	13	0.00	
Men 16-24 (reference)	0.00					1.00
Men 25-34	-0.18	0.09	3.99	1	0.05	0.84
Men 35-44	0.05	0.09	0.27	1	0.61	1.05
Men 45-54	0.40	0.09	19.45	1	0.00	1.49
Men 55-64	0.64	0.10	38.30	1	0.00	1.89
Men 65-74	1.09	0.14	58.25	1	0.00	2.96
Men 75+	1.01	0.16	42.27	1	0.00	2.76
Women 16-24	0.12	0.08	2.00	1	0.16	1.13
Women 25-34	0.23	0.10	5.69	1	0.02	1.26
Women 35-44	0.41	0.09	19.94	1	0.00	1.51
Women 45-54	0.63	0.09	45.20	1	0.00	1.87
Women 55-64	0.95	0.11	71.39	1	0.00	2.58
Women 65-74	1.20	0.14	68.75	1	0.00	3.33
Women 75+	0.76	0.14	29.47	1	0.00	2.14
Household type			61.85	6	0.00	
1 adult aged 16-59, no children (reference)	0.00					1.00
2 adults, both 16-59, no children	-0.31	0.09	11.69	1	0.00	0.73
Small family	-0.04	0.09	0.15	1	0.70	0.96
Large family	-0.30	0.11	7.71	1	0.01	0.74
Large adult household	-0.42	0.09	22.61	1	0.00	0.66
2 adults, 1 or both aged 60+, no children	-0.18	0.11	2.53	1	0.11	0.84
1 adult, aged 60+, no children	0.12	0.14	0.71	1	0.40	1.13
Unitary Authority			185.30	21	0.00	
Anglesey (reference)	0.00					1.00
Blaenau Gwent	-0.06	0.18	0.11	1	0.74	0.94
Bridgend	0.21	0.16	1.67	1	0.20	1.24
Caerphilly	0.27	0.16	2.86	1	0.09	1.31
Cardiff	-0.34	0.14	5.78	1	0.02	0.71
Carmarthenshire	0.43	0.16	7.17	1	0.01	1.54
Ceredigion	-0.03	0.17	0.02	1	0.88	0.97
Conwy	-0.25	0.16	2.46	1	0.12	0.78
Denbighshire	0.16	0.18	0.87	1	0.35	1.18
Flintshire	0.07	0.16	0.18	1	0.68	1.07
Gwynedd	-0.31	0.16	3.67	1	0.06	0.74
Merthyr Tydfil	0.06	0.20	0.09	1	0.76	1.06
Monmouthshire	-0.06	0.17	0.13	1	0.72	0.94
Neath Port Talbot	0.40	0.17	5.71	1	0.02	1.50
Newport	-0.24	0.16	2.28	1	0.13	0.79
Pembrokeshire	0.09	0.17	0.29	1	0.59	1.09
Powys	0.12	0.16	0.50	1	0.48	1.12
Rhondda Cynon Taff	-0.44	0.14	9.11	1	0.00	0.65
Swansea	0.12	0.15	0.68	1	0.41	1.13
Torfaen	-0.24	0.17	1.99	1	0.16	0.79
Vale of Glamorgan	-0.39	0.16	6.25	1	0.01	0.67
Wrexham	-0.29	0.16	3.53	1	0.06	0.75

TABLE B2 (CONTINUED)

	B	SE	Wald	df	p-value	Odds ratio
NS-SEC class			108.45	6	0.00	
Managerial and professional (reference)	0.00					1.00
Intermediate occupations	0.05	0.09	0.35	1	0.55	1.05
Small employers and own account workers	-0.34	0.07	27.02	1	0.00	0.71
Lower supervisory and technical occupations	-0.23	0.07	12.33	1	0.00	0.79
Semi-routine and routine occupations	-0.40	0.05	54.34	1	0.00	0.67
Never worked and long-term unemployed	-0.70	0.11	39.95	1	0.00	0.50
Students/not classified	-0.62	0.09	46.23	1	0.00	0.54
General health			0.56	2	0.76	
Good (reference)	0.00					1.00
Fairly good	0.03	0.05	0.36	1	0.55	1.03
Not good	-0.02	0.07	0.06	1	0.80	0.98
Housing tenure			13.71	2	0.00	
Owner Occupier (reference)	0.00					1.00
Social Renting	-0.16	0.06	7.32	1	0.01	0.86
Private renting / Other	-0.19	0.06	9.86	1	0.00	0.83
Constant	1.69	0.17	98.89	1	0.00	5.41

TABLE B3 INDIVIDUAL NON-RESPONSE MODEL: CHILDREN

	B	SE	Wald	df	p-value	Odds ratio
Sex and age group			11.58	5	0.04	
Boys 0-4	0.00					1.00
Boys 5-10	0.16	0.15	1.18	1	0.28	1.17
Boys 11-15	-0.11	0.15	0.58	1	0.45	0.89
Girls 0-4	-0.26	0.15	3.08	1	0.08	0.77
Girls 5-10	0.03	0.15	0.05	1	0.83	1.03
Girls 11-15	-0.19	0.15	1.71	1	0.19	0.83
Household type			0.67	2	0.72	
Small family (reference)	0.00					1.00
Large family	-0.07	0.09	0.67	1	0.41	0.93
Large adult household	-0.03	0.16	0.03	1	0.85	0.97
Unitary Authority			103.97	21	0.00	
Anglesey (reference)	0.00					1.00
Blaenau Gwent	-1.13	0.47	5.62	1	0.02	0.32
Bridgend	-0.97	0.45	4.61	1	0.03	0.38
Caerphilly	-1.00	0.44	5.16	1	0.02	0.37
Cardiff	-1.46	0.42	12.32	1	0.00	0.23
Carmarthenshire	-0.39	0.45	0.73	1	0.39	0.68
Ceredigion	-0.81	0.51	2.48	1	0.12	0.45
Conwy	-1.32	0.46	8.38	1	0.00	0.27
Denbighshire	-1.12	0.46	5.92	1	0.02	0.33
Flintshire	-1.62	0.43	13.93	1	0.00	0.20
Gwynedd	-1.27	0.44	8.32	1	0.00	0.28
Merthyr Tydfil	-1.41	0.48	8.71	1	0.00	0.25
Monmouthshire	-0.92	0.48	3.60	1	0.06	0.40
Neath Port Talbot	-0.32	0.47	0.46	1	0.50	0.73
Newport	-1.64	0.43	14.69	1	0.00	0.19
Pembrokeshire	-0.02	0.50	0.00	1	0.96	0.98
Powys	-0.80	0.45	3.10	1	0.08	0.45
Rhondda Cynon Taff	-1.38	0.42	10.71	1	0.00	0.25
Swansea	-0.65	0.43	2.24	1	0.13	0.52
Torfaen	-1.43	0.46	9.83	1	0.00	0.24
Vale of Glamorgan	-1.55	0.44	12.61	1	0.00	0.21
Wrexham	-1.53	0.44	12.25	1	0.00	0.22
NS-SEC class			55.08	6	0.00	
Managerial and professional (reference)	0.00					1.00
Intermediate occupations	0.01	0.20	0.00	1	0.96	1.01
Small employers and own account workers	-0.31	0.14	4.57	1	0.03	0.74
Lower supervisory and technical occupations	-0.48	0.13	12.73	1	0.00	0.62
Semi-routine and routine occupations	-0.49	0.11	19.67	1	0.00	0.62
Never worked and long-term unemployed	-1.15	0.18	41.43	1	0.00	0.32
Students/not classified	-0.67	0.21	10.10	1	0.00	0.51

TABLE B3 (CONTINUED)

	B	SE	Wald	df	p-value	Odds ratio
General health						
Good (reference)	0.00					1.00
Fairly good/Not good	-0.10	0.15	0.40	1	0.53	0.91
Constant	2.92	0.42	48.65	1	0.00	18.60